

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

OFFICE OF MISSION SUPPORT

### **MEMORANDUM**

SUBJECT:	Emergency Information Collection Request for Public Health Emergency Workplace Response System (OMB Control Number 2030-NEW; EPA ICR Number 2676.01)
FROM:	Daniel Coogan, Acting Director Office of Resources and Business Operations
THRU:	Courtney Kerwin, PRA Clearance Officer and Director for Regulatory Support Division Office of Enterprise Information Programs
то:	Danielle Jones, OMB Desk Officer Office of Information and Regulatory Affairs Office of Management and Budget

Pursuant to section 3507(j) of the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 et seq.), as implemented in the Office of Management and Budget (OMB) regulations at 5 CFR §1320.13, the Environmental Protection Agency (EPA) is hereby requesting emergency processing of an information collection necessary for contact tracing EPA employees, contractors and grantee recipients that perform work in EPA facilities.

Following the normal clearance procedures for approval of this information collection during the COVID-19 pandemic response will delay the Agency's ability implement contract tracing and to adequately protect its workforce. EPA certifies the requirements of 5 CFR 1320.13(a) are met and it is vital for this collection to be implemented immediately because: (1) this information is necessary to protect EPA's workforce, (2) public harm is reasonably likely to result if normal clearance procedures are followed, and (3) an unanticipated event has occurred.

### Information Collection is Essential to the Mission of the Agency

OMB Memorandum M-20-23, "Aligning Federal Agency Operations with the National Guidelines for Opening Up American Again," dated April 20, 2020, requires employers to develop and implement policies and procedures for workforce contact tracing following an employee's COVID-19 positive test. In doing so, M-20-23 requires symptomatic Federal employees and contractors to follow their Agency's process if they are symptomatic or test positive for COVID-19. EPA's processes will protect the anonymity and privacy of Federal employees and contractors, to the extent possible, while disclosing only the information necessary for agencies to take appropriate actions of notifying potentially affected employees and cleaning the facility. Additionally, per the Centers for Disease Control and Prevention (CDC) guidance entitled Get and Keep America Open, COVID-19 Contact Tracing is essential to reduce the spread of COVID-19. Furthermore, in response to the Coronavirus Pandemic, public health leaders are calling for communities around the country to ramp up capacity and implement a massive contact tracing effort to control spread of the Coronavirus. The response and recovery from the effect of COVID-19 will continue to present Federal agencies with unprecedented challenges, as well as opportunities for improvement, that require new processes and practices such as COVID-19 Contact Tracing to keep the workforce and the public safe. As EPA plans to reconstitute the workforce, it is essential to have an internal EPA Contact Tracing Program that informs mission readiness and protects our workforce.

### Information Collection Activities Involved in this Emergency Request

Because of the substantial risk to life, safety, or health of the workforce and the public, EPA requests emergency approval to collect the necessary information from detailees, interns, volunteers, grantee recipients and contractors that perform work in EPA facilities to implement an effective COVID-19 Contact Tracing program.

Each item of information requested is based on CDC and industry best practice for Contact Tracing. This information is necessary to identify individuals in the workforce who are COVID-19 positive and to notify and trace persons in the workforce who were in close contact with the COVID-19 positive employee. This enables EPA to capture the total workforce and take appropriate action.

The following information will be collected for COVID Contact Testing:

- Name;
- Work location;
- Contact information;
- Supervisor;
- Health status;
- Close contacts (as defined by CDC) when in the office; and
- Building and floors visited during period of possible transmission (as defined by CDC).

### EPA Cannot Reasonably Comply with the Normal Clearance Procedures

EPA cannot reasonably comply with the normal clearance procedures because: (1) an unanticipated event has occurred; and (2) public harm is reasonably likely to result if normal clearance procedures are followed.

As the COVID-19 pandemic continues to grow, the full scope of the impact to Americans remains unknown. We do know however that for government offices to safely open, a robust contact tracing program must be implemented. Contract tracing is a critical tool to control the spread of COVID-19. Delay in approval of this information collection will disrupt EPA's ability identify, alert, isolate and trace COVID-19 positive members of the EPA workforce. In order to reconstitute its workforce of federal employees, contractors, volunteers, grantees, and interns, EPA must be aware of potential office outbreaks, workforce exposures, and areas requiring sanitization to prevent the further spread of COVID-19. It would be impracticable and contrary to the public health to delay implementing this collection of information collection until after EPA has completed the normal PRA clearance procedures.

# Agency Has Taken All Practicable Steps to Consult with Affected Parties in Order to Minimize Burden

To formulate the data elements to be collected for proper and efficient contact tracing, EPA consulted the CDC, EPA Public Health experts, and the Department of Homeland Security's Contact Tracing Team.

### **Requested Time Period for OMB Action**

EPA requests that OMB take action on this request by December 4, 2020.

Thank you for your assistance in processing this request. Should any questions arise, please contact me at 202-564-1862 or Courtney Kerwin at 202-566-1669.

