3. Enhance the quality, utility, and clarity of the information to be collected;

4. 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 submissions of responses; and

5. Assess information collection costs.

Proposed Project

Pilot Plan for the Interim Local Health Department Strategy for Response, Control, and Prevention of Healthcare Associated Infections (HAI) and Antibiotic Resistance (AR)—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion (DHQP) recently developed an Interim Local Health Department Strategy for Response, Control, and Prevention of Healthcare Associated Infections (HAI) and Antibiotic Resistance (AR). CDC's vision is to strengthen local and regional capacity to respond to, control, and prevent HAI/AR across all healthcare settings and in the community by supporting enhanced coordination between state and local partners and by promoting local public health, healthcare, and community partner networks. This vision can be achieved with collaboration between local, state, and federal public health entities, and partners. This strategy aims to strengthen local health departments (LHD) by focusing on three main goals: (1) growing strong partner networks; (2) building internal operational capacity; and (3) expanding the scope of programmatic activities to effectively address HAI/AR in their jurisdictions.

CDC's next steps include piloting the strategy with local health departments in part through a cooperative agreement with the National Association for County and City Health Officials (NACCHO) and is proposing this data collection to gather information from LHDs during that pilot phase. The strategy was developed to highlight and support the important role LHDs play in preventing, responding to, and controlling HAI and AR related events. The HAI/AR activities that are conducted by LHDs vary widely and depend on many factors such as staff capacity and expertise, governance structures and public health authorities, prevalence of emerging HAI/AR diseases, types, and organization of healthcare facilities in the jurisdiction, population demographics, local relationships, and nature of collaborations with the state HAI/AR program. While the specific activities and responsibilities of LHDs will vary, the unique roles and assets of LHDs make them critical players in the prevention and control of HAI/AR infections. LHDs can build relationships in their local communities and may be well-positioned to understand and respond to the health needs of their communities. There is much to be learned and many best practices to be shared from LHD working in HAI/AR. Engaging with LHDs is essential for DHQP to connect to other priority areas such as focusing on rural areas, healthcare preparedness, and health equity considerations. Additionally, a local engagement strategy will help DHQP expand their activities to focus on connecting with LHDs that directly work between healthcare and public health groups, especially to continue work and partnerships begun by COVID–19 task forces.

The data collection and subsequent data analysis will identify themes and commonalities that will be used to make updates to the strategy and identify areas of support for LHDs seeking to grow their capacity for HAI/AR activities. CDC requests OMB approval for an estimated 390 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours (in hours)
Voluntary LHD Participants	LHD HAI/AR Strategy Pilot Feedback Form.	30	1	4	120
Voluntary LHD Participants	LHD HAI/AR Strategy Pilot Interview Guide Survey.	30	1	1	30
Voluntary LHD Participants	LHD HAI/AR Strategy Pilot Survey for Review and Implement.	30	1	2	60
NACCHO CoAg LHD Participants	LHD HAI/AR Strategy Pilot Survey	30	1	2	60
NACCHO CoAg LHD Participants	LHD HAI/AR Strategy Pilot Feedback Form.	30	1	4	120
Total					390

Jeffrey M. Zirger,

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

[FR Doc. 2022–13095 Filed 6–16–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–22–21EX]

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 ''Baseline of Injury and Psychosocial Stress for Applied Behavior Analysis Workers'' 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 May 7, 2021 to obtain comments from the public and affected

agencies. CDC did not receive 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

Baseline of Injury and Psychosocial Stress for Applied Behavior Analysis Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As mandated in the Occupational Safety and Health Act of 1970 (Pub. L. 91–596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. This project will focus on obtaining a better understanding of the injuries sustained and psychosocial stressors experienced by applied behavior analysis workers. Applied behavior analysis (ABA) is a principle intervention for increasing appropriate behaviors and decreasing inappropriate behaviors exhibited by children, adolescents, and adults with developmental disorders. As of August 2020, there were more than 120,000 ABA workers credentialed by the Behavior Analysis Certification Board. ABA workers, which include Board Certified Behavior Analysts and Registered Behavior Technicians, are responsible for planning and implementing behavior-focused treatments in schools, clinics, homes, and hospitals.

There is no current Standard Occupational Classification category for ABA workers. The absence of an occupational category means that estimates of injury among this group are based on statistics from existing occupational groups and anecdotal evidence from practitioners. ABA workers are in a variety of occupational categories, but they often have job duties that make many of their experiences in the workplace distinct from other types of workers in those occupational categories. Whereas other healthcare workers usually take steps to mitigate violence in their work, ABA workers are tasked with soliciting and then treating (*i.e.,* confronting) disruptive behavior as part of behavioral treatments. In addition, ABA workers often spend more time with clients than other types of workers: 25–40 hours per week of direct-contact services is common for a client.

