



## Memorandum

Date September 1, 2010

From Co-Chair, NIOSH HSRB

Subject Report of NIOSH HSRB -- Protocol No. HSRB 10-DSR-05XP "Cops & Cars: Reducing LEO Deaths in Motor Vehicle Crashes" Approval of Protocol

To Hope Tiesman, Ph.D., M.S.P.H.  
Project Officer, AFEB, DSR  
Through: /Chief, AFEB, DSR \_\_\_\_\_  
/Director, DSR \_\_\_\_\_

### General Comments and IRB Actions

I received your response (memo dated 8/20/2010) and find it is responsive to my 7/29/2010 report for the subject protocol. Your protocol was reviewed using the expedited procedure in that it presents no more than minimal risk and involves collection of data from interview, program evaluation, human factors, or quality assurance methods (criterion #7) as provided for in 45CFR46.110. Your request for a waiver of documentation of informed consent is granted, based on 45CFR46.117 (c)(2) in [That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.]. The revised protocol (dated 9/1/2010) will serve as the document of record for this study. This protocol is approved for one year (renewal date 9/1/2011). However, if you make any substantive changes, or any adverse reactions occur in any study participants, please notify me immediately.

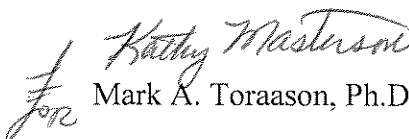
**Protocol Issues** – None.

**Consent Form Issues** – None.

**Addenda Issues (Scripts, questionnaires, brochures, etc.)** – None.

**End of report**

cc:  
HSRB 10-DSR-05XP

  
Mark A. Toraason, Ph.D.

7/20/10



## Signature Page for Human Research Review Protocols and Related Documentation

Use this signature page when submitting HRPO forms to your center-level Human Subjects Contact. When submitting materials with these forms, please consecutively number all pages, beginning with the protocol title page and followed by consent form(s) and ancillary documents. See *HRPO Guide: Overview* for further details. **NOTE: IRB (Institutional Review Board) refers to the NIOSH HSRB (National Institute for Occupational Safety and Health (NIOSH) Human Subjects Review Board (HSRB) of the CDC Human Research Protection Office (HRPO).**

### 1 Protocol identifiers

CAN# 0927ZJJU (optional)

Leave protocol ID blank if not yet assigned.

CDC protocol ID: HSRB 10-DSR-05XPProtocol version number 1 version date 7/15/2010Protocol title: Cops & Cars: Reducing LEO Deaths in Motor Vehicle Crashes

Amendment number (if applicable): \_\_\_\_\_

### 2 Key CDC personnel

	Name and degrees (FirstName LastName, Degrees)	User ID	SEV #	CDC NC/division
Primary contact (required)	Hope Tiesman, MSPH, PhD	fto9	15028	NIOSH/DSR/AFEB
Principal investigator (required)	Hope Tiesman, MSPH, PhD	fto9	15028	NIOSH/DSR/AFEB

SEV # is CDC's Scientific Ethics Verification Number. CDC NC/division is the national center or equivalent and division or equivalent, or coordinating center or office if submitted at that level.

### 3 Forms submitted with this signature page

Check all that apply in the appropriate column.

#### IRB-reviewed protocols

- 0.1250: Initial Review by IRB
- 0.1251: Continuing Review of Approved Protocol
- 0.1252: Review of Changes to Approved Protocol
- 0.1254: Incident Report
- 0.1254S: Supplemental Adverse Event Report
- 0.1253: End of Human Research Review
- 0.1370: CDC's Research Partners
- 0.1371: CDC Rely on a Non-CDC IRB
- 0.1372: Outside Institution Rely on a CDC IRB
- 0.1373: CDC Cover an Individual Investigator

#### Exempted protocols

- 0.1250X: Initial Review for Exemption
- 0.1251X: Continuing Review of Exempted Protocol
- 0.1252X: Review of Changes to Exempted Protocol
- 0.1253: End of Human Research Review
- 0.1370: CDC's Research Partners



8/23/10



## Request for Initial Review by an Institutional Review Board

Use this form to submit a protocol for its first review by a CDC IRB or a non-CDC IRB. If seeking review by a non-CDC IRB, also include form 0.1371. See *HRPO Guide: IRB Review Cycle* for further details on how to complete this form.

### 1 Protocol identifiers

Leave protocol ID blank if not yet assigned.

CDC protocol ID: *HSRB 10-DSR-05XP*

Protocol version number 1 version date 07/15/2010

Protocol title: Cops & Cars: Reducing LEO Deaths in Motor Vehicle Crashes

Suggested keywords (optional). Enter each term in a separate cell:

### 2 Key CDC personnel

	Name and degrees (FirstName LastName, Degrees)	User ID	SEV #	CDC NC/division
Primary contact (required)	Hope Tiesman, MSPH, PhD	fto9	15028	NIOSH/DSR/AFEB
Principal investigator (required)	Hope Tiesman, MSPH, PhD	fto9	15028	NIOSH/DSR/AFEB
Investigator 2	Scott Hendricks MS	sah5	12713	NIOSH/DSR/AFEB
Investigator 3	<i>Lynette Utter</i>	<i>LKU1</i>	<i>17966</i>	<i>" "</i>
Investigator 4				
Investigator 5				

SEV # is CDC's Scientific Ethics Verification Number. CDC NC/division is the national center (or equivalent) and division (or equivalent), or coordinating center or office if submitted at that level.

