

91–596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. This project will focus on understanding the decision-making processes of small wholesale and small retail businesses in regards to the adoption of fall-prevention solutions. Slips, trips, and falls are major sources of workplace injury across all industry sectors and represent a significant burden. In the wholesale and retail trade sectors, slips, trips, and falls account for 25% of all reported injuries. By definition, small businesses employ fewer numbers of people, therefore a slip, trip, or fall resulting in an injury is less likely to occur in any given establishment. Small business employers may underestimate the risks associated with occupational slips, trips, and falls because they have not experienced them and therefore do not take the necessary steps to prevent them.

One of the best ways to prevent and control occupational injuries, illnesses, and fatalities is to “design out” or minimize hazards and risks. NIOSH’s Prevention Through Design Initiative focuses on this concept through the inclusion of prevention considerations in all designs that impact workers. Although employers’ decisions can lead to the successful implementation of Prevention Through Design, fall-prevention solutions are not well understood. More information is needed to better understand the motivational,

social, and organizational factors that affect employers’ decisions to adopt fall-prevention solutions. This project will combine traditional surveys with behavioral economic methodologies to understand the decision-making processes related to the adoption of fall-prevention solutions. By using behavioral economic principles and methods, this study will pose hypothetical, but realistic, scenarios to small business employers to assess the influence of several factors on the patterns of decisions. One of the goals of the study is to assess the subjective value of fall-prevention solutions based on their costs and effort required to use them. To quantify the subjective value of fall-prevention solutions, this project will use the behavioral economic principles to assess the trade-offs small business owners make among the cost of fall prevention solutions, the amount of effort require to assemble them, and the amount of time they take to assemble. One of the behavioral economic principles is discounting, in which the value of a product or outcome decreases as the cost, effort, or delay associated with it increases. For example, small-business owners may “discount” the value of a fall-prevention solution if it requires great effort to assemble.

The survey will include instruments to obtain demographic information (age, gender, income, etc.), organizational safety information (e.g., “Has someone at your place of work ever been

injured?”), and behavioral economic discounting assessments. For the behavioral economic questions in the survey, participants will be asked to make choices about hypothetical, but realistic, scenarios that assess the influence of several factors on the patterns of decision-making. To date, no study has quantitatively assessed the safety-related decision-making processes of small business employers from a behavioral economic perspective. Previous studies in this area consist of qualitative studies of some factors that affect occupational safety and health of small businesses. This study will address a knowledge gap in the professional and scientific literature by contributing quantitative data to a problem that has been overlooked. The results for this study are meant for theory development and are not intended to be nationally representative.

The sample size for this survey will be 100 small business employers in the wholesale or retail trade sectors. This sample size is based on a power analysis which indicated that 100 respondents would be sufficient to detect any correlations between the organizational or demographic variables and the behavioral economic measures of decision making. Each web-based survey will take approximately 30 minutes to complete, resulting in an annualized burden estimate of 50 hours. There is no cost to respondents other than their time.

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 (in hours)
Small business employers .....	Survey .....	100	1	30/60	50
Total .....					50

**Jeffrey M. Zirger,**  
*Acting 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**  
**[60Day–19–17BBV; Docket No. CDC–2018–0106]**  
**Proposed Data Collection Submitted for Public Comment and Recommendations**  
**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).  
**ACTION:** Notice with comment period.  
**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of

its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comments on a proposed information collection project titled “Online training for law enforcement to reduce risks associated with shift work and long work hours”. This study will develop and pilot test a new, online, interactive training program tailored for the law enforcement community that relays the health and safety risks associated with

shift work, long work hours, and related workplace sleep issues, and presents strategies for managers and officers to reduce these risks.

**DATES:** CDC must receive written comments on or before February 8, 2019.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2018-0106 by any of the following methods:

- *Federal eRulemaking Portal:* *Regulations.gov.* Follow the instructions for submitting comments.

- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

*Please note:* Submit all comments through the Federal eRulemaking portal (*regulations.gov*) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffery M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: *omb@cdc.gov*.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used;

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

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.

5. Assess information collection costs.

### Proposed Project

Online training for law enforcement to reduce risks associated with shift work and long work hours—New—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.

