special groups or programs for particular kinds of clients. The first part has been dropped. Adolescents, adult women and adult men have been broken out of the list of kinds of clients in order to ask if the facility services only clients in these groups. Two new categories have been added to determine if the facility has special programs for persons who have experienced intimate partner violence/physical abuse and persons who have experienced sexual abuse.

A new question has been added to ascertain the extent to which the facility has adopted health information technology in its operations.

Estimated annual burden for the DASIS activities is shown below:

<table>
<thead>
<tr>
<th>Type of respondent and activity</th>
<th>Number of respondents</th>
<th>Responses per respondent</th>
<th>Total responses</th>
<th>Hours per response</th>
<th>Total burden hours</th>
<th>Wage rate</th>
<th>Total hour cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>States:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I–BHS Online ¹</td>
<td>56</td>
<td>140</td>
<td>7,840</td>
<td>.08</td>
<td>627</td>
<td>$22</td>
<td>$13,794</td>
</tr>
<tr>
<td>State Subtotal</td>
<td></td>
<td></td>
<td>7,840</td>
<td></td>
<td>627</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I–BHS application ²</td>
<td>600</td>
<td>1</td>
<td>600</td>
<td>.08</td>
<td>48</td>
<td>16</td>
<td>768</td>
</tr>
<tr>
<td>Augmentation</td>
<td></td>
<td></td>
<td>2,000</td>
<td></td>
<td>160</td>
<td></td>
<td>2,560</td>
</tr>
<tr>
<td>screener</td>
<td>2,000</td>
<td>1</td>
<td>2,000</td>
<td>.08</td>
<td>160</td>
<td>16</td>
<td>2,560</td>
</tr>
<tr>
<td>N–SSATS questionnaire</td>
<td>17,000</td>
<td>1</td>
<td>17,000</td>
<td>.58</td>
<td>9,860</td>
<td>37</td>
<td>364,820</td>
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<tr>
<td>N–SSATS BC</td>
<td>2,000</td>
<td>1</td>
<td>2,000</td>
<td>.42</td>
<td>840</td>
<td>37</td>
<td>31,080</td>
</tr>
<tr>
<td>Facility Subtotal</td>
<td>21,600</td>
<td></td>
<td>21,600</td>
<td></td>
<td>10,908</td>
<td></td>
<td>399,228</td>
</tr>
<tr>
<td>Total</td>
<td>21,656</td>
<td></td>
<td>29,440</td>
<td></td>
<td>11,535</td>
<td></td>
<td>413,022</td>
</tr>
</tbody>
</table>

¹ States use the I–BHS Online system to submit information on newly licensed/approved facilities and on changes in facility name, address, status, etc.

² New facilities complete and submit the online I–BHS application form in order to get listed on the Inventory.

Written comments and recommendations concerning the proposed information collection should be sent by November 21, 2012 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments via email to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,
Statistician.

[FR Doc. 2012–25869 Filed 10–19–12; 8:45 am]

DEPARTMENT OF HOMELAND SECURITY

[DHS Docket No. DHS–2009–0091]

Notice of Availability of Guidance for Protecting Responders’ Health During the First Week Following a Wide-Area Aerosol Anthrax Attack

AGENCY: Office of Health Affairs, DHS.

ACTION: Notice of availability.

SUMMARY: The Department of Homeland Security (DHS) is announcing the availability of a guidance document, Guidance for Protecting Responders’ Health During the First Week Following a Wide-Area Aerosol Anthrax Attack. This guidance provides recommendations for protecting personnel responding to a wide-area anthrax attack from developing anthrax as a result of exposure to aerosolized Bacillus anthracis spores and for minimizing the amount of exposure in the first week of a response. Protective measures addressed in the guidance include medical countermeasures (i.e., drugs, vaccine), personal protective equipment (PPE), and other possible work practices. A federal interagency working group that included subject matter experts in biodefense, infectious diseases, and occupational health and safety developed this guidance. Persons interested in obtaining a copy of the guidance may do so by using the Internet. The guidance is available at http://www.regulations.gov, http://phe.gov and http://www.dhs.gov/publication/protecting-responders-health-after-wide-area-aerosol-anthrax-attack.

This document is also available in hard-copy for all those that request it from the federal points of contact.

DATES: The guidance is available beginning October 12, 2012.

