

of medical and patient record confidentiality. As such, the physician overseeing the PAD program should conduct a thorough medical documentation review prior to the "process" evaluation that will be conducted by or for individuals with responsibility for facility management. The physician should be responsible for assuring that privileged or confidential patient information is shielded.

An essential post-event consideration is the psychological effect on LRRs and others. It is not at all uncommon for LRRs, witnesses and co-workers to have psychological or stress reactions to an event. These people may have both emotional and physical reactions that need to be addressed, but for which there is a reluctance to come forward to ask for help. Facility leadership has a positive obligation to reach out and offer help to these individuals, affirming that such responses are normal and to a large extent to be expected. Post-event support is especially important in cases where a rescue is unsuccessful. Post-event support should be available and offered promptly after an event, and the invitation to seek assistance should remain open. This type of psychological care is best provided by trained professionals with expertise in the area of critical incident stress management. Provision of these psychological services should be addressed in the PAD program design and protocols.

#### Attachment A

##### *Sample AED Protocol and Response Order Elements*

##### Activation of the Automated External Defibrillator Response Team

1. During Health Unit Duty Hours: 7 a.m. to 12 a.m. Monday through Friday; weekends and Federal holidays, the Health Unit is closed. In any potentially life-threatening cardiac emergency:

(a) The first person on the scene will:

(i) Call the Security Console by dialing "0000" and inform them of the location and nature of the emergency.

(ii) Remain with the victim, send a co-worker to meet the emergency team at a visible location and escort to the site.

(iii) Initiate CPR.

(b) Security Personnel immediately upon receiving the call will:

(i) Notify the AED response team by dialing the group notification number for the AED team pagers and enter the code for the location of the emergency.

(ii) Notify local EMS 911.

(iii) Inform the EMS operator of location and nature of emergency and that an AED unit is on site.

(iv) Notify Federal Police Officer(s) to meet the EMS personnel and escort them to the site of the emergency.

(v) Notify Federal Police Officer(s) to respond to the site and offer any assistance needed (if staffing allows).

(c) Health Unit staff immediately upon receiving the notification will proceed directly to the scene with the Health Unit AED and other emergency equipment (2 nurses will respond, if available).

(d) Other AED responders immediately upon receiving the notification will:

(i) (The team member previously designated to transport the AED unit) obtain the AED unit closest to them or to the site of the emergency and proceed with it to the emergency site.

(ii) (All other AED responders) go directly to the site of the emergency.

##### Emergency Site Protocol

—Whichever AED responder arrives on the scene first will assess the victim. If AED use is indicated, the AED trained personnel will administer the AED and assist with CPR according to established protocols (see AED Treatment Algorithm).

—When the Health Unit Nurse is on the scene, he or she shall be in charge of directing the activities until the local EMS arrives and assumes care of the victim.

—Any additional AED responders shall assist with CPR, recording of data and time, notifications, crowd control, and escorting of EMS, as needed. Any additional AED units will remain on site as a back-up.

2. Non-Health Unit Hours: 12 a.m. to 7 a.m. Monday through Friday, and All Hours Saturday, Sunday and Federal holidays. In any potentially life-threatening cardiac emergency:

(a) The first person on the scene will:

(i) Call the Security Console by dialing "0000" and inform them of the location and nature of the emergency.

(ii) Remain with the victim, send a co-worker to meet the emergency team at a visible location and escort to the site.

(iii) Initiate CPR.

(b) Security Personnel immediately upon receiving the call will:

(i) Notify the AED response team by dialing the group notification number for the AED team pagers and enter the code for the location of the emergency.

(ii) Notify local EMS 911.

(iii) Notify Federal Police Officer(s) to meet the EMS personnel and escort them to the site of the emergency.

(iv) Notify Federal Police Officer(s) to respond to the site and offer any assistance needed (if staffing allows).

(c) AED Responders immediately upon receiving the notification will:

(i) (The team member previously designated to transport the AED unit) obtain the AED unit closest to them or to the site of the emergency and proceed with it to the emergency site.

(ii) (All other AED responders) go directly to the site of the emergency.

(iii) (Whichever AED responder arrives on the scene first) assess the victim. If AED use is indicated, the AED trained personnel will administer the AED and assist with CPR according to established protocols (see AED Treatment Algorithm) until local EMS professionals arrive and assume care of the victim.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0208; 30-day notice]

### Agency Information Collection Request. 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funnncoleman@hhs.gov](mailto:Sherette.funnncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

*Proposed Project:* Applicant Background Survey—OMB No. 0990–0208- Extension- Assistant Secretary for Administration and Management.

*Abstract:* The Applicant Background Survey form will be used for the next three years by the Operating Divisions (OPDIVs). The major sub-organizations within the Department of Health and Human Services (HHS), will collect and

analyze data on race, sex, national origin, and disability from applicants for employment. Information will be collected by each of the personnel offices in the Department. The form will be used routinely by the OPDIVs when recruiting for all positions, including senior level positions and for selected job series where workforce analysis has

shown evidence of low representation of minorities, women, or persons with disabilities. The results of the collection will assist the Department to determine if present recruitment sources yield qualified minority and female applicants and applicants with disabilities as required by EEOC MD 715.

#### ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Individuals .....	30,000	1	2 minutes .....	1,000

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**[Document Identifier: OS–0990–; 30-Day Notice]**

#### Agency Information Collection Request; 30-Day Public Comment Request

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(2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

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*Proposed Project:* Evaluate the Advancing Systems Improvements to Support Targets for Healthy People 2010 (ASIST2010) Program—OMB No. 0990–NEW—Office on Women's Health.

*Abstract:* The Office on Women's Health is collecting data from 13 funded grantees and clients participating in ASIST2010, a three-year, cooperative agreement program. ASIST2010 uses a

public health systems approach to improve performance on two or more of seven Healthy People 2010 (HP 2010) objectives that target women and/or men in six focus areas—cancer, diabetes, heart disease and stroke, access to quality health services, educational and community-based programs, nutrition and overweight, and physical activity and fitness. The goals of the ASIST2010 program are to: (1) Provide additional support to existing public health systems/collaborative partnerships to enable them to add a gender focus to HP 2010 objectives that track the health status of women and/or men, to help improve gender outcome in the targeted population and/or geographic area; (2) improve surveillance/information systems that allow tracking of program progress on HP 2010 objectives at the grantee level; and (3) develop and implement a plan to sustain the program after OWH funding ends. The sites participating in the ASIST2010 program represent four academic medical centers, three community-based organizations, two hospitals, two state health departments, one county health department, and one foundation.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
Grantee Staff .....	Grantee Telephone Interview Protocol (Round 1). Site Visit Advance Letter. Site Visit Protocol. Grantee Telephone Interview Protocol (Round 2).	65	3	1	195
Partner Organization Staff (In-person interviews).	Site Visit Protocol .....	52	1	1	52
Consumers (In-person interviews) ....	Site Visit Protocol .....	18	1	1	18
Consumers (Focus groups) .....	Focus Group Advance Letter .....	40	1	1.5	60
	Focus Group Flyer.				