List all other CDC investigators, if any (name and degrees, user ID, SEV #, CDC NC/division):

### 3 CDC's role in project

Check yes or no for each of the following.

- CDC employees or agents will obtain data by intervening or interacting with participants.
- CDC employees or agents will obtain or use identifiable (including coded) private data or biological specimens.
- CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens.
- CDC employees will provide substantial technical assistance or oversight.
- CDC employees will participate as co-authors in presentation(s) or publication(s).

"Agents" includes on-site contractors, fellows, and others appointed or retained to work at a CDC facility conducting activities under the auspices of CDC.

**4 CDC's research partners**

Research partners include *all* direct and indirect recipients of CDC funding (e.g., grants, cooperative agreements, contracts, subcontracts, purchase orders) and other CDC support (e.g., identifiable private information, supplies, products, drugs, or other tangible support) for this research activity, as well as collaborators who do not receive such support. See *HRPO Guide: CDC's Research Partners* for further details. Check one of the following.

- No research partners.
- Research partners are listed on form 0.1370, which accompanies this form.

**5 Study participants—planned demographic frequencies**

Report estimated counts (rather than percentages). Include participants at domestic and foreign sites. See *HRPO Guide: IRB Review Cycle* for definitions.

Number of participants	1,903
Location of participants	
Participating at domestic sites	1,903
Participating at foreign sites	0
Sex/Gender of participants	
Female	381
Male	1,522
Sex/gender not available	0
Ethnicity of participants	
Hispanic or Latino	0
Not Hispanic or Latino	0
Ethnicity not available	1,903
Race of participants	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	0
More than one race	0
Race not available	1,903
Comments on demographics	

**6 Regulation and policy****6.1 Mode of IRB review on CDC's behalf**

Location of IRB (check one):

- CDC IRB
- Non-CDC IRB through IRB authorization agreement [submit form 0.1371]

Institution or organization providing IRB review: .....

IRB registration number (if known):

Federalwide assurance number (if any): .....

Suggested level of risk to subjects (check one):

- Minimal
- Greater than minimal

Suggested level of IRB review (check one):

See *HRPO Worksheet for Expedited Review* for detailed assistance. If relying on a non-CDC IRB, please indicate the level of review that you think is appropriate under human research regulations.

- Convened-board review is suggested
  - Not eligible for expedited review. For example, poses greater than minimal risk; involves use of drug, biologic, or device under IND or IDE; involves collection of large amount of blood; use of x-rays or microwaves; anesthesia; or physically invasive procedures
  - Other specified reason: \_\_\_\_\_
- Expedited review is suggested, under the following categories (check all that apply):
  - 1a Study of drugs not requiring Investigational New Drug exemption from FDA
  - 1b Study of medical devices not requiring Investigational Device Exemption from FDA
  - 2a Collection of blood from healthy, nonpregnant adults; below volume limit, minimally invasive
  - 2b Collection of blood from other adults and children; below volume limit, minimally invasive
  - 3 Prospective noninvasive collection of biological specimens for research purposes
  - 4 Collection of data through routine, noninvasive procedures, involving no general anesthesia, sedation, x-rays, or microwaves
  - 5 Research that uses previously collected materials
  - 6 Collection of data from voice, video, digital, or image recordings made for research purposes
  - 7 Research that uses interview, program evaluation, human factors, or quality assurance methods

## 6.2 Vulnerable populations

Characterize the intention to include each of the following vulnerable populations. Choose one option in each row, and indicate the page(s) where inclusion or exclusion is justified in the protocol.

	Targeted	Allowed	Excluded	NA	Page(s)
Pregnant women or fetuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Children (including viable neonates)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.....
Prisoners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.....

Describe other groups of potentially vulnerable subjects intended to be included or excluded, such as neonates of uncertain viability or nonviable neonates, persons with mental disabilities, or persons with economic or educational disadvantages.

Pregnant women are allowed to participate in this study.

## 6.3 Free and informed consent

Characterize requested changes to required features of the informed consent process. If a waiver is requested, enter the page number of the protocol where the waiver is justified.

Which exceptions to the consent process are requested? Check all that apply:

- Waiver or alteration of elements of informed consent for adults pg 10
- Waiver of assent for children capable of providing assent pg .....
- Waiver of parental permission pg .....

Which exceptions to documentation of informed consent are requested? Check all that apply:

- Waiver of documentation of informed consent for adults pg 10
- Waiver of documentation of assent for children capable of providing assent pg .....
- Waiver of documentation of parental permission pg .....
- Waiver or alteration of authorization under HIPAA Privacy Rule pg .....

