(immediate post-course and delayed follow-up). This information will provide helpful feedback for training improvement. The new tools for CDC TRAIN were developed based on an extensive feedback process from training developers and evaluators and cognitive testing to refine the questions. To prepare for the future merger of TCEO and CDC TRAIN systems, the content of these tools also include questions that are required for accreditation (from the TCEO Post-Course Evaluation and TCEO Follow-Up Evaluation tools).

Currently in both platforms, data will be collected online, using secure, electronic, web-based, password-protected portals. Respondents will include educational developers requesting accreditation for their trainings (TCEO) and public health and healthcare professionals who seek training (CDC TRAIN and TCEO). No statistical methods will be used to analyze the information collected. CDC will use identifiable information in TCEO to track participant completion of educational activities to facilitate required reporting to earn continuing education credits, hours, or units. Aggregate and non-aggregate data from the evaluations in TCEO and CDC TRAIN will be used to improve educational activities and assess learning outcomes.

Overall, this revision request seeks to achieve three objectives. First, it will allow for short-term continuation of the TCEO system and its ability to serve individuals seeking accredited training. The demand for TCEO's trainings and accreditation remains high and ongoing. Second, it will allow for more standardized evaluation of trainings offered through CDC TRAIN, based on the data collection methods and tools already used successfully in TCEO. Third, by proposing CDC TRAIN as an approved platform, it lays a key step for the eventual discontinuation of the TCEO platform and incorporation of TCEO's trainings and tools into the CDC TRAIN platform. Future change requests for this revision likely will involve additional steps in this merger process, such as the retirement of TCEO as a platform, the discontinuation of the TCEO-specific training evaluation tools in favor of CDC TRAIN's forms, and the absorption of TCEO's trainings and other features into the CDC TRAIN platform. These anticipated changes should not affect the burden hours or type of information that learners are asked to provide. These future changes should improve learners' experiences, through more standardization and centralization; and they should result in significant program management efficiencies for CDC and its training partners.

OMB approval is requested for three years. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden is 288,150 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Educational Developers (Health Educators) ..	TCEO Proposal	130	1	5
Public Health and Health Care Professionals (Learners).	TCEO New Participant Registration	300,000	1	5/60
Public Health and Health Care Professionals (Learners).	TCEO Post-Course Evaluation	300,000	3	10/60
Public Health and Health Care Professionals (Learners).	TCEO Follow-up Evaluation	30,000	3	3/60
Public Health and Health Care Professionals (Learners).	CDC TRAIN Immediate Post-Course Evaluation Tool.	300,000	3	7/60
Public Health and Health Care Professionals (Learners).	CDC TRAIN Delayed Follow-Up Evaluation Tool.	30,000	3	2/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–22–0666]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled National Healthcare Safety Network (NHSN) to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on September 27, 2021 to obtain comments from the public and affected agencies. CDC received four non-substantive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570.

Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain*. Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB Control No. 0920–0666, Exp. 12/31/2023)—Revision—National Center for Emerging and Zoonotic Infection Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC) collects data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control No. 0920–0666. NHSN provides facilities, states, regions, and the nation with data necessary to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate healthcare-associated infections (HAIs), nationwide. Additionally, NHSN allows healthcare facilities to track blood safety errors and various healthcare-associated infection prevention practice methods, such as healthcare personnel influenza vaccine status and corresponding infection control adherence rates. NHSN currently has seven components: Patient Safety (PS), Healthcare Personnel Safety (HPS), Biovigilance (BV), Long-Term Care Facility (LTCF), Outpatient Procedure (OPC), Dialysis Component, and the Neonatal Component. NHSN has increasingly served as the operating system for HAI reporting compliance through legislation established by the states. As of April 2020, 36 states, the District of Columbia and the City of Philadelphia, Pennsylvania have opted to use NHSN as their primary system for mandated reporting. Reporting compliance is completed by healthcare facilities in their respective jurisdictions, with emphasis on those states and municipalities acquiring varying consequences for failure to use NHSN. Additionally, healthcare facilities in five U.S. territories (Puerto Rico, American Samoa, the U.S. Virgin Islands, Guam, and the Northern Mariana Islands) are voluntarily reporting to NHSN. Additional territories are projected to follow with similar use of NHSN for reporting purposes.