Some ABA workers are often in dangerous working environments, in homes and clinics, with clients who may sometimes behave unpredictably or aggressively. Despite these hazards and risks and despite the growing number of ABA workers nationally, there are no data on frequency and severity of injuries among this population of workers, and the only evidence is anecdotal in nature. The goal of the study is to collect data on the burden of work-related injuries among ABA workers to begin to fill the gaps in the research and obtain a better understanding of the hazards and risks they encounter.

This study consists of a one-time 10-minute survey targeted to credentialed ABA workers. Survey respondents will include individuals currently credentialed by the Behavior Analysis Certification Board. This includes registered behavior technicians, board certified assistant behavior analysts, board certified behavior analysts, and board-certified behavior analysts—doctoral. The survey consists of questions related to demographics, organizational safety climate, injuries, safety training, and burnout. A brief message and a link to complete the online survey will be sent by email. Based on previous research with internet surveys, we anticipate an approximate response rate of 10%. The etiologic approach will provide data to assess important characteristics of the population; guide control measures; serve as a quantitative basis to define objectives and specific priorities; and inform the designing, planning, and evaluation of future interventions.

CDC requests OMB approval for an estimated 4,000 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Board Certified Behavior Analysts (BCBA, BCBA–D, and BCaBA)	Survey	8,640	1	10/60
Registered Behavior Technicians (RBT)	Survey	15,360	1	10/60

Jeffrey M. Zirger,

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

[FR Doc. 2022–13091 Filed 6–16–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Town Hall Meeting on Laboratory Biosafety—Use of Laboratory Instruments

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

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces a meeting regarding biosafety and laboratory instrumentation.

DATES: The meeting will be held on Friday, June 24, 2022, from 10 a.m. to 3:30 p.m., EDT.

ADDRESSES: This meeting is open to the public through a virtual format, limited only by the webcast lines available. Registration is not required. Visit the CDC Safe Labs website for the meeting webcast at *https://www.cdc.gov/safelabs/biosafety-townhall.html.*

FOR FURTHER INFORMATION CONTACT: Nancy E. Cornish M.D., Center for Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop V24–3, Atlanta, Georgia 30329–4018; Phone: (404)498–2720; Email: *dlsbiosafety@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The purpose of this meeting is to provide an overview and discussion on laboratory biosafety when using laboratory instruments to test human and biologic specimens. Meeting topics are listed in the ''Matters to be Considered'' section of this notice.

Matters to be Considered: The agenda will include presentations and discussions on four topic areas: (1) instrument design and incorporating biosafety; (2) perceived risks to laboratory personnel and impact on testing; (3) independent assessment of risks and instrument design; and (4) a discussion of potential areas of collaboration to address issues discussed during the meeting. There will be prepared presentations, discussions among presenters and panelists, and a period for questions and public comments. Agenda items are subject to change as priorities dictate.

Background: CDC's Division of Laboratory Systems is hosting the town hall meeting in collaboration with clinical and public health laboratory partners, and instrument manufacturers to address clinical laboratory biosafety. The recent publication *Clinical Laboratory Biosafety Gaps: Lessons Learned from Past Outbreaks Reveal a Path to a Safer Future* (Cornish NE. et. al. Clinical Laboratory Biosafety Gaps: Lessons Learned from Past Outbreaks Reveal a Path to a Safer Future. Clin Microbiol Rev. July 2021, Vol. 34/3 e00126–18) discussed critical gaps in clinical laboratory biosafety, including issues related to the use and disinfection of laboratory instruments. The discussion and feedback generated during the meeting will assist in evaluating current biosafety guidance and identify opportunities for improvement in clinical laboratory biosafety and use of laboratory instrumentation. This meeting is a listening session. Participants may provide individual advice or perspectives. CDC is not seeking consensus advice or recommendations from participants.

Dated: June 14, 2022.

Angela K. Oliver,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2022–13123 Filed 6–16–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2015–N–0030]

Agency Information Collection Activities; Proposed Collection; Comment Request; Human Drug Compounding Under Sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA, Agency, or we) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on electronic reporting for outsourcing facilities.

DATES: Submit either electronic or written comments on the collection of information by August 16, 2022.

ADDRESSES: You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of August 16, 2022. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are postmarked or the delivery service acceptance receipt is on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''