

<p><b>MODULE</b></p> <p><b>C</b></p>	<p><i>This module is directed toward oncology nurses or other individuals who administer Antineoplastic Agents to patients. Other terms used for antineoplastic agents include chemo-therapeutic drugs, cytotoxic drugs, and anti-cancer drugs.</i></p>
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1. During your career (including all jobs at this and other facilities), how long have you been administering antineoplastic agents to patients?

  - Less than 6 months
  - At least 6 months but less than a year
  - 1-5 years
  - 6-10 years
  - 11-20 years
  - More than 20 years
  
2. When have you received formal training at this facility on procedures for the safe handling of antineoplastic agents?  
**Please ✓ all that apply.**

  - During orientation for your current job or task
  - Once, but not at orientation
  - Periodically, but less than once per year
  - At least annually (i.e., one or more times every year)
  - Other (Please specify): \_\_\_\_\_
  - Never received training at this facility
  
3. Have you received any certification for handling antineoplastic agents?  
**Please ✓ all that apply.**

  - Yes, by employer
  - Yes, by the Oncology Nursing Certification Corporation (OCCN). This includes OCN<sup>®</sup>, CPON<sup>®</sup>, AOCNP, and AOCNS.
  - Yes, other certification (Please specify): \_\_\_\_\_
  - No
  
4. Have you seen a copy of the OSHA guidelines for handling hazardous drugs at this facility?

  - Yes
  - No
  
5. Have you seen written policies or standard procedures at this facility for working with antineoplastic agents?

  - Yes
  - No
  
6. Do you ever wear or take home any clothing (protective clothing or street clothes) which were worn when handling antineoplastic agents at this facility?

  - Yes
  - No

7. At any time in the **past 7 calendar days** did you administer antineoplastic agents to patients?  Yes  No



**Skip to Question 30.**

8. During the past 7 calendar days, which of the following antineoplastic agents did you administer to patients? **Please** ✓ **all that apply.**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Aldesleukin                         | <input type="checkbox"/> Docetaxel             | <input type="checkbox"/> Melphalan    |
| <input type="checkbox"/> Alemtuzumab                         | <input type="checkbox"/> Doxorubicin           | <input type="checkbox"/> Methotrexate |
| <input type="checkbox"/> Alitretinoin                        | <input type="checkbox"/> Epirubicin            | <input type="checkbox"/> Mitomycin-C  |
| <input type="checkbox"/> Altretamine                         | <input type="checkbox"/> Estramustine          | <input type="checkbox"/> Mitotane     |
| <input type="checkbox"/> Aminoglutethimide                   | <input type="checkbox"/> Etoposide             | <input type="checkbox"/> Mitoxantrone |
| <input type="checkbox"/> Amifostine                          | <input type="checkbox"/> Exemestane            | <input type="checkbox"/> Nilutamide   |
| <input type="checkbox"/> Anastrozole                         | <input type="checkbox"/> Floxuridine           | <input type="checkbox"/> Oxaliplatin  |
| <input type="checkbox"/> Arsenic trioxide                    | <input type="checkbox"/> Fludarabine           | <input type="checkbox"/> Paclitaxel   |
| <input type="checkbox"/> Asparaginase- <i>E. coli</i> strain | <input type="checkbox"/> Flutamide             | <input type="checkbox"/> Pegaspargase |
| <input type="checkbox"/> BCG live                            | <input type="checkbox"/> Fluorouracil          | <input type="checkbox"/> Pentostatin  |
| <input type="checkbox"/> Bexarotene                          | <input type="checkbox"/> Gemcitabine           | <input type="checkbox"/> Plicamycin   |
| <input type="checkbox"/> Bicalutamide                        | <input type="checkbox"/> Gemtuzumab ozogamicin | <input type="checkbox"/> Procarbazine |
| <input type="checkbox"/> Bleomycin                           | <input type="checkbox"/> Goserelin             | <input type="checkbox"/> Rituximab    |
| <input type="checkbox"/> Busulfan                            | <input type="checkbox"/> Hydroxyurea           | <input type="checkbox"/> Streptozocin |
| <input type="checkbox"/> Capecitabine                        | <input type="checkbox"/> Idarubicin            | <input type="checkbox"/> Tamoxifen    |
| <input type="checkbox"/> Carboplatin                         | <input type="checkbox"/> Ifosfamide            | <input type="checkbox"/> Temozolomide |
| <input type="checkbox"/> Carmustine                          | <input type="checkbox"/> Imatinib mesylate     | <input type="checkbox"/> Teniposide   |
| <input type="checkbox"/> Cetuximab                           | <input type="checkbox"/> Interferon Alfa-2a    | <input type="checkbox"/> Thioguanine  |
| <input type="checkbox"/> Cisplatin                           | <input type="checkbox"/> Interferon Alfa-2b    | <input type="checkbox"/> Thiotepa     |
| <input type="checkbox"/> Chlorambucil                        | <input type="checkbox"/> Irinotecan            | <input type="checkbox"/> Topotecan    |
| <input type="checkbox"/> Cladribine                          | <input type="checkbox"/> Letrozole             | <input type="checkbox"/> Toremifene   |
| <input type="checkbox"/> Cyclophosphamide                    | <input type="checkbox"/> Leuprolide            | <input type="checkbox"/> Trastuzumab  |
| <input type="checkbox"/> Cytarabine                          | <input type="checkbox"/> Lomustine             | <input type="checkbox"/> Tretinoin    |
| <input type="checkbox"/> Dacarbazine                         | <input type="checkbox"/> Megestrol             | <input type="checkbox"/> Valrubicin   |
| <input type="checkbox"/> Daunorubicin                        | <input type="checkbox"/> Mercaptopurine        | <input type="checkbox"/> Vinblastine  |
| <input type="checkbox"/> Dactinomycin                        | <input type="checkbox"/> Merchlorethamine      | <input type="checkbox"/> Vincristine  |
| <input type="checkbox"/> Denileukin diftitox                 |  | <input type="checkbox"/> Vincorelbine |

