



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
INTER/INTRA-AGENCY AGREEMENT (IAA)
Payable Agreements (CDC is Procuring Agency)



1. CDC IAA #: (10 to 13 digits) 08FED830674-03	2. PARTICIPATING AGENCY IAA #: CPSC-IAG-01-1163	3. TYPE OF AGREEMENT: <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Administrative Modification Number: 3
---	--	--

4. TITLE OF PROJECT:
National Electronic Injury Surveillance System (NEISS) Second Screen for Self-Inflicted Violence

5. DESCRIPTION OF WORK: <i>(Please attach)</i> See Attached Statement of Work	6. AMOUNT: <i>(Not to exceed without written modification)</i> \$ 46,247.00
--	--

7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY: U.S. Consumer Product Safety Commission (USCPSC) 4330 East West highway, Room 604H Bethesda, MD 20814-4408 DUNS #069287522	LIAISON NAME: Tom Schroeder EMAIL ADDRESS: TSchroeder@cpsc.gov	PHONE #: (301) 504-7920 FAX #: (301) 504-0038
---	---	--

8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE: Centers for Disease Control and Prevention National Center for Injury Prevention and Control/OSP 4770 Buford Highway, Mailstop Atlanta, GA 30341-3724 DUNS #927645465	LIAISON NAME: Lisa Scott EMAIL ADDRESS: LRSScott@cdc.gov	PHONE #: 770.488.4805 FAX #: 770.488.1665
---	---	--

9. PROJECT PERIOD: From: 10/1/2007 Through: 9/30/2012	FUNDING PERIOD: From: 10/1/2010 Through: 9/30/2011
--	---

10. CDC AUTHORITY:
 Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14)
 Other *(Please specify)*

11. PARTICIPATING AGENCY AUTHORITY:

12. CDC FUNDING INFORMATION: FOR CDC USE ONLY *(CDC internal form 6012 - modified Document History Record)* APPROPRIATION NUMBER:
75-11-0943

T.C. (For Accounting Use Only)	FY (2 digits) (Required)	DOC.REF. (For Accounting Use Only)	DOC.NO. (Original 10 digits) (Required)	CAN (7 digits) (Required)	OC (5 digits) (Required)	BACS (10 digits) (For Budget Use Only)	\$ AMOUNT
050	11	214	08FED830674	921Z2KJ	25105	5609221201	\$46,247.00

6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: <i>(Please print)</i> Lisa Scott LRSScott@cdc.gov (Should not be the same as Block #18)	FMO BUDGET ANALYST SIGNATURE: ADMINISTRATIVE APPROVAL SIGNATURE: <i>Lisa Scott</i>
---	--



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
INTER/INTRA-AGENCY AGREEMENT (IAA)
Payable Agreements (CDC is Procuring Agency)



CDC IAA #: 08FED830674

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: *(required)* 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. **Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence.** When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.** (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:
DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:

(Please include name, telephone number, and email address of contact person.)

Name:	Telephone	#:	Em	ail:
Arlene Clyburn-Miller		(301) 504-7675		aclymill@cpsc.gov

16. The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreements funds, it will abide by the human subjects Research requirements stated in the Common Rule and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.

The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*

Name:  Robin Ikeda, M.D., M.P.H.

Title: Acting Director, NCIPC

Email address: RIkeda@cdc.gov

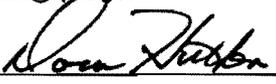
Signature:  Date: 10/15/10

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Donna Hutton

Title: Contracting Officer

Email address: dhutton@cpsc.gov

Signature:  Date: 11/24/10

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

**INTERAGENCY AGREEMENT BETWEEN
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)
AND
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
(08FED830674-03)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This is an Interagency Agreement modification between the CDC and the CPSC covering the expansion of the National Electronic Injury Surveillance System All Injury Program (NEISS-AIP) to collect data on all injuries.

This agreement covers a special study entitled: “**The NEISS Special Study of Self-inflicted Violence**” which is outlined below.

I. DESCRIPTION OF SERVICES

NEISS SECOND SCREEN ON SELF-INFLICTED VIOLENCE

Background:

About 30,000 deaths in the US are due to suicide each year, but many more people harm themselves deliberately. During 2000, about 264,000 persons were treated in emergency departments (EDs) for non-fatal self-inflicted injury, yielding a rate of about 96 per 100,000 population (MMWR, May 24, 2002). Less is known about non-fatal self-harm. The NEISS–All Injury Program (NEISS-AIP) can play an important role in collecting information on cases of self-inflicted injury treated in EDs.

A second NEISS-AIP was developed by DVP to collect data on *Self-inflicted injury* (SII). The screen was implemented in all NEISS-AIP hospitals in June 2004 and provides data to:

- describe relevant risk factors among persons presenting to EDs for SII, in addition to what is available in the NEISS-AIP screen;
- identify substances used in self-harm poisonings presenting to NEISS hospitals;
- track the profile of such substances over time;
- act as an early warning system on emerging trends in regard to SII; and
- provide data on SII presenting to EDs to inform more in-depth studies.

Purpose:

This proposal concerns the continuation of data collection on SII using the specifically designed special screen on SII for cases treated in participating NEISS-AIP hospitals.