NHSN's data is used to aid in the tracking of HAIs and guide infection prevention activities/practices that protect patients. The Centers for Medicare and Medicaid Services (CMS), and other payers use these data to determine incentives for performance at healthcare facilities across the US and surrounding territories. Members of the public may also use some protected data to inform their selection among available providers.

Each of these parties is dependent on the completeness and accuracy of the data. CDC and CMS work closely and are fully committed to ensuring complete and accurate reporting, which are critical for protecting patients and guiding national, state, and local prevention priorities. CMS collects some HAI data and healthcare personnel influenza vaccination summary data, which is done on a voluntary basis as part of its Fee-for-Service Medicare quality reporting programs, while others may report data required by a federal mandate. Facilities that fail to report quality measure data are subject to partial payment reduction in the applicable Medicare Fee-for-Service payment system. CMS links their quality reporting to payment for Medicare-eligible acute care hospitals, inpatient rehabilitation facilities, long-term acute care facilities, oncology hospitals, inpatient psychiatric facilities, dialysis facilities, and ambulatory surgery centers. Facilities report HAI data and healthcare personnel influenza vaccination summary data to CMS via NHSN as part of CMS's quality reporting programs to receive full payment.

Many healthcare facilities, even in states without HAI reporting legislation, submit limited HAI data to NHSN voluntarily. NHSN's data collection updates continue to support the incentive programs managed by CMS. For example, survey questions support requirements for CMS' quality reporting programs. Additionally, CDC has collaborated with CMS on a voluntary National Nursing Home Quality Collaborative, which focuses on recruiting nursing homes to report HAI data to NHSN and to retain their continued participation.

NHSN was previously approved in December of 2020 for 5,943,401 responses; 1,321,991 burden hours, and is due to expire on December 31, 2023. The proposed changes in this new ICR include revisions to ten data collection forms. There are a total of 86 proposed data collection forms, but no new forms are being added at this time. The total estimated burden requested in this Revision is for 1,584,651 hours.

ESTIMATED ANNUAL BURDEN

Respondent type	Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (hour)
U.S. Healthcare Facilities/NHSN Participants	57.100 NHSN Registration Form	2,000	1	5/60
	57.101 Facility Contact Information	2,000	1	10/60
	57.103 Patient Safety Component—Annual Hospital Survey.	6,765	1	90/60
	57.104 Facility Administrator Change Request Form.	800	1	5/60
	57.105 Group Contact Information	1,000	1	5/60
	57.106 Patient Safety Monthly Reporting Plan.	7,821	12	15/60
	57.108 Primary Bloodstream Infection (BSI)	5,775	5	38/60
	57.111 Pneumonia (PNEU)	1,800	2	30/60
	57.112 Ventilator-Associated Event	5,463	8	28/60
	57.113 Pediatric Ventilator-Associated Event (PedVAE).	334	1	30/60