Other (Please specify up to 2 more antineoplastic agents):

1. \_\_\_\_\_

2. \_\_\_\_\_

9. During the past 7 calendar days, how many days did you administer antineoplastic agents to patients?

Number of days.....  
 (Please write a number from 1-7)

10. During the past 7 calendar days, what was the total number of treatments of antineoplastic agents you administered to patients? *(One treatment equals all drugs administered to one patient during one visit.)*

- 1-2 treatments
- 3-4 treatments
- 5-9 treatments
- 10-20 treatments
- 21-40 treatments
- More than 40 treatments

11. How does the number of treatments of antineoplastic agents you administered during the past 7 calendar days compare with most weeks?


- Past 7 days were about normal
- Past 7 days were less than normal
- Past 7 days were greater than normal

12. During the past 7 calendar days, in which of the following areas of this facility did you **ever** administer antineoplastic agents to patients? **Please ✓ all that apply.**

- a. Patient's hospital room
- b. Treatment room (e.g., for infusion therapy)
- c. Specialty area (e.g., X-ray)
- d. Private physician's office
- e. Patient's home
- f. Some other location (Please specify):

12A. From the location(s) checked above, please write the **letter** (a, b, c, etc.) corresponding to the area where you most often administered antineoplastic agents.

Most often administered.....

13. During the past 7 calendar days, while administering antineoplastic agents to patients, how often did you use a...
- |  | Always                   | Sometimes                | Never                    | Don't Know               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Designated room or area?.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Drug delivery system with Luer-lock (or other similar type) fittings? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Needle-less system? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Plastic-backed absorbent pad under the patient's arm?.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
14. During the past 7 calendar days, how often did you store prepared antineoplastic agents in a designated and restricted area before administering to patients?
- Always
  - Sometimes
  - Never
15. During the past 7 calendar days, which of the following best describes how antineoplastic agents were most commonly received from the pharmacy (or drug preparation area)?  
**Please ✓ only one.**
- Primed with antineoplastic agent
  - Primed with diluent (i.e., a liquid other than antineoplastic agent)
  - Primed, unsure of the solution used
  - IV tubing is not primed
16. During the past 7 calendar days, how often did you prime the IV tubing before administering antineoplastic agents to patients?
- Always
  - Sometimes
  - Never
17. During the past 7 calendar days, how many times did you puncture your skin with a sharp while administering antineoplastic agents?
- None
  - One time
  - 2-3 times
  - 4-5 times
  - More than 5 times
18. During the past 7 calendar days while you were handling or administering antineoplastic agents, did a leak or spill of any amount (even a few drops) ever occur?
- Yes
  - No  **Skip to Question 21.**

