Prevention and the Agency for Toxic Substances and Disease Registry.

Gary Johnson,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Community Preventive Services Task Force (Task Force)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services announces the next meeting of the Community Preventive Services Task Force (Task Force). The Task Force is an independent, nonpartisan, nonfederal, and unpaid panel. Its members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health, and are appointed by the CDC Director. The Task Force was convened in 1996 by the Department of Health and Human Services (HHS) to identify population health interventions that are scientifically proven to save lives, increase lifespans, and improve quality of life. CDC is mandated to provide ongoing administrative, research, and technical support for the operations of the Task Force. During its meetings, the Task Force (a) considers the findings of systematic reviews that assess the effectiveness and economics of community preventive services, programs, and policies, and (b) issues recommendations. Task Force recommendations are not mandates for compliance or spending. Instead, they provide information about evidence-based options that decision makers and stakeholders can consider when determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The Task Force's recommendations, along with the systematic reviews of the scientific evidence on which they are based, are compiled in the *Guide to Community Preventive Services (The Community Guide).*

DATES: The meeting will be held on Wednesday, February 24, 2016 from 11:00 a.m. to 4:30 p.m. EST. Participants must pre-register for the meeting by 5 p.m. Monday, February 22, 2016.

Meeting Accessibility: This Task Force meeting will be dedicated entirely to Task Force methods. The meeting will therefore be a one-day session held via webinar rather than the traditional in-person meeting. There will be a 100-participant limit for the Web meeting, provided on a first-come, first-served basis. All participants must register for the meeting by 5 p.m. EST on Monday, February 22, 2016. Participants will receive registration confirmation with meeting instructions within two business days.

FOR FURTHER INFORMATION CONTACT: To register, send an email with name and contact information to Onslow Smith, Center for Surveillance, Epidemiology and Laboratory Services; Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–E–69, Atlanta, GA 30329. Telephone: (404) 498–6778. Email: *CPSTF@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: During the February 2016 meeting, the Community Preventive Services Task Force (Task Force) will discuss proposed methods for increasing throughput of Task Force findings (*i.e.,* how to increase the number of Task Force findings that are produced in a given time period), while maintaining adequate quality of the underlying reviews; adequate usefulness for decision makers; and sufficient attention to priority topics.

Matters to be discussed: Community Guide methods and procedures.

Dated: February 4, 2016.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Closed-Circuit Escape Respirators; Approval of Cap 3 Device for Underground Coal Mining

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) and the Mine Safety and Health Administration (MSHA) have approved the first large-capacity (Cap 3) closed-circuit escape respirator (CCER) for use in underground coal mining, under the NIOSH new regulatory standard. Accordingly, respirator manufacturers may continue to manufacture, label, and sell large-capacity CCERs approved under the former regulatory standard (those CCERs with a rated service time of greater than 50 minutes) for underground coal mining approved under the former regulatory standard until January 4, 2017.

FOR FURTHER INFORMATION CONTACT: David Chirdon, NIOSH National Personal Protective Technology Laboratory (NPPTL), 626 Cochrans Mill Road, Pittsburgh, PA 15236; 412–386–4000 (this is not a toll-free phone number).

SUPPLEMENTARY INFORMATION: In March 2012, the Department of Health and Human Services (HHS) published a final rule establishing a new standard, codified in 42 CFR part 84, subpart O, for the certification of closed-circuit escape respirators (CCERs) by the National Institute for Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC). The new standard was originally designed to take effect over a 3-year transition period. However, in a final rule published on August 12, 2015, HHS determined that extending the concluding date for the transition was necessary to allow sufficient time for respirator manufacturers to meet the demands of the mining, maritime, railroad, and other industries.[1] Pursuant to the August 2015 final rule, the continued manufacturing, labeling, and selling of CCERs approved under the former standard in Subpart H was authorized until either April 9, 2015 or 1 year after the date that NIOSH first approves a CCER model under the capacity rating categories Cap 1 (for mining applications) and Cap 3 (mining and non-mining) described in 42 CFR 84.304, whichever date came later.

In accordance with 42 CFR 84.301, NIOSH and the Mine Safety and Health Administration (MSHA) have approved the first large-capacity (Cap 3) CCER for use in underground coal mining, under the standards published in 42 CFR part 84, subpart O. Approval number TC–13G–0005 was issued to Ocenco, Inc., on January 4, 2016 for a Cap 3 CCER,

[1] 80 FR 48268.

Model EBA 75 CCER for Mining. Pursuant to 42 CFR 84.301, manufacturers may continue to manufacture, label, and sell large-capacity CCERs approved under the former regulatory standard in subpart H (those CCERs with a rated service time of greater than 50 minutes) for mining, until 1 year after this approval date, or until January 4, 2017.