ESTIMATED ANNUAL BURDEN—Continued

Respondent type	Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (hour)
	57.114 Urinary Tract Infection (UTI)	6,000	5	20/60
	57.115 Custom Event	600	91	35/60
	57.116 Denominators for Neonatal Intensive Care Unit (NICU).	1,100	12	4/60
	57.117 Denominators for Specialty Care Area (SCA)/Oncology (ONC).	500	12	5/60
	57.118 Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	5,500	60	5/60
	57.120 Surgical Site Infection (SSI)	6,000	9	35/60
	57.121 Denominator for Procedure	6,000	602	10/60
	57.122 HAI Progress Report State Health Department Survey.	55	1	28/60
	57.123 Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables.	2,500	12	5/60
	57.124 Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables.	2,500	12	5/60
	57.125 Central Line Insertion Practices Adherence Monitoring.	500	213	25/60
	57.126 MDRO or CDI Infection Form	720	11	30/60
	57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	5,500	29	15/60
	57.128 Laboratory-identified MDRO or CDI Event.	4,800	79	20/60
	57.129 Adult Sepsis	50	250	25/60
	57.135 Late Onset Sepsis/Meningitis Denominator Form: Data Table for monthly electronic upload.	300	6	5/60
	57.136 Late Onset Sepsis/Meningitis Event Form: Data Table for Monthly Electronic Upload.	300	6	5/60
	57.137 Long-Term Care Facility Component—Annual Facility Survey.	17,700	1	120/60
	57.138 Laboratory-identified MDRO or CDI Event for LTCF.	1,998	24	20/60
	57.139 MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	1,998	12	20/60
	57.140 Urinary Tract Infection (UTI) for LTCF	339	36	35/60
	57.141 Monthly Reporting Plan for LTCF	2,011	12	5/60
	57.142 Denominators for LTCF Locations	339	12	35/60
	57.143 Prevention Process Measures Monthly Monitoring for LTCF.	130	12	5/60
	57.150 LTAC Annual Survey	620	1	82/60
	57.151 Rehab Annual Survey	1,340	1	82/60
	57.200 Healthcare Personnel Safety Component Annual Facility Survey.	50	1	480/60
	57.204 Healthcare Worker Demographic Data.	50	200	20/60
	57.205 Exposure to Blood/Body Fluids	50	50	60/60
	57.206 Healthcare Worker Prophylaxis/Treatment.	50	30	15/60
	57.207 Follow-Up Laboratory Testing	50	50	15/60
	57.210 Healthcare Worker Prophylaxis/Treatment-Influenza.	50	50	10/60
	57.300 Hemovigilance Module Annual Survey.	500	1	85/60
	57.301 Hemovigilance Module Monthly Reporting Plan.	500	12	60/60
	57.303 Hemovigilance Module Monthly Reporting Denominators.	500	12	70/60
	57.305 Hemovigilance Incident	500	10	10/60
	57.306 Hemovigilance Module Annual Survey—Non-acute care facility.	500	1	35/60
	57.307 Hemovigilance Adverse Reaction—Acute Hemolytic Transfusion Reaction.	500	4	20/60
	57.308 Hemovigilance Adverse Reaction—Allergic Transfusion Reaction.	500	4	20/60