## **ATTACHMENT 1: Estimated Burden and Costs for This Information Collection Activity**

Type of Respondent	Form Name	Number of Respondents	Number of Responses per	Number of Responses (Total)	Average Burden per	Total Annual Burden
			Respondent		Response	(hours)
Survey	Public Health Emergency Workplace Response System	250	1	250	.25	62.5

## **Bottom Line Burden**

<b>Respondents:</b>	250
<b>Responses:</b>	250
Hours:	62.5
Capital/O&M Costs:	<b>\$0</b>

## **ATTACHMENT 2: Information Collection Instrument**

Number			Opened b	y Daniel Coogan	Q	(i)	
* Person		Q	★ Assignment grou	p	Q		
★ Health status	None	~	★ Contact Tracing Stat	e Open	~		
Close notes			\star Assigned t	o	Q		
	to provide the necessary data for prope hose that have a need to know, where				in continuity of n	nedical c	are. Collec
You have read the statement above to the employee?							
You have advised the employee to spe	eak with their medical provider and to f	ollow CDC guidance and local health o	office guidance.				
You have advised the employee to speak with their medical provider?							
Intake Interview - Employee Details*	Intake Interview - Supervisor Details	Intake Interview - Work Location D	Intake Interview - Exposed Ind	livid Final Interview - Return 1	to Work Phone	Log N	lotes
* Program/Region	None	~	* Employee Status	None	~		
Updated Department	C	<b>k</b>	EPA Email				
	If the Department is incorrect, please select the correct option here		Business Phone				
Updated Work Location	C		<ul> <li>Best Phone Number for Contact</li> </ul>				
	If the Work Location is incorrect, please select the correct option here	begi	What day did the person n experiencing symptoms consistent with COVID-19?				
			Duration				

Intake Interview - Employee Details*	Intake Interview - Supervisor Details	Intake Interview - Work Location D	Intake Interview - Exposed Individ.	Final Interview - Return to Work	Phone Log	Notes
Contract Officer			Supervisor	Q		
Representative Name			Supervisor Email			
Contract Number						
SEE Monitor Name			Supervisor Phone Number			
SEE Grantee	None		Supervisor Phone Type N	lone 🗸 🗸		
Cooperative Agreement Number						
COR/SEE/Other Phone						
Intake Interview - Employee Details*	Intake Interview - Supervisor Details	Intake Interview - Work Location D	Intake Interview - Exposed Individ	. Final Interview - Return to Work	Phone Log	Notes
What dates was the person in the	ne office during the period, startin	g 2-days prior to the onset of the	symptoms to today's date?			
Work Locations visited						-
ర్రు <b>≡</b> Date		<b>≡</b> Location		E Floor(s)		
+ Insert a new I	row					
Intake Interview - Employee Details*	Intake Interview - Supervisor Details	Intake Interview - Work Location D	Intake Interview - Exposed Individ	. Final Interview - Return to Work	Phone Log	Notes
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	Intake Interview - Supervisor Details to the office during that period, w				Ū	
On each day the person came in			·		Ū	
On each day the person came in			·		Ū	
On each day the person came in 15 minutes or more.)		what employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define	Ū	6 feet for
On each day the person came in 15 minutes or more.) Exposed Contacts	to the office during that period, w Business Phone	what employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define	ed as within (	6 feet for
On each day the person came in 15 minutes or more.)         Exposed Contacts	to the office during that period, w Business Phone	what employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define	ed as within (	6 feet for
On each day the person came in 15 minutes or more.)         Exposed Contacts	to the office during that period, w Business Phone	what employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define pdated Location $\equiv 0$	ed as within (	6 feet for
On each day the person came in 15 minutes or more.)         Exposed Contacts	to the office during that period, w E Business Phone	rhat employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define pdated Location $\equiv 0$	ffice/Cubicle	6 feet for
On each day the person came in 15 minutes or more.)         Exposed Contacts         Image: Second se	to the office during that period, w Business Phone ow Intake Interview - Supervisor Details	rhat employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define pdated Location ≡ 0 . Final Interview - Return to Work*	ffice/Cubicle	6 feet for
On each day the person came in 15 minutes or more.) Exposed Contacts © ■ Name + Insert a new r Intake Interview - Employee Details* Employee had not have a fever (w/o use of fever reducers) for	to the office during that period, w Business Phone ow Intake Interview - Supervisor Details	rhat employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define pdated Location ≡ 0 . Final Interview - Return to Work*	ffice/Cubicle	6 feet for
On each day the person came in 15 minutes or more.)         Exposed Contacts         Image: Second s	to the office during that period, w Business Phone ow Intake Interview - Supervisor Details Yes	rhat employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define pdated Location ≡ 0 . Final Interview - Return to Work*	ffice/Cubicle	6 feet for
On each day the person came in 15 minutes or more.) Exposed Contacts © ■ Name + Insert a new r Intake Interview - Employee Details* Employee had not have a fever (w/o use of fever reducers) for at least 24 hours? At least 10 days have passed	to the office during that period, w Business Phone ow Intake Interview - Supervisor Details Yes	rhat employees/staff did the pers	son come into close contact wit	h? (Note: Close contact is define pdated Location ≡ 0 . Final Interview - Return to Work*	ffice/Cubicle	6 feet for