

occupational health and safety stakeholders.

This project will use the occupational and the all injuries supplements to the National Electronic Injury Surveillance System (NEISS–Work and NEISS–AIP, respectively) to identify telephone interview survey participants. NEISS–Work and NEISS–AIP, collected by the Consumer Product Safety Commission (CPSC), capture people who were treated in the emergency department (ED) for a work-related illness or injury (NEISS–Work) or any injury, regardless of work-relatedness (NEISS–AIP). Interview respondents will come from two subgroups—individuals treated for a work-related injury and individuals who were treated for a non-work-related

injury but who were employed during the time period that the injury occurred.

Data collection for the telephone interview survey will be done via a questionnaire. This questionnaire contains questions about the respondent’s injury that sent them to the ED, the characteristics of the job they were working when they were injured, their experiences reporting their injury to the ED and their employer (if applicable), and their beliefs about the process and subsequent consequences of reporting an injury. The questionnaire was designed to take 30 minutes to complete. It contains a brief introduction that includes the elements of informed consent and asks for verbal consent to be given. The study has received a waiver of written informed

consent by the NIOSH Human Subjects Review Board. The questionnaire includes a brief series of questions to screen out individuals who were not employed at the time the injury occurred or was made worse; who are younger than age 20 or older than age 64; who do not speak English; who were employed on a farm or ranch or were self-employed, an independent contractor, or a day laborer at the time of injury; who did not experience an acute injury; or who missed more than three days from work because of the injury. The informed consent procedure and screening questions take around five minutes to complete.

Approximately 600 interviews will be completed. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Average burden per response (in hours)	Total burden hours
U.S. workers with work-related injury	600	30/60	300
U.S. workers with non-work-related injury	600	30/60	300
Total			600

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Daniel Holcomb,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11EF]

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

Dynamic Decision Making in Mine Emergency Situations—Existing

Collection in use without an OMB control number—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Mining is a context filled with tragic outcomes, as thousands of miners die in mining accidents each year throughout the world. In the process of examining workers’ responses in emergency situations in mines, researchers at the NIOSH-Pittsburgh Research Laboratory (PRL) have found that one of the key human behavior processes that need to be better understood to better handle emergency situations is Decision Making (Vaught, Brnich, & Mallett, 2004). Decision Making, the process by which alternatives are constructed and a choice is made, continues to be one of the critically understudied aspects of mine emergencies. For example, The Mine Safety Technology and Training (MSTT) Commission suggests that escape/rescue decision-making is one of the most critical skill/knowledge gaps identified in mining (MSTTC, 2006). Their report strongly supports the need for additional training in decision-making during emergency situations to improve the ability of miners to escape (or be rescued).

The research proposed here will help address this gap by integrating the

theoretical knowledge of human decision making in dynamic situations with the practical aspects of training miners. The research will result in the improved science of decision making and practical guidelines and tools that demonstrate how to best train decision making in the unique conditions of accidents when under workload, uncertainty, and time constraints.

A simple Decision Making Game (DMGame) was used in a laboratory study to investigate choice strategies based on the dynamic development of cues. Through a contract with the Centers for Disease Control and Prevention (Contract #200–2009–31403), the Dynamic Decision Making Laboratory at Carnegie Mellon University will investigate several independent variables relevant to Instance-Based Learning Theory, including: the diversity of instances, the number of instances (base rates) needed to improve accuracy in the triage process, and the effects of time constraints and workload on the effectiveness of triage. The manipulation of these independent variables will reveal training scenarios and conditions that are more effective during learning and at transfer. Knowledge acquired during training will be tested in transfer conditions. The transfer conditions will vary depending on the participants used in the

experiment. New guidelines for training for unexpected situations will be developed from the results of the laboratory experiment. The results and guidelines will be published in journal research papers and presented in international conferences and meeting.

The Dynamic Decision Making Laboratory conducted this research with a total of 28 students from Carnegie Mellon University and the University of

Pittsburgh between January 2010 and December 2010. Participants were recruited through an online research participant pool from Carnegie Mellon University and the University of Pittsburgh to participate in a simple DMGame, called the “Work Hazard Game.” Participants were asked to read and sign a consent form. After signing the form, participants were provided with instructions on how to play the

game. They then completed the Work Hazard Game. Overall, participation lasted about 30 minutes. The game recorded participants’ actions and the data was transferred to statistical software (*i.e.*, SPSS) for analysis. There were no costs to respondents other than their time. The total estimated annual burden hours are 14.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents for DM Game	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Student	28	1	30/60

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Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-11JZ]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the

use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Underreporting of Occupational Injuries and Illnesses by Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2008, the Congressional Committee on Education and Labor released the report, “Hidden Tragedy: Underreporting of Workplace Injuries and Illnesses,” indicating “that work-related injuries and illnesses in the United States are chronically and even grossly underreported.” This report focused on employer-based reporting of occupational injuries and illnesses and the associated underreporting. Based in part on the report’s results, Congress allocated funds for NIOSH to conduct a follow-up study using the NIOSH’s occupational supplement to the National Electronic Injury Surveillance System (NEISS-Work) to estimate underreporting among individuals who seek care at an ED for an occupational illness, injury, or exposure. NEISS-Work, collected by the Consumer Product Safety Commission (CPSC), captures people who were treated in the emergency department (ED) for work-related injuries or illnesses.

Objectives for this project are to (1) assess the reporting behavior of workers that are injured, ill, or exposed to a harmful substance at work; (2) characterize the chronic aspects of work-related injuries or illnesses; and (3) estimate the prevalence of work-

related chronic injuries and illnesses among United States workers treated in emergency departments (EDs). Particular attention will be paid to self-employed workers, workers with work-related illnesses, and workers with chronic health problems.

Data collection for the telephone interview survey will be done via a questionnaire containing questions about the respondent’s injury, illness, or exposure that sent them to the ED; the characteristics of the job they were working when they were injured, became ill, or were exposed; their experiences reporting their injury, illness, or exposure to the ED and their employer (if applicable); the presence of an underlying chronic condition that is associated with their ED visit; and the nature of any other work-related chronic conditions they have experienced. The questionnaire was designed to take 30 minutes to complete. It contains a brief introduction that includes the elements of informed consent and asks for verbal consent to be given. The study has received a waiver of written informed consent by the NIOSH Human Subjects Review Board. The questionnaire includes a brief series of questions to screen out individuals who were not seen in the ED for a work-related injury, illness, or exposure; who are younger than age 20 or older than age 64; who do not speak English or Spanish; or who were working as volunteers or day laborers when the injury, illness, or exposure occurred or was made worse. The informed consent procedure and screening questions take approximately five minutes to complete.

It is estimated that between 1,500 and 3,000 interviews will be completed. There is no cost to respondents other than their time.