DEPARTMENT OF HEALTH & HUMAN SERVICES

Memorandum

Date November 15, 2013

From Chair, NIOSH IRB (HSRB)

Subject Report of NIOSH IRB (HSRB) – Protocol No. HSRB 13-DSR-03XP "Taxi Driver Survey on Motor Vehicle Safety and Workplace Violence" Approval of New Protocol

To Cammie Chaumont Menendez, Ph.D.
Project Officer, AFEB, DSR
Through: /Chief, AFEB, DSR ____ ____
/Director, DSR ____ ____

General Comments and IRB Actions

I received your response (memo dated 11/7/2013) and found it is responsive to my 10/22/2013 report for the subject protocol. Your protocol was reviewed using the expedited procedure in that it presents no more than minimal risk and involves the use of interview, program evaluation, human factors, or quality assurance methods (category #7) as provided for in 45CFR46.110. Your request for a waiver of documentation of informed consent is granted per 45CFR46.117(c)(2) in "(2) 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." This protocol is granted approval for one year (renewal date 11/15/2014). The revised protocol and consent document will serve as the documents of record for this study (dated 11/15/2013). However, if you make any substantive changes to the protocol, or if any adverse reactions occur in any study participants, please notify me immediately. Protocol incidents need to be reported to NIOSH IRB by phone or E-mail within 2 working days; and reported formally [send CDC form 0.1254 + 0.1379] within 2 weeks.

If you choose to make changes to your approved protocol, the changes must be reviewed and approved prior to implementation by submitting via hard copy CDC forms 0.1379 (signature page), 0.1252 (amendment request), 0.1370 (non CDC collaborator, if have), a clean copy of the revised protocol and a highlighted copy (track changes or pen/ink) of the revised protocol (all changes highlighted). Electronic submission of your amendment request may facilitate review, but it is not required. The general procedure for requesting annual continuing review is to send 45-60 days prior to renewal date completed hard copy forms CDC 0.1379 (signature page), 0.1251 (continuing review request), 0.1370 (non CDC collaborator, if have), a copy of your current consent form (if consenting or recruiting currently). An electronic submission of your continuing review may facilitate review, but it is not required.

Protocol Issues – None.
Consent Form Issues – None.
Addenda Issues (Scripts, questionnaires, brochures, etc.) – None.

End of report

Kathy Mastrovich
for Mark A. Toraason, Ph.D.

cc:
HSRB 13-DSR-03XP

0.1379 Centers for Disease Control and Prevention Date received
NIOSH HSRB 9/16/13 bc
9/17/13 abc

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# ***939 ZXEP*** (optional)

Leave protocol ID blank if not yet assigned.

CDC protocol ID: HSRB 13-NSR-03XP Protocol version number 1 version date 9.6.13

Protocol title: Taxi Driver Survey on Motor Vehicle Safety and Workplace Violence

Amendment number (if applicable): n/a

2 Key CDC personnel

	Name and degrees (FirstName LastName, Degrees)	User ID	SEV #	CDC NC/division
Primary contact (required)	Cammie Chaumont Menendez BS, MS, MPH, PhD	fxf8	7445	NIOSH/DSR
Principal investigator (required)	Cammie Chaumont Menendez BS, MS, MPH, PhD	fxf8	7445	NIOSH/DSR

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

4 Signatures

As principal investigator, I hereby accept responsibility for conducting this CDC-sponsored research project in an ethical manner, consistent with the policies and procedures contained in CDC's *Procedures for Protection of Human Research Participants*, and to abide by the principles outlined in federal policies for the protection of human subjects at 45 CFR part 46, 21 CFR part 50, and 21 CFR part 56.

Signature	Date	Remarks
Principal CDC Investigator: Cammie Chaumont Menendez	09/10/2013	PI

As a supervisor of the principal investigator, I hereby accept responsibility for ensuring that this CDC-sponsored research project is conducted in an ethical manner, consistent with the policies and procedures contained in CDC's *Procedures for Protection of Human Research Participants*, and to abide by the principles outlined in federal policies for the protection of human subjects at 45 CFR part 46, 21 CFR part 50, and 21 CFR part 56.

Signature	Date	Remarks
Team Lead:		Check if PI is Team Lead: ☐
Branch Official (e.g., Chief or Senior Scientist): James W. Collins	9/11/2013	Check if PI is Branch Official: ☐
Division Official (e.g., Director or ADS):	9/12/2013	Check if PI is Division Official: ☐

I concur that this CDC-sponsored research project is consistent with the policies and procedures contained in CDC's *Procedures for Protection of Human Research Participants* and with other applicable CDC and national center policies.

Signature	Date	Remarks
Chair, NIOSH HSRB: Mark Toraason	11-15-13	Waive Documentation of Informed Consent

Other Clearance Official:
(e.g., Confidentiality Officer, Coordinating Center/Office Official)

5 Additional comments

Expedited Review; Minimal Risk; as provided for in 45CFR 46.110 (b)(1) category(s) 7;

Approved for one year; Renewal date _____;
CDC 0.1250 form estimated subject # is 1000;
Subject # to date is _____;
Approved/Amended Total Subject # is 1000.

HSRB 13-DSR-03KP

6 Reminder regarding other regulatory clearance processes

The principal investigator is responsible for obtaining other regulatory reviews as needed, which may include OMB clearance under the Paperwork Reduction Act (PRA) for federally sponsored information collections. Approval by or exemption from the IRB is unrelated to OMB clearance requirements under the PRA. For more information on whether your study requires clearance under PRA or other regulations, please consult the appropriate officials within your national center.