How is it shown that the consent process is in understandable language? Check all that apply:

- Reading level has been estimated pg .....
- Comprehension tool is provided pg .....
- Short form is provided pg .....
- Translation planned or performed
  - Certified translation/translator pg .....
  - Translation and back-translation to/from target language(s) pg .....
  - Other method (specify: ..... ) pg .....

### 6.4 Other regulation and policy considerations

Check all that apply.

If requesting the exception to the PHS policy on informing those tested about HIV serostatus, enter the page number of the protocol where the waiver is justified.

- Exception is request to PHS informing those tested about HIV serostatus. pg .....
- Human genetic testing is planned now or in the future.
- This study includes a registrable clinical trial.
- This study involves long-term storage of identifiable biological specimens.
- This study involves a drug, biologic, or device.

*See HRPO Worksheet to Determine FDA Regulatory Coverage for guidance on whether or not FDA regulations apply.*

- This study will be conducted under an Investigational New Drug (IND) exemption or Investigational Device Exemption (IDE).  
IND/IDE number(s): .....

### 6.5 Confidentiality protections

If at least one research site is within the US, then check either Granted, Pending, or No in each row. If no sites are within the US, then check NA in each row.

	Granted	Pending	No	NA
Certificate of Confidentiality (301(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assurance of Confidentiality (308(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Describe any other formal confidentiality protections that are planned or are in place:

**7 Material submitted with this form**

Check all that apply. Describe additional material in the comments section.

- Complete protocol
- Peer reviewers' comments or division waiver (NIOSH)
- Consent, assent, and permission documents or scripts
- Other information for recruits or participants (e.g., ads, brochures, flyers, scripts)
- Data collection instruments (e.g., questionnaires, interview scripts, record abstraction tools)
- Certification of IRB approval or exemption for research partners

**8 Additional comments**



7/20/10



### CDC's Research Partners

Use this form to report current information on CDC's research partners whenever a partner institution or individual is added or information changes. Supply individual name and SEV number only for investigators collaborating with CDC under an individual investigator agreement (IIA). See HRPO Guide: CDC's Research Partners and either the HRPO Worksheet for Basic Tracking of Research Partners or the HRPO Worksheet for Advanced Tracking of Research Partners for details on how to complete this form.

Leave protocol ID blank if not yet assigned.

CDC protocol ID: HSRB 10-DSR-05XP

Protocol version number 1 version date 7/15/2010

Protocol title: Cops & Cars: Reducing LEO Deaths in Motor Vehicle Crashes

<p><b>Partner 1</b></p> <p>Institution name: <u>Walden Univ. College of Public Health</u>          Institution location: <u>Bettendorf, Iowa</u>          Individual name (IIA only): <u>Dr. Rebecca Heick</u>          Reporting status: <u>Initial report</u>          Regulatory coverage: <u>Engaged/non-exempt</u>          Financial support: <u>Contract/subcontract</u>          Support award number: <u>000HCCJB-2010-79677</u>          Support end date: <u>9/30/2012</u>          Nonfinancial support: <u>Nonfinancial support?</u>          FWA number: _____          SEV number (IIA only): _____          IRB review status: <u>Relying on CDC IRB</u>          IRB approval expiration date: _____          Comments: <u>Ethics TRAINING Documentation on File. Agreement CDC Form 0.1373A to be set up prior to Engaged.</u>  <i>K. M. [Signature]</i></p>	<p><b>Partner 2</b></p> <p>Institution name: _____          Institution location: _____          Individual name (IIA only): _____          Reporting status: <u>Reporting status?</u>          Regulatory coverage: <u>Engaged? Exempt?</u>          Financial support: <u>Financial support?</u>          Support award number: _____          Support end date: _____          Nonfinancial support: <u>Nonfinancial support?</u>          FWA number: _____          SEV number (IIA only): _____          IRB review status: <u>IRB review status?</u>          IRB approval expiration date: _____          Comments: _____</p>
<p><b>Partner 3</b></p> <p>Institution name: _____          Institution location: _____          Individual name (IIA only): _____          Reporting status: <u>Reporting status?</u>          Regulatory coverage: <u>Engaged? Exempt?</u>          Financial support: <u>Financial support?</u>          Support award number: _____          Support end date: _____          Nonfinancial support: <u>Nonfinancial support?</u>          FWA number: _____          SEV number (IIA only): _____          IRB review status: <u>IRB review status?</u>          IRB approval expiration date: _____          Comments: _____</p>	<p><b>Partner 4</b></p> <p>Institution name: _____          Institution location: _____          Individual name (IIA only): _____          Reporting status: <u>Reporting status?</u>          Regulatory coverage: <u>Engaged? Exempt?</u>          Financial support: <u>Financial support?</u>          Support award number: _____          Support end date: _____          Nonfinancial support: <u>Nonfinancial support?</u>          FWA number: _____          SEV number (IIA only): _____          IRB review status: <u>IRB review status?</u>          IRB approval expiration date: _____          Comments: _____</p>