

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. CDC will carefully consider all comments submitted in preparation of the final *Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients* and may revise the final document as appropriate.

Background

The *Draft Guideline*, located in the "Supporting & Related Material" tab of the docket, updates four sections of the *1998 Guideline, Part E: Epidemiology and Control of Selected Infections Transmitted Among Health Care Personnel and Patients*, and their corresponding recommendations in Part II of the *1998 Guideline*: "4. Diphtheria;" "9. Meningococcal Disease;" "12. Pertussis;" and "18. *Streptococcus*, group A infection." That section provided information and recommendations for Occupational Health Services (OHS) of healthcare facilities and systems on the prevention of transmission of infectious diseases among healthcare personnel (HCP) and patients. Additional updated sections are forthcoming.

The *Draft Guideline* is intended for use by the leaders and staff of OHS to guide the management of exposed or infected HCP who may be contagious to others in the workplace. The draft recommendations update the 1998 recommendations with current guidance on the management of exposed or potentially infectious HCP, focusing on postexposure management, including postexposure prophylaxis (PEP), for exposed HCP and work restrictions for exposed or infected HCP.

Since 2015, the Healthcare Infection Control Practices Advisory Committee (HICPAC) has worked with national partners, academicians, public health professionals, healthcare providers, and

other partners to develop this *Draft Guideline* as a recommendation for CDC to update sections of the *1998 Guideline*. HICPAC includes representatives from public health, infectious diseases, regulatory and other federal agencies, professional societies, and other stakeholders.

The updated draft recommendations in this *Draft Guideline* are informed by reviews of the *1998 Guideline*; current CDC resources, guidance, and guidelines; and new resources and evidence, when available. This *Draft Guideline* will not be a federal rule or regulation.

Dated: February 21, 2020.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2020-03848 Filed 2-25-20; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA-PS-20-001, Evaluation of New HIV Testing Technologies in Clinical Settings with High HIV Incidence.

Date: June 9, 2020

Time: 10:00 a.m.–5:00 p.m., (EDT)

Place: Teleconference, Centers for Disease Control and Prevention, Room 1080, 8 Corporate Square Blvd., Atlanta, GA 30329.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road, NE, Mailstop US8-1, Atlanta, Georgia 30329, (404) 718-8833, gca5@cdc.gov.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020-03832 Filed 2-25-20; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2020-0001; NIOSH-333]

Developing a Workplace Supported Recovery Program: A Strategy for Assisting Workers and Employers With the Nation's Opioid and Substance Use Disorder Epidemics: Request for Information

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: Request for information.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), announces an opportunity to provide input on a NIOSH plan to develop resources and conduct research on the topic of *Workplace Supported Recovery. Workplace Supported Recovery* programs (WSRPs) assist workers and employers facing the nation's crisis related to the misuse of opioids and other drugs, and related substance use disorders.

DATES: Comments must be received April 27, 2020.

ADDRESSES: You may submit written comments, identified by docket numbers CDC-2020-0001 and NIOSH-333, by either of the following two methods:

• *Federal eRulemaking Portal*: <http://www.regulations.gov>. Follow the instructions for submitting comments.

• *Mail*: National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, Ohio 45226-1998.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC-2020-0001; NIOSH-333]. All relevant comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided.

FOR FURTHER INFORMATION CONTACT: L. Casey Chosewood, NIOSH, 1600 Clifton Road, NE; Mailstop V24-4, Atlanta, GA 30329; phone: 404-498-2483 (not a toll-free number); email: tw@cdc.gov.

SUPPLEMENTARY INFORMATION: The United States is in the midst of a drug overdose epidemic. More than 70,000 Americans died of drug overdoses in 2017, more than any year on record. Two-thirds of drug overdoses involved an opioid.¹ About 44 percent of adults with a substance use disorder are employed full-time and an additional 10 percent are employed part-time.² A 2017 National Safety Council survey found that 70 percent of employers reported experiencing the negative effects of prescription drug misuse at the organizational level, noting recruitment issues related to positive drug tests, absenteeism, injuries, and overdoses within the workplace.³ Misuse of any drug, including prescription drugs, may impact the ability of a person to function safely in the workplace and may also hinder return to work following an injury or illness, negatively affecting their livelihood.