9/6/13 (IRC)
9/17/13 (ORC)

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 13 DSR 035XP Protocol version number 1 version date 9/6/13

Protocol title: Taxicab Driver Survey on Motor Vehicle Safety and Workplace Violence

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

occupational driver behavior questionnaire	safety climate	robbery
assault	safety equipment	role overload

2 Key CDC personnel

	Name and degrees (FirstName LastName, Degrees)	User ID	SEV #	CDC NC/division
Primary contact (required)	Cammie Chaumont Menendez, PhD, MPH, MS	fxf8	7445	NIOSH/DSR
Principal investigator (required)	Cammie Chaumont Menendez, PhD, MPH, MS	fxf8	7445	NIOSH/DSR
Investigator 2	Marilyn Ridenour, MPH, MSN	dvn7	840	NIOSH/DSR
Investigator 3	Scott Hendricks, MS	sah5	12713	NIOSH/DSR
Investigator 4	Srinivas Konda, MPH	itf2	201141	NIOSH/DSR
Investigator 5	Christina Socias, DrPH	wzo4	636	NIOSH/DSR

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.

☒y ☐n CDC employees or agents will obtain data by intervening or interacting with participants.

☐y ☒n CDC employees or agents will obtain or use identifiable (including coded) private data or biological specimens.

☒y ☐n CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens.

☒y ☐n CDC employees will provide substantial technical assistance or oversight.

☒y ☐n 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	1,000
Location of participants	
Participating at domestic sites	1,000
Participating at foreign sites	0
Sex/Gender of participants	
Female	100
Male	900
Sex/gender not available	0
Ethnicity of participants	
Hispanic or Latino	200
Not Hispanic or Latino	800
Ethnicity not available	0
Race of participants	
American Indian or Alaska Native	50
Asian	300
Black or African American	300
Native Hawaiian or Other Pacific Islander	50
White	300
More than one race	0
Race not available	0

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	☐	☐	☐	☒	
Children (including viable neonates)	☐	☐	☐	☒	
Prisoners	☐	☐	☐	☒	

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.

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

☐ 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
- ☐ 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))	☐	☐	☒	☐
Assurance of Confidentiality (308(d))	☐	☐	☒	☐

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

We are requesting an expedited review because no personal identifiers will be retained. The name of the taxicab driver will not be recorded on the questionnaire or consent form. This is explained in sections 3.3.1 of the protocol.

We are requesting a waiver of written consent, and rather to obtain oral consent from the taxicab drivers. The waiver is justified under HHS OHRP regulation 45CFR46.117(c)(2)"...(2)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 justification of how the protocol qualifies for this waiver is because the name of the taxicab driver will not be obtained and thus, no link of the data to the driver will be available. Thus, there is minimal if no risk to the taxicab driver.

We are additionally requesting approval to obtain consent orally rather than in writing for the following reasons: First, there is insufficient time during the survey to obtain a full written consent. A short consent form will be read to expedite the intervew which will be while the driver is getting his cab inspected. Taxicab drivers have little time to offer and the interview will have to be done during cab inspection. From the pilot study we learned taxicab drivers were very sensitive about the time and too much time may lead to not completing all of the questions. Second, taxicab drivers appear to be very sensitive about having their name connected with the data provided. Disclosure of their name by NIosh during a FOIA for a litigation case connected with a robbery, assault or any arrest could bring risk or liability to the driver, who is usually an independent contractor. Drivers are reluctant to offer their names linked to the record but will likely participate in the sruvey. Third, and finally, a written consent form would be the only link to the questionnaire data, and thus, our proposal to not obtain a written consent would prevent any link of the driver's name to the questionnaire data. 45CFR46.117(c)(2)

0.1370 Centers for Disease Control and Prevention Date received

9/17/13 elec
9/16/13 hc

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 13-DSR-03XP Protocol version number 1 version date 9.6.13
Protocol title: Taxi Driver Survey on Motor Vehicle Safety and Workplace Violence

Partner 1

Institution name: International Association of Transportation Regulators
Institution location: New York City
Individual name (IIA only): Matt Daus
Reporting status: Initial report
Regulatory coverage: Engaged/exempt
Financial support: No financial support
Support award number:
Support end date:
Nonfinancial support: No nonfinancial support
FWA number:
SEV number (IIA only):
IRB review status: Relying on CDC IRB
IRB approval expiration date:
Comments: 1373A or 1372A to be set up. K Masterson

Partner 2

Institution name: City of Houston Administration and Regulatory Affairs Department
Institution location: Houston, Texas
Individual name (IIA only): Tina Paez
Reporting status: Initial report
Regulatory coverage: Engaged/exempt
Financial support: No financial support
Support award number:
Support end date:
Nonfinancial support: No nonfinancial support
FWA number:
SEV number (IIA only):
IRB review status: Relying on CDC IRB
IRB approval expiration date:
Comments: 1373A or 1372A to be set up. K Masterson

Partner 3

Institution name:
Institution location:
Individual name (IIA only):
Reporting status: Reporting status?
Regulatory coverage: Engaged? Exempt?
Financial support: Financial support?
Support award number:
Support end date:
Nonfinancial support: Nonfinancial support?
FWA number:
SEV number (IIA only):
IRB review status: IRB review status?
IRB approval expiration date:
Comments:

Partner 4

Institution name:
Institution location:
Individual name (IIA only):
Reporting status: Reporting status?
Regulatory coverage: Engaged? Exempt?
Financial support: Financial support?
Support award number:
Support end date:
Nonfinancial support: Nonfinancial support?
FWA number:
SEV number (IIA only):
IRB review status: IRB review status?
IRB approval expiration date:
Comments: