in the examination center primarily via ACASI.

The biospecimens collected for laboratory testing include urine and blood. Serum, plasma, and urine specimens are stored for future testing, including genetic studies, if the participant consents. Consent to store DNA will continue in NHANES.

In 2021–22, we plan to add the following laboratory tests: Serum Terpenes: α-Pinene, β-Pinene, β-Myrcene, Δ-3-Carene, Limonene, β-Caryophyllene, α-Humulene; Magnesium; HPV, serum; Alpha-1-acid-glycoprotein (AGP); Vitamin D; Vitamin A; Vitamin C; Acrylonitrile; Trans-fatty Acids; Blood butyrylcholinesterase activity, blood butyrylcholinesterase concentration, and red blood cell acetylcholinesterase activity; Enterovirus D68; and COVID–19 serology.

In 2021–22, the following laboratory tests will be modified: Hepatitis D (new testing method, reportable findings); Sex steroid hormone panel (now starting at 3+); Urine VOC metabolites (adding as additional 7); trans, trans-Muconic acid; N-Acetyl-S-phenyl-L-cysteine; N–2-Furoylglycine; 2,5-Furandicarboxylic acid; 5-Hydroxymethyl-2-furancarboxylic acid; 5-Hydroxymethyl-2-furoylglycine; and 5-Hydroxy-N-methyl-2-pyrrolidone.

The laboratory tests cycling out for 2021–22 include: HPV swabs (male and female); HPV oral rinse; Home water sample collection to test for fluoride; Salt home collection for iodine assessment; Chromium/Cobalt; Tuberculosis (TB); and Urine flow rate.

NHANES plans to conduct a dress rehearsal prior to fielding the survey as usual. This will be conducted in two locations, among a sample of approximately 300 volunteers per location (approximately 600 total). The program is taking this step to assure it maintains the consistent quality associated with data collection, given the necessary pause in field operations in 2020. The data collected during dress rehearsal will be used for quality control and training purposes. Dress rehearsal data will not be part of the 2021–22 public release.

NHANES plans to conduct developmental projects during NHANES 2021–22 with a focus on planning for NHANES 2023 and beyond. These may include activities such as tests of new equipment, crossover studies between current and proposed methods, test of different study modes, settings, or technology, outreach materials, incentive strategies, sample storage and processing, or sample designs.

Burden for individuals varies based on their level of participation. For example, infants and children tend to have shorter interviews and exams than adults because young people may have fewer health conditions or medications to report, certain exams are only conducted on individuals 18 and older, etc. In addition, adults often serve as proxy respondents for young people in their families.

Participation in NHANES is voluntary and confidential. There is no cost to respondents other than their time. CDC requests a three-year approval, with 65,630 annualized hours of burden.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals in households	Screener	8,300	1	10/60
Individuals in households	Household Interview	5,600	1	1
Individuals in households	MEC Interview & Examination	5,600	1	2.5
Individuals in households	Day 1 and Day 2 Telephone Dietary Recall & Dietary Supplements.	5,600	1	1.3
Individuals in households	Flexible Consumer Behavior Survey Phone Follow-Up.	5,600	1	20/60
Individuals in households	Developmental Projects & Special Studies	3,500	1	3
Individuals in households	*24-hour wearable device projects*	*1,000*	*1*	*25*

Jeffrey M. Zirger,

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

[FR Doc. 2021–00691 Filed 1–13–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee (HICPAC)

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 Healthcare Infection Control Practices Advisory Committee (HICPAC). This meeting is open to the public, limited only by audio phone lines available. The public is also welcome to listen to the meeting by dialing 1–877–924–1748, passcode: 3380216. A total of 200 lines will be available. Registration is required. To register for this call, please go to *www.cdc.gov/hicpac.*

DATES: The meeting will be held on March 4, 2021, from 9 a.m. to 3 p.m., EST.

ADDRESSES: The teleconference access is 1–877–924–1748, and the passcode is 3380216.

FOR FURTHER INFORMATION CONTACT: Koo-Whang Chung, M.P.H., HICPAC, Division of Healthcare Quality Promotion, NCEZID, CDC, 1600 Clifton Road NE, Mailstop H16–3, Atlanta, Georgia 30329–4027, Telephone (404) 498–0730; Email: *HICPAC@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The Committee is charged with providing advice and guidance to the Director, Division of Healthcare Quality Promotion (DHQP), the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), the Director, CDC, the Secretary, Health and Human Services regarding (1) the practice of healthcare infection prevention and control; (2) strategies for surveillance, prevention, and control of infections, antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic

updating of CDC guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

Matters to be Considered: The agenda will include the following updates: The Healthcare Personnel Guideline Workgroup; the Long-term Care/Post-acute Care Workgroup; the Neonatal Intensive Care Unit Workgroup; and updates from DHQP including DHQP's engagement on Coronavirus disease response. Agenda items are subject to change as priorities dictate.

Procedures for Public Comment: Time will be available for public comment. Members of the public who wish to provide public comments should plan to attend the public comment session at the start time listed. Please note that the public comment period may end before the time indicated, following the last call for comments.

Procedures for Written Comment: The public may submit written comments in advance of the meeting. Comments should be submitted in writing by email to the contact person listed above. The deadline for receipt of written public comment is February 25, 2021. All requests must contain the name, address, and organizational affiliation of the speaker, as well as the topic being addressed. Written comments should not exceed one single-spaced typed page in length. Written comments received in advance of the meeting will be included in the official record of the meeting.

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. 2021–00603 Filed 1–13–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–1278]

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 *Online Training for Law Enforcement to Reduce Risks Associated with Shift Work and Long Work Hours* 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 October 1, 2020 to obtain comments from the public and affected agencies. CDC received one comment 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

Online training for law enforcement to reduce risks associated with shift work and long work hours—Reinstatement without Change—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Police often work during the evening, at night, and sometimes irregular and long hours. Shift work and long work hours are linked to many health and safety risks due to disturbances to sleep and circadian rhythms. These work schedules also lead to difficulties with personal relationships due to having less time with family and friends, poor mood from sleep deprivation, and problems balancing work and personal responsibilities. These work schedules and inadequate sleep likely contribute to health problems seen in police: Shorter life spans, high occupational injury rates, and burden of chronic illnesses. One strategy to reduce these risks is training programs to inform employers and law enforcement officers about the risks and strategies to reduce their risks.

An Reinstatement is being requested due to delays recruiting participants and initiating data. The delays resulted from the COVID–19 pandemic and the civil unrest after George Floyd's death on May 25 2020. Law enforcement leaders requested that the data collection be delayed until the end of June 2020. As a result, NIOSH is requesting a one-year extension of the data collection end date to May 31, 2021. This pilot study is part of a project awarded National Occupational Research Agenda (NORA) funding. The National Institute for Occupational Safety and Health is authorized to carry out this data collection through Occupational Safety and Health Act of 1970.

The purpose of this project is to develop a training program to relay the risks linked to shift work and long work hours and give workplace strategies for employers and personal strategies for the officers to reduce the risks. Once finalized, the training will be available on the NIOSH website. The training will be pilot tested with 30 recent graduates of a police academy and 30 experienced officers. The study will recruit 60 law enforcement officers during a 30-minute phone call. All respondents will work full-time on fixed night shifts. The pilot test will use a pre-test–post-test design to examine sleep (both duration and quality), worktime sleepiness, and knowledge retained. Pre-test measures will be collected two weeks before the