Deliverables:

The Consumer Product Safety Commission will deliver to the National Center for Injury Prevention and Control, Office of Statistics and Programming (OSP), final edited data for all data elements in the NEISS Special Study of Self-Inflicted Violence. These data will be delivered by means of a secure data file and will be provided to CDC no later than **October 31, 2011**. The Office of Statistics and Programming after performing final editing and Quality Assurance reviews of the data will provide the final analysis data set to the Division of Violence Prevention (DVP), Epidemiology and Surveillance Branch (ESB), National Center for Injury Prevention and Control. If the Office of Statistics and Programming should encounter any errors in the final edited data or other data issues, OSP will contact CPSC immediately to resolve these matters.

Methods:

1. Data collection

- a. **Description:** Continue to collect data on cases of self-inflicted injury seen at NEISS-AIP hospitals, by using the second screen on SII.
- b. **Sample:** All hospitals participating in NEISS-AIP.
- c. **Case definition:** All cases where Intent=1 (Assault/intentional injury, confirmed or suspected) is to be included.
- d. **Schedule:** The data collection will continue till the end of **September 2011**.
- e. **Analysis** of the data will be done by CDC and results shared fully with CPSC.

II. DURATION OF AGREEMENT

This agreement is approved from the date of signature for both agencies through **September 30, 2012**.

III. ESTIMATED COSTS

Estimates costs are \$46,247.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$46,247.00
Total	\$46,247.00

IV. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office

(FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V). THIS AGREEMENT IS SUBJECT TO FUND AVAILABILITY.

V. ACCOUNTING AND BILLING INFORMATION

Funds for this project for **FY2011** in the amount not to exceed \$46,247.00 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75-09-0421	61000001
Appropriation	75-11-0943	6190100
CAN	11-921 Z2JK	11 PS EXFM 4310 11179 <i>252EO</i>
Object Class	25105	252e
Amount	\$46,247.00	\$46,247.00
EIN No	58-6051157	52-0978750
DUNS	927845465	069287522

When billing CDC through the OPAC system, CPSC will reference agreement number **08FED830674-03**.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO
Attn: OPAC Desk
1600 Clifton Road, MS D-06
Atlanta, GA 30333

VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

There is no travel involved in this agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: Annie Howerton
NCIPC, DVP (K60)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1282

CPSC: Tom Schroeder
CPSC
4330 East West Highway, Rm 604D
Bethesda, MD 20814-4408
(301) 504-7431

X. BUDGET CONTACTS

CDC: Brigetta Jones
NCIPC/OD (F-63)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1477

CPSC: Lynette Bryant
Contracting Officer, CPSC
4330 East West Highway, Rm 517
Bethesda, MD 20814-4408
(301) 504-0444

XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XII. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

Attachment 1

Summary Guidelines - Self-inflicted Injury Special Study

All reportable trauma cases involving intentional self-inflicted injuries (intent = 2) are eligible for this special study. After completing the standard, 1st screen NEISS variables please complete the 2nd screen variables summarized below. **Please consult the training manual “Identifying and coding self-inflicted injury” for more detailed guidance on individual response categories.**

Variable	Question	Coding Guidance - Highlights	
Time of Arrival	Time of arrival to the ED	<i>Please use the 24-hour clock (19:00 not 7 pm) Please do not record 'Time of treatment/discharge Hour known, minutes unknown: enter 'hour:99' Hour and minutes unknown: enter 99:99</i>	
Description of intent	How did the patient describe their intent to the staff, other people, or in a (suicide) note?	<i>Intent refers to motivation/purpose/state of mind time of self-injurious act. Please record the most serious intent, 'to die' before 'to harm', 'to harm' before 'to escape', etc.</i>	
<i>Examples of recorded information that relates to intent:</i>			
To die > the patient wanted to die > 'I wanted to kill myself' > the patient stated that s/he did not want to live > 'I wanted the cops to come over and kill me'	To harm oneself > the patient wanted to hurt him/herself > 'I took the tablets hoping it would make me sick'	To escape > s/he 'just wanted the pain to end' > 'I just wanted to go to sleep'	Other > the patient wanted to die > 'I wanted to get the attention of my partner > patient was angry at partner > 'I was upset'
Injury diagnosis or description	How did the staff describe or diagnose the injury event?	<i>This question aims to get at whether the ED staff considers the event to be a suicide attempt AT DISCHARGE. Please record the most serious diagnosis or description</i>	
Risk factors	Were any of the listed risk factors mentioned in the ED notes? (<i>check all that apply</i>)	<i>Yes means a relevant risk factor is noted in the records.</i>	
Alcohol Use	Was alcohol used by the patient at the time of the injury event?	<i>Please consider toxicology report and BAC level information, when available. If BAC level = 0 mark NO.</i>	
Recreational drug use	Were recreational drugs (e.g. cocaine, heroin, marijuana, ecstasy) used by the patient at the time of the injury event?	<i>Recreational drugs refer to street drugs usually obtained illegally. If levels in toxicology reports = 0 mark NO.</i>	
Poisonings (if applicable)	If the self-harm method was poisoning, please record up to four medications, drugs, or substances taken by the patient.	<i>Please record all substances taken as part of the intentional ingestion, even if they were not taken overdose or for the purpose of harming oneself.</i>	

Where admitted or transfer to (if applicable)	If the patient was admitted or transferred, please specify where s/he went?	<i>Please record the ward to which the ED patient was initially admitted even if the patient is subsequently transferred to another ward. Medical/surgical ward includes pediatric medical/surgical wards.</i>
---	---	--

Questions? Contact your CPSC representative or Alex Crosby 770-488-4272, acrosby@cdc.gov, Phil Travers at 1-800-638-8095 ext. 7447, PTravers@CPSC.gov