Estimated total annual burden hours: 1,666 hours.

Estimated total annual costs: No cost to the public; no additional government resources.

What Is the Next Step in the Process for This ICR?

GSA will consider the comments received and amend the ICR as appropriate. The final ICR package will then be submitted to OMB for review and approval pursuant to 5 CFR 1320.12. At that time, GSA will issue another **Federal Register** notice pursuant to 5 CFR 1320.5(a)(1)(iv) to announce the submission of the ICR to OMB and the opportunity to submit additional comments to OMB. If you have any questions about this ICR or the approval process, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**.

Dated: March 26, 2010.

Casey Colemen,

Chief Information Officer.

[FR Doc. 2010–7306 Filed 3–31–10; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Chronic Fatigue Syndrome Advisory Committee

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will hold a meeting. The meeting will be open to the public.

DATES: The meeting will be held on Monday, May 10, 2010. The meeting will be held from 9 a.m. until 5 p.m.

ADDRESSES: Department of Health and Human Services; Room 800, Hubert H. Humphrey Building; 200 Independence Avenue, SW., Washington, DC 20201. For a map and directions to the Hubert H. Humphrey building, please visit *http://www.hhs.gov/about/hhhmap.html.*

FOR FURTHER INFORMATION CONTACT: Wanda K. Jones, Dr.P.H.; Executive Secretary, Chronic Fatigue Syndrome Advisory Committee, Department of Health and Human Services; 200 Independence Avenue, SW., Hubert Humphrey Building, Room 712E; Washington, DC 20201. Direct all CFSAC e-mail inquiries to *cfsac@hhs.gov.*

SUPPLEMENTARY INFORMATION: CFSAC was established on September 5, 2002. The Committee was established to advise, consult with, and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including: (1) The current state of the knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about advances in chronic fatigue syndrome.

The agenda for this meeting is being developed. The agenda will be posted on the CFSAC Web site, *http://www.hhs.gov/advcomcfs,* when it is finalized. The meeting will be broadcast over the Internet as a real-time streaming video. It will also be recorded and archived on the CFSAC Web site for viewers to watch at their convenience.

Public attendance at the meeting is limited to space available. Individuals must provide a government-issued photo ID for entry into the building where the meeting is scheduled to be held. Those attending the meeting will need to sign in prior to entering the meeting room. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person at *cfsac@hhs.gov* in advance.

The Committee is most interested in receiving public comment on the CFSAC charter, which can be found at *http://www.hhs.gov/advcomcfs/charter/index.html*. Members of the public will have the opportunity to provide comment at the meeting if pre-registered. Individuals who wish to address the Committee during the public comment session must pre-register by April 26, 2010, via e-mail at *cfsac@hhs.gov*.

Time slots for public comment will be limited to three (3) minutes per speaker; no exceptions will be made. Individuals registering should submit a copy of their testimony in advance to *cfsac@hhs.gov,* prior to the close of business on April 26, 2010.

Members of the public who wish to have printed material distributed to CFSAC members for review should submit, at a minimum, one copy of the material to the Executive Secretary at *cfsac@hhs.gov,* prior to close of business (5 p.m. EDT) on Monday, April 26, 2010. Submissions are limited to five typewritten pages.

If you wish to be identified, ensure that all written testimony includes only your name and does not include personal contact information. If you wish to remain anonymous, please notify the CFSAC support team when materials are submitted to *cfsac@hhs.gov.*

Dated: March 29, 2010.

Wanda K. Jones,

Executive Secretary, CFSAC.

[FR Doc. 2010–7337 Filed 3–31–10; 8:45 am]

BILLING CODE 4150–42–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day—10–10AP]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Survey of Healthcare Workers' Health and Safety Practices—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Under Public Law 91–596, Sections 20 and 22, Occupational Safety and Health Act of 1970, NIOSH has the responsibility to conduct research to advance the health and safety of workers. In this capacity, NIOSH will conduct a Web-based survey that will provide important hazard and exposure surveillance data that is currently unavailable for healthcare workers.

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.

[FR Doc. 2010–7369 Filed 3–31–10; 8:45 am]

BILLING CODE 4163–18–P

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