ESTIMATED ANNUAL BURDEN—Continued

Respondent type	Form number & name	Number of respondents	Number of responses per respondent	Average burden per response (hour)
	57.309 Hemovigilance Adverse Reaction—Delayed Hemolytic Transfusion Reaction.	500	1	20/60
	57.310 Hemovigilance Adverse Reaction—Delayed Serologic Transfusion Reaction.	500	2	20/60
	57.311 Hemovigilance Adverse Reaction—Febrile Non-hemolytic Transfusion Reaction.	500	4	20/60
	57.312 Hemovigilance Adverse Reaction—Hypotensive Transfusion Reaction.	500	1	20/60
	57.313 Hemovigilance Adverse Reaction—Infection.	500	1	20/60
	57.314 Hemovigilance Adverse Reaction—Post Transfusion Purpura.	500	1	20/60
	57.315 Hemovigilance Adverse Reaction—Transfusion Associated Dyspnea.	500	1	20/60
	57.316 Hemovigilance Adverse Reaction—Transfusion Associated Graft vs. Host Disease.	500	1	20/60
	57.317 Hemovigilance Adverse Reaction—Transfusion Related Acute Lung Injury.	500	1	20/60
	57.318 Hemovigilance Adverse Reaction—Transfusion Associated Circulatory Overload.	500	2	20/60
	57.319 Hemovigilance Adverse Reaction—Unknown Transfusion Reaction.	500	1	20/60
	57.320 Hemovigilance Adverse Reaction—Other Transfusion Reaction.	500	1	20/60
	57.400 Outpatient Procedure Component—Annual Facility Survey.	700	1	10/60
	57.401 Outpatient Procedure Component—Monthly Reporting Plan.	700	12	15/60
	57.402 Outpatient Procedure Component Same Day Outcome Measures.	200	1	40/60
	57.403 Outpatient Procedure Component—Monthly Denominators for Same Day Outcome Measures.	200	400	40/60
	57.404 Outpatient Procedure Component—SSI Denominator.	700	100	40/60
	57.405 Outpatient Procedure Component—Surgical Site (SSI) Event.	700	5	40/60
	57.500 Outpatient Dialysis Center Practices Survey.	7,200	1	12/60
	57.501 Dialysis Monthly Reporting Plan	7,200	12	5/60
	57.502 Dialysis Event	7,200	30	25/60
	57.503 Denominator for Outpatient Dialysis ..	7,200	30	10/60
	57.504 Prevention Process Measures Monthly Monitoring for Dialysis.	1,730	12	75/60
	57.505 Dialysis Patient Influenza Vaccination	615	50	10/60
	57.506 Dialysis Patient Influenza Vaccination Denominator.	615	5	10/60
	57.507 Home Dialysis Center Practices Survey.	430	1	30/60
	Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities.	125	52	60/60
	Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Long-Term Care Facilities.	1,200	52	60/60
	Weekly Resident Influenza Vaccination Cumulative Summary for Long-Term Care Facilities.	2,500	52	60/60
	Annual Healthcare Personnel Influenza Vaccination Summary.	5,000	1	120/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting and request for comment.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting of the Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board). This meeting is open to the public, buy without a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. Written comments received in advance of the meeting will be included in the official record of the meeting. The public is also welcomed to listen to the meeting by joining the teleconference (information below). The audio conference line has 150 ports for callers.

DATES: The meeting will be held on February 16, 2022, from 11:00 a.m. to 1:00 p.m., EST. Written comments must be received on or before February 9, 2022.

ADDRESSES: You may submit comments by mail to: Sherri Diana, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226. *Meeting Information:* Audio Conference Call via FTS Conferencing. The USA toll-free dial-in number is 1–866–659–0537; the pass code is 9933701.

FOR FURTHER INFORMATION CONTACT: Rashaun Roberts, Ph.D., Designated Federal Officer, NIOSH, CDC, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226, Telephone: (513) 533–6800, Toll Free: 1(800)CDC–INFO, Email: *ocas@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC). In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC.

The Advisory Board's charter was issued on August 3, 2001, renewed at appropriate intervals, rechartered on March 22, 2020, and will terminate on March 22, 2022.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Considered: The agenda will include discussions on: Work Group and Subcommittee Reports; Update on the Status of SEC Petitions; and plans for the April 2022 Advisory Board meeting. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2021–28020 Filed 12–23–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH), Subcommittee on Procedures Reviews (SPR), National Institute for Occupational Safety and Health (NIOSH)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Subcommittee on Procedures Reviews (SPR) of the Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board). This meeting is open to the public, but without a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. Written comments received in advance of the meeting will be included in the official record of the meeting. The public is also welcomed to listen to the meeting by joining the audio conference (information below). The audio conference line has 150 ports for callers.

DATES: The meeting will be held on February 15, 2022, from 11:00 a.m. to 3:30 p.m., EST. Written comments must be received on or before February 8, 2022.

ADDRESSES: You may submit comments by mail to: Sherri Diana, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226.

Meeting Information: Audio Conference Call via FTS Conferencing. The USA toll-free dial-in number is 1–866–659–0537; the pass code is 9933701.

FOR FURTHER INFORMATION CONTACT: Rashaun Roberts, Ph.D., Designated Federal Officer, NIOSH, CDC, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226, Telephone: (513) 533–6800, Toll Free 1 (800) CDC–INFO, Email: *ocas@cdc.gov.*