

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-0953)

TITLE OF INFORMATION COLLECTION: Assessment of Personal Protective Equipment Information Database Needs and Capabilities

PURPOSE: A 2010 Institute of Medicine report¹ recommended that the National Institute for Occupational Safety and Health's (NIOSH) National Personal Protective Technology Laboratory (NPPTL) become the nation's primary clearinghouse for reliable information on occupational personal protective equipment (PPE). In response to this recommendation, NPPTL developed the PPE-Info Database in 2015.² The database is a tool for standards developers, certification organizations, manufacturers, purchasers, end users, safety and health professionals, and researchers to determine which standards are available for particular protection needs. The PPE-Info Database is the only comprehensive source of information on standards that apply to occupational PPE.

In order to understand the extent to which the database is meeting users' needs and to guide potential improvements and enhancements to the database's design, NPPTL is interested in collecting feedback from stakeholders about their process for selecting PPE. Feedback solicited will cover work environments and hazards faced, the types and sources of information used in selecting PPE, needs regarding PPE standards, and challenges with obtaining needed information. The objective is to understand the overall decision making process and specific priorities for selecting PPE. More detail is provided in the survey instrument, below.

PPE selection and acquisition professionals are the primary audience for the PPE-Info Database. An online survey will be used to collect information from professionals who perform this function for first responders and health care workers. The information obtained will refine NPPTL's previous needs assessment for this audience, allowing further opportunities for improvements to the database to be identified. Potential refinements may include expanding the type of information included in the database and improving the usability and functionality of the user interface.

DESCRIPTION OF RESPONDENTS: The survey will target health care workers and first responders (law enforcement, fire, and emergency medical personnel) responsible for the selection and acquisition of PPE and for the equipping and training of workers with PPE.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Needs assessment</u> |

¹Committee on the Certification of Personal Protective Technologies, Howard J. Cohen and Catharyn T. Liverman, Editors (2010) *Certifying Personal Protective Technologies: Improving Worker Safety*, Institute of Medicine of the National Academies, Washington, D.C.

²<https://wwwn.cdc.gov/ppeinfo>

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Timothy Rehak

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [X] No
3. If Applicable, has a System or Records Notice been published? [] Yes [] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

Type of Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Private Sector (health care workers)	50	1	1	50
State, local, or tribal governments (first responders)	50	1	1	50
Total				100

FEDERAL COST: The estimated annual cost to the Federal government is \$125,000.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

PPE selection committee members, program administrators and safety officers will be targeted for the first responder community. Directors of hospital infection control and prevention and occupational health programs will be targeted for the healthcare community. No single customer list exists for either audience. Therefore, RAND will develop materials that describe the purpose and intent of the survey that include links to the survey. These materials will then be distributed to members of these communities through a variety of mechanisms—e.g., professional contacts held by RAND and NIOSH or PPE technical committees within standard development organizations.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media
 Telephone
 In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.