

Healthcare workers represent over 8% of the U.S. workforce with many occupations projected to substantially grow in the next ten years. Healthcare workers experience higher rates of illness and injury as compared to workers in other industries and are at increased risk for many of the types of adverse health effects potentially caused by exposure to hazardous chemical agents. The proposed hazard surveillance survey will provide important information on work practices associated with the use of important classes of hazardous chemical agents including antineoplastic agents, anesthetic gases, aerosolized medications, chemical sterilants, high level disinfectants and surgical smoke. This voluntary survey is the first of its kind by the Federal government. The data collected will allow NIOSH to describe the range of health and safety practices and the types of exposure controls used by healthcare workers by hazard, occupation, and type and size of work setting. The study population for this survey includes members of 22 professional organizations who represent healthcare workers in many occupations which use or are exposed to these chemical agents. Each of the 22 participating professional organizations

will be responsible for implementing the sampling approach developed by NIOSH and sending invitation and reminder emails to sampled members. The sample size for the survey is estimated to be 25,650 healthcare workers. NIOSH will use the data to guide interventions and future research. Participating professional organizations plan to use the data for benchmarking, identifying areas for expanding guidelines and for health and safety promotion.

The proposed survey is modular in design and will be only available on-line. The survey includes a screening module, separate chemical hazard modules addressing the previously mentioned hazardous chemical agents, and a core module which gathers information on a broad range of health and safety issues affecting healthcare workers. The web survey will present the modules to respondents in a seamless manner.

Depending on the size of the participating professional organization, all members or a random sample of members will be sent an email by their organization which will contain a link to the survey. Initially, respondents will complete a screening module which will determine whether they are eligible for the survey. The eligibility criteria is,

they must have used or have come in contact with one or more of the hazardous chemical agents within the past week. If eligible, the respondent would complete the appropriate hazard module (e.g., oncology nurses would complete hazard module on administration of antineoplastic agents) and the core module. A second hazard module may also be completed if additional chemical agents were used in the past week. Respondents will not be asked to report their names or any other identifying information.

The project supports NIOSH's surveillance strategic goal which is to advance the usefulness of surveillance information for the prevention of occupational illnesses, injuries and hazards. Further, the goal seeks to actively promote the dissemination and use of NIOSH surveillance data and information.

Once the study is completed, results will be made available via various means including the NIOSH Internet site. NIOSH expects to complete data collection no later than spring of 2011. There is no cost to respondents other than their time. The total estimated annual burden hours are 11,140.

#### *Estimated Annualized Burden Hours*

Type of respondent	Activity or form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Professional Organization .....	Implement NIOSH sampling approach; send invitation and reminder emails to sampled members.	22	1	5
Healthcare Workers .....	Screening module .....	25,650	1	1/60
	Primary hazard module .....	20,520	1	10/60
	Core module .....	20,520	1	20/60
	Secondary hazard module .....	2,052	1	10/60

Dated: March 25, 2010.

**Maryam I. Daneshvar,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Administration for Children and Families**

#### **Proposed Comment Request for Review of ACF Disaster Case Management Implementation Guide; Office of Human Services Emergency Preparedness and Response**

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, May 22, 1995), this notice announces that the Administration for Children and Families (ACF), Office of

Human Services Emergency Preparedness and Response (OHSEPR) intends to submit notice in the **Federal Register** for comments on the ACF Disaster Case Management Implementation Guide, dated December 2009.

Disaster case management is the process of organizing and providing a timely, coordinated approach to assess disaster-related needs including health care, mental health and human services needs that were caused or exacerbated by the event and may adversely impact an individual's recovery if not addressed. Disaster case management facilitates the delivery of appropriate resources and services, works with a client to implement a recovery plan and advocates for the client's needs to assist him/her in returning to a pre-disaster

status while respecting human dignity. If necessary, Disaster case management helps transition the client with pre-existing needs to existing case management providers after disaster-related needs are addressed. This is facilitated through the provision of a single point of contact for disaster assistance applicants who need a wide variety of services that may be provided by many different organizations.

The purpose of Disaster case management is to rapidly return individuals and families who have survived a disaster to a state of self-sufficiency. This is accomplished by ensuring that each individual has access to a Case Manager who will capture information about the individual's situation and then serve as his/her advocate and help him/her organize and access disaster-related resources, human services, health care and mental health care that will help him/her achieve pre-disaster levels of functioning and equilibrium. The service is particularly critical in situations where large-scale mortality, injuries, or personal property damage have occurred. Disaster case management is based on the principles of self-determination, self-sufficiency, federalism, flexibility and speed, and support to States.