This is a New Information Collection Request for one-year of data collection. 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 training. Post-test measures will be collected the week of the training (week three of the study), one week after the training (week four) and at eight and nine weeks after the training (weeks 11 and 12 of the study). Additional post-test measures will include feedback about the training and if specific behaviors changed.

Before starting the pretest, the respondent will sign an informed consent form. The pilot pre-test will start with the respondent filling out a 10 minute online survey that includes four short surveys: (1) Demographic information and work experience; (2) the Epworth Sleepiness Scale; (3) the Pittsburgh Sleep Quality Index; and (4) a knowledge test. The respondent will be fitted with a wrist actigraph, which will record activity and estimate the times of sleep. The respondents will keep an online sleep activity diary and wear the actigraph continuously during weeks one to four of the study. The online sleep activity diary takes approximately two minutes a day to complete. The sleep diary and actigraph are being used together to obtain a more accurate timing of respondent's sleep and activity.

During the third week of the study, the respondent will take the 2.5 hour online training program. Immediately after completing the training, the respondent will take the post-test knowledge test and will provide feedback about the training including barriers to using the training information and what influential people in their life would want them to do with the training information. At the end of week four, the respondent will return the actigraph. No data collection will occur during weeks five to 10 of the study.

The second post-test period will be weeks 11 and 12 of the study to gather longer-term outcomes. At the beginning of week 11, the respondents will be fitted with an actigraph. The respondent will wear the actigraph and complete the sleep activity diary for the next 14 days. At the end of week 12 of the study, the respondent will complete the Epworth Sleepiness Scale, Pittsburgh Sleep Quality Index, and Changes in Behaviors After Training. The combined response time is five minutes.

The burden table lists three 10-minute meetings during the post-test period when they will return the actigraph at the end of week four, be fitted with an

actigraph at the beginning of week 11 and return it at the end of week 12. The respondents will complete the sleep activity diary for 42 days total (two minutes each day). The total burden hours for the diary is 84.

Study staff will use the findings from the pilot test to make improvements to

the training program. The research team will reinforce or expand training content that showed less than desired results on the pilot test. Potential impacts of this project include improvements in management practices such as the design of work schedules

and improvements in officers' personal behaviors for coping with the demands of shift work and long work hours. The total estimated annualized burden hours is 334. There are no costs to respondents other than their time.

#### 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 (in hours)
Law enforcement officers .....	Phone call for recruitment & informed consent.	60	1	30/60	30
Law enforcement officers .....	Initial meeting .....	60	1	15/60	15
Law enforcement officers .....	Knowledge survey .....	60	2	5/60	10
Law enforcement officers .....	Epworth Sleepiness Scale .....	60	2	1/60	2
Law enforcement officers .....	Pittsburgh Sleep Quality Index .....	60	2	2/60	4
Law enforcement officers .....	Demographics and work experience	60	1	2/60	2
Law enforcement officers .....	Sleep diary .....	60	42	2/60	84
Law enforcement officers .....	Online training .....	60	1	150/60	150
Law enforcement officers .....	Feedback about Training, Barriers, and Influential People.	60	1	5/60	5
Law enforcement officers .....	Changes in Behaviors after Training	60	1	2/60	2
Law enforcement officers .....	Actigraph fitting and return .....	60	3	10/60	30
Total .....	.....	.....	.....	.....	334

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-19-1100]

#### 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 "Identification of Behavioral and Clinical Predictors of Early HIV Infection (Project DETECT)" 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 August 21, 2018 to obtain comments from the public and affected agencies. CDC received one (1) 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 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). 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

Identification of Behavioral and Clinical Predictors of Early HIV Infection (Project DETECT) (OMB No. 0920-1100, Exp. 2/28/2019)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC requests a three-year OMB approval to continue information collection for "Project DETECT," an ongoing research study conducted by the University of Washington (UW). Study sites initiated information collection in 2016 and CDC is requesting OMB approval for three additional years (2019–2022). The study is designed to (1) identify behavioral and clinical predictors of early HIV infection, and (2) characterize the performance of new HIV tests for detecting established and early HIV infection at the point of care (POC), relative to each other and to currently used gold standard, non-POC tests.

The primary study population is persons at high risk for, or diagnosed with HIV infection, many of whom will be men who have sex with men (MSM)