The effects of substance use and misuse are not isolated to work or home environments, and the potential for developing a substance use disorder may be preceded by injuries that happen in the workplace, with the consequences affecting both an individual's working life as well as their home life. Regardless of the circumstances that may have led to

substance misuse, employment is a key goal among individuals in recovery.⁴ Work can also provide a sense of purpose and the income needed to participate in community life, and the workplace offers social networks that provide support and friendship. By using *Total Worker Health*[®] principles,⁵ NIOSH is developing solutions to help workers and employers facing the drug crisis in their communities. To that end, NIOSH is interested in developing resources and conducting research on the topic of *Workplace Supported Recovery*.

In a *Workplace Supported Recovery* program (WSRP), employers use evidence-based policies and programs to reduce the risk factors associated with initiating substance misuse and the progression to a substance use disorder and take steps to assist workers in recovery in staying at work or returning to work. WSRP efforts could potentially include, but would not necessarily be limited to, the following:

- Preventing work-related injuries and illnesses;
- Promoting the use of alternatives to opioids for pain relief associated with a workplace injury or illness;
- Preventing initiation of misuse;
- Developing return-to-work plans for employees after medical treatment;
- Supporting second chance employment, a process that allows for workers in recovery to rejoin the workforce after a job loss related to drug misuse;
- Providing accommodations, including access to medication-based or medication-assisted treatment (MAT) together with individual counseling;
- Offering peer support groups; and
- Peer coaching.

NIOSH is interested in input related to WSRPs from a variety of stakeholders, including employers, labor unions, workers, researchers, treatment providers, and government agencies at all levels (Federal, state, territorial, local, and tribal). Information and data from interested parties is requested on the following questions:

General Questions

1. What elements, attributes, activities, and resources should be involved in a *Workplace Supported Recovery* program (WSRP)? Describe why inclusion would benefit a WSRP.

⁴ Laudet AB [2012] Rate and predictors of employment among formerly polysubstance dependent urban individuals in recovery. *J Addict Dis* 31(3):288-302.

⁵ *Total Worker Health*[®] is a registered trademark of the U.S. Department of Health and Human Services. For more information, please visit: <https://www.cdc.gov/niosh/twh/totalhealth.html>

2. How do the elements, attributes, activities, and resources that make up WSRPs vary by industry and establishment size?

3. What WSRPs or related approaches are you aware of? Do any of these programs have evaluation or other outcome measures available?

4. Are you aware of any programs that may help employers fund or otherwise develop WSRPs? If so, what are they?

5. What information is available about possible benefits for employers in hiring and/or retaining workers who are in recovery from substance misuse or a substance use disorder?

6. What are the biggest concerns, fears, or challenges around WSRPs? If available, please provide any data or information to support these concerns.

7. What training related to this effort would be of value to managers/supervisors? To workers?

Questions About Workplaces

8. Are you aware of policies that organizations (including yours) have in place to address substance misuse and substance use disorder and, if so, what are they? (*e.g.*, pre-employment drug testing, hiring, dismissal, disability, medical leave, benefits, and compliance with or implementation of Fair Labor Standards Act provisions)

9. Which parts of your organization are involved in issues related to substance misuse or substance use disorders among your workers? (*e.g.*, employee bargaining units, occupational health, safety department, human resources department, Employee Assistance Program)

Questions About Workplaces With a Recovery Program in Place

10. What services are offered as part of the program? Are there any limits or restrictions on these resources (*e.g.*, position in organization, duration, eligibility)? If so, what are they?

11. Are any of these services available to employees dealing with the substance use disorder of another person, such as a spouse/partner, child, parent, or close friend? If so, what are they?

12. What major challenges and successes has your program had?

John J. Howard,

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

[FR Doc. 2020-03785 Filed 2-25-20; 8:45 am]

BILLING CODE 4163-18-P

¹ Hedegaard H, Minino AM, Warner M [2018]. Drug overdose deaths in the United States, 1999-2017. *NCHS Data Brief No. 329*. Hyattsville, MD: National Center for Health Statistics, November. <https://www.cdc.gov/nchs/products/databriefs/db329.htm>.

² SAMHSA [2017]. 2016 National Survey on Drug Use and Health. Washington, DC: Substance Abuse and Mental Health Service Administration, <https://nsduhweb.rti.org/respweb/homepage.cfm>.

³ NSC [2017]. How the prescription drug crisis is impacting American employers. Itasca, IL: National Safety Council, <https://www.nsc.org/Portals/0/Documents/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf>.