Comments are particularly invited on: the program guidelines of the ACF Disaster Case Management Pilot Program; and recommendations on program improvements based on valid evidence and methodology.

For a copy of the ACF Disaster Case Management Implementation Guide, please visit <http://www.acf.hhs.gov/ohsepr/dcm/dcm.guide.html>, or contact James Davis at 202-744-0091 or [james.davis@acf.hhs.gov](mailto:james.davis@acf.hhs.gov).

**DATES:** Comments must be received on or before May 7, 2010.

**ADDRESSES:** Send or deliver comments to James Davis, National Case Management Analyst, Office of Human Services Emergency Preparedness and Response, Administration for Children and Families, 370 L'Enfant Promenade, SW., 6th Floor West, Washington, DC 20447 or via e-mail to [james.davis@acf.hhs.gov](mailto:james.davis@acf.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** CAPT Roberta P. Lavin, Director, Office of Human Services Emergency Preparedness and Response (OHSEPR), at [roberta.lavin@acf.hhs.gov](mailto:roberta.lavin@acf.hhs.gov) or 202-401-9306; Sylvia R. Meniffee, Deputy Director (Operations), OHSEPR, at [sylvia.meniffee@acf.hhs.gov](mailto:sylvia.meniffee@acf.hhs.gov) or 202-401-1448; James Davis, National Case Management Analyst, OHSEPR, at [james.davis@acf.hhs.gov](mailto:james.davis@acf.hhs.gov) or 202-744-0091.

**SUPPLEMENTARY INFORMATION:** The Administration for Children and Families, within the Department of Health and Human Services is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following:

- Families and individuals empowered to increase their own economic independence and productivity;
- Strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- Partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, States, and Congress that enable solutions which transcend traditional agency boundaries;
- Services planned, reformed, and integrated to improve needed access; and
- A strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

Dated: March 26, 2010.

**Carmen R. Nazario,**  
*Assistant Secretary for Children and Families.*  
[FR Doc. 2010-7330 Filed 3-31-10; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Center for Substance Abuse Treatment; Notice of Meeting

Pursuant to Public Law 92-463, notice is hereby given of the meeting of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) National Advisory Council on April 21, 2010.

A portion of the meeting is open and will include discussion of the Center's policy issues, and current administrative, legislative, and program developments.

Attendance by the public will be limited to space available. Public comments are welcome. To make arrangements to attend on-site, or to request special accommodations for persons with disabilities, please register at the SAMHSA Committees' Web site at <https://nac.samhsa.gov/Registration/meetingsRegistration.aspx>, or communicate with the CSAT Council's Designated Federal Official, Ms. Cynthia Graham (see contact information below).

The meeting will also include the review, discussion, and evaluation of grant applications. Therefore, this portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c)(6) and 5 U.S.C. App.2, Section 10(d).

Substantive program information, a summary of the meeting, and a roster of Council members may be obtained as soon as possible after the meeting, either by accessing the SAMHSA Committee Web site, <http://www.nac.samhsa.gov/CSAT/csatnac.aspx>, or by contacting Ms. Graham. The transcript for the open session of the meeting will also be available on the SAMHSA Committee Web site within three weeks after the meeting.

**Committee Name:** Substance Abuse and Mental Health Services Administration's CSAT National Advisory Council.

**Date/Time/Type:** April 21, 2010.

From 8:30 a.m.-9 a.m.: Closed.

From 9 a.m.-5 p.m.: Open.

**Place:** 1 Choke Cherry Road, Sugarloaf and Seneca Conference Rooms, Rockville, Maryland 20857.

**Contact:** Cynthia Graham, Designated Federal Official, SAMHSA/CSAT National Advisory Council, 1 Choke Cherry Road, Room 5-1035, Rockville, MD 20857, **Telephone:** (240) 276-1692, **FAX:** (240) 276-1690, **E-mail:** [cynthia.graham@samhsa.hhs.gov](mailto:cynthia.graham@samhsa.hhs.gov).

**Toian Vaughn,**

*Committee Management Officer, Substance Abuse and Mental Health Services Administration.*

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