FOR FURTHER INFORMATION CONTACT: Department of Homeland Security: David V. Adams, Chief, Planning & Exercise Support Branch, Office of Health Affairs, Mail Stop 0315, Washington, DC 20528, email address david.adams@hq.dhs.gov, telephone number (202) 254–5756.

Department of Health and Human Services (HHS): Lisa Kaplowitz, MD, MSHA, Deputy Assistant Secretary, Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response, 200 Independence Avenue SW., Washington, DC 20201, telephone number (202) 205–2882.

SUPPLEMENTARY INFORMATION: On October 27, 2009, DHS published a notice announcing the availability of “Proposed Guidance for Protecting Responders’ Health During the First Week Following a Wide-Area Anthrax Attack.” 74 FR 55246. DHS solicited public feedback and received comments from 75 respondents, including responders, academia, political leaders, and government agencies. Respondents expressed support for the guidance, provided valuable technical feedback in
a number of areas of the proposed guidance, as well as commenting on other areas broadly related to an anthrax release/event that are outside the scope of this guidance (e.g., training and funding for vaccination). DHS, HHS and federal partners considered all of the comments and revised the document as appropriate. Specifically, we have increased the clarity of the document and better integrated guidance from the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH), including more specificity regarding the use of personal protective equipment (PPE). In addition, a number of changes were made to the document to accommodate evolving knowledge regarding the effectiveness of alternative interventions as well as federal policy in the areas of biological protection and response, particularly efforts to make medical countermeasures more readily available. This included incorporating recommendations from a report published by the Advisory Committee on Immunization Practices (ACIP) in the Morbidity and Mortality Weekly Report (MMWR), July 23, 2010, regarding the “Use of Anthrax Vaccine in the United States.” To access the public comments, please go to the Federal eRulemaking Portal at http://www.regulations.gov and access the DHS summary describing the guidance (see Docket No. DHS–2009–0091).


DHS developed this guidance in consultation with a federal interagency working group that included subject matter experts in biodefense, infectious diseases, and occupational health and safety. The working group included representatives from HHS; the Centers for Disease Control and Prevention (CDC), NIOSH; the Department of Labor, OSHA; and the Environmental Protection Agency (EPA).

The revised guidance reflects the current understanding of the unique environment that would be expected during the first week of a wide-area anthrax release, and is expected to evolve with changes to our understanding regarding exposure risk, scientific developments, and availability of new environmental monitoring techniques. This guidance is intended to support ongoing planning and preparation efforts, as well as to lay the basis for plans to protect individuals beyond traditional first responders. This planning guidance will be refined as the evidence base is strengthened for determining exposure risk and the efficacy of protective measures. This guidance does not have the force or effect of law.

The DHS Office of Health Affairs is issuing the guidance document for public use on behalf of an interagency coalition.


Alexander G. Garza,
Assistant Secretary for Health Affairs and Chief Medical Officer.

FOR FURTHER INFORMATION CONTACT: William Smith at hsac@dhs.gov or 202–282–9445.

SUPPLEMENTARY INFORMATION: Notice of this meeting is given under the Federal Advisory Committee Act, 5 U.S.C. App. The HSAC provides organizationally independent, strategic, timely, specific and actionable advice to the Secretary and senior leadership on matters related to homeland security. The HSAC will meet to review and deliberate on the Border Infrastructure Task Force report of findings and recommendations.

Public Participation: Members of the public will be in listen-only mode. The public may register to listen to this HSAC teleconference via the following procedures. Each individual must provide his or her full legal name and email address no later than 5:00 p.m. EST on November 5, 2012, to a staff member of the HSAC via email at HSAC@dhs.gov or via phone at (202) 447–3135. HSAC conference call details and the Border Infrastructure Task Force report will be provided to interested members of the public at the time they register.

Information on Services for Individuals with Disabilities: For information on facilities or services for individuals with disabilities, or to request special assistance during the teleconference, contact William Smith (202) 282–9445.


Becca Sharp,
Executive Director, Homeland Security Advisory Council, DHS.

Instructions: All submissions received must include the words “Department of Homeland Security” and DHS–2012–0064, the docket number for this action. Comments received will be posted without alteration at http://www.regulations.gov, including any personal information provided.

Docket: For access to the docket to read comments received by the DHS Homeland Security Advisory Council, go to http://www.regulations.gov.