All types of CCERs approved under subpart H that were manufactured and labeled as NIOSH-approved and sold by April 9, 2015, as well as those units manufactured and labeled as NIOSH-approved and sold during the extended time periods pursuant to § 84.301, may continue to be used as NIOSH-approved respirators until the end of their service life.

Dated: February 1, 2016.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2016–02649 Filed 2–9–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC–2016–0003; NIOSH 057–A]

Draft Criteria for a Recommended Standard: Occupational Exposure to 1-Bromopropane (1–BP); Notice of Public Meeting; Availability of Draft Document for Comment

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting and availability of draft document for public comment.

SUMMARY: On September 16, 2009, the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC) announced in the **Federal Register** *https://www.gpo.gov/fdsys/pkg/FR-2009-09-16/pdf/E9-22297.pdf* plans to evaluate the scientific data on 1-bromopropane (1–BP) and to issue its findings on the potential health risks. A draft document entitled, *Criteria for a Recommended Standard: Occupational Exposure to 1-Bromopropane (1–BP),* has been developed which contains an assessment of toxicological data and provides recommendations for the safe handling of 1–BP-containing materials. NIOSH is seeking comments on the draft document and plans to have a public meeting to discuss the document. The draft document and instructions for submitting comments can be found at *www.regulations.gov.*

DATES: The public meeting will be held on March 30, 2016, 9:00 a.m.–3:00 p.m. Eastern Time, or after the last public commenter has spoken, whichever occurs first. Comments must be received by April 29, 2016.

ADDRESSES: The public meeting will be held at the NIOSH/CDC Robert A. Taft Laboratories, Auditorium, 1150 Tusculum Avenue, Cincinnati, Ohio 45226.

FOR FURTHER INFORMATION CONTACT: G. Scott Dotson, NIOSH, Education and Information Division, Robert A. Taft Laboratories, 1090 Tusculum Avenue, Cincinnati, OH 45226, (513) 533–8540 (not a toll free number).

SUPPLEMENTARY INFORMATION:

I. Background

On September 16, 2009, the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC) announced in the **Federal Register** plans to evaluate the scientific data on 1-bromopropane (1–BP) and to issue its findings on the potential health risks. The results of this evaluation are presented in the draft document, *Criteria for a Recommended Standard: Occupational Exposure to 1-Bromopropane (1–BP).* The purpose of the public meeting and public comment period is to obtain comments on the draft document. Special emphasis will be placed on the following:

- Whether the health hazard identification, risk estimation, and discussion of health effects of 1–BP are a reasonable reflection of the current understanding of the scientific literature;
- Identifying workplaces and occupations where exposure to 1–BP may occur;
- Identifying studies on health effects associated with occupational exposure to 1–BP that were not identified in the draft;
- Identifying current strategies for controlling or preventing exposure to 1–BP (*e.g.,* engineering controls, work practices, personal protective equipment);
- Identifying current exposure measurement methods and challenges in measuring workplace exposures to 1–BP; and
- Identifying areas for future collaborative efforts (*e.g.,* research, communication, development of exposure measurement and control strategies).

As part of the review of this draft criteria document, reviewers are asked to address the following critical questions:

(1) Does the draft criteria document accurately identify and characterize the health hazards of occupational exposures to 1–BP based on the current understanding of the scientific literature? Please identify any additional relevant literature that NIOSH should consider when developing its recommendations. Is the risk estimation for 1–BP presented in the draft criteria document a reasonable reflection of the current understanding of the scientific literature? Please describe any changes in the risk estimation that NIOSH should consider and provide supporting scientific literature.

(2) Are there other risk assessment methods or health endpoints that NIOSH should consider for estimating risks of 1–BP? Please provide supporting scientific literature or other evidence to support your recommendations.

(3) In this draft criteria document, NIOSH proposes a recommended exposure limit (REL) to prevent a risk of one excess cancer in 1000 workers exposed to 1–BP for a 45-year working lifetime. During development of the draft criteria document, NIOSH also considered setting the REL at a level to prevent 1 excess cancer in 10,000 workers for a 45-year working lifetime. Please comment on the excess cancer risk level and resulting REL for 1–BP.

(4) Is the relationship between exposure to 1–BP and biological activity (toxicity) accurately presented in the draft criteria document?

(5) Are the recommended strategies for controlling or preventing exposure to 1–BP (*e.g.,* engineering controls, work practices, personal protective equipment) reasonable and technically feasible?

(6) Are there other techniques or technologies capable of controlling workplace exposures to 1–BP that should be discussed in the draft criteria document?

(7) Are the exposure measurement methods and the associated challenges in measuring workplace exposures to 1–BP adequately addressed in the draft criteria document?

(8) Are there medical screening and surveillance measures, such as specific diagnostic tests, guidelines, and metrics, that should be implemented for workers expected of being exposed to 1–BP that are not discussed in the draft criteria document?