19. During the past 7 calendar days, did any of the following factors cause a leak of antineoplastic agents during handling or administration?

	Yes	No
a. Leak from syringe while attaching, injecting, or detaching from IV line .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Leak while drawing up or expelling air from syringe .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Leak due to a bad connection .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Leak due to excessive pressure in vial .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (Please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

20. During the past 7 calendar days, how many spills (even a drop or two) of antineoplastic agents occurred during handling or administration?

	No spills	1-2 spills	3-5 spills	More than 5
a. Spills less than 5ml .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spills more than 5ml.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. During the past 7 calendar days, did any of the following areas of your skin come into direct contact with antineoplastic agents (i.e., became wet) during handling or administration?

	Yes	No
a. Face .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Neck .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Hands .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Wrist or forearm .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Torso, legs or feet .....	<input type="checkbox"/>	<input type="checkbox"/>

The following questions pertain to your use of personal protective equipment (PPE) while handling and administering antineoplastic agents.

22. During the past 7 calendar days, did you wear a **water resistant gown or outer garment with closed front and tight cuffs** while administering antineoplastic agents to patients?

- Always
- Sometimes
- Never

**Skip to Question 24.**

23. What were the reason(s) you did not always wear a **water resistant gown or outer garment with closed front and tight cuffs** while administering antineoplastic agents? **Please** ✓ **all that apply.**

- 1. Potential for exposure to antineoplastic agents is insignificant
- 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
- 3. Not required by employer
- 4. Not provided by employer
- 5. Not standard practice
- 6. Too uncomfortable or difficult to use
- 7. Not readily or always available in work area
- 8. Cross contamination to other areas is not a concern
- 9. Concerned about raising the patient's anxiety
- 10. Other (Please specify): \_\_\_\_\_

23A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear a **water resistant gown or outer garment with closed front and tight cuffs** while administering antineoplastic agents.

Most important reason .....

24. During the past 7 calendar days, did you wear **latex or chemo gloves** while administering antineoplastic agents to patients?

- Always
- Sometimes
- Never


**Skip to Question 26.**

25. What were the reason(s) you did not always wear **latex or chemo gloves** while administering antineoplastic agents? Please  all that apply.

- 1. Potential for exposure to antineoplastic agents is insignificant
- 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
- 3. Not required by employer
- 4. Not provided by employer
- 5. Not standard practice
- 6. Too uncomfortable or difficult to use
- 7. Not readily or always available in work area
- 8. Cross contamination to other areas is not a concern
- 9. Concerned about raising the patient's anxiety
- 10. Other (Please specify): \_\_\_\_\_

25A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **latex or chemo gloves** while administering antineoplastic agents.

Most important reason .....




**During the past 7 calendar days if you NEVER wore latex or chemo gloves when administering antineoplastic agents, skip to question 28.**

26. During the past 7 calendar days, did you perform any of the following activities while wearing **latex or chemo gloves** that had been used to administer antineoplastic agents?

	Yes	No
a. Answer the phone .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a keyboard or calculator .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Handle files or record cards .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat or drink .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoke .....	<input type="checkbox"/>	<input type="checkbox"/>



27. During the past 7 calendar days, did you **ever** reuse **protective gloves** while administering antineoplastic agents (reuse means remove and later put on the same gloves)?
- Yes  
 No
28. During the past 7 calendar days, did you wear **eye protection** (safety glasses, goggles, face shield) while administering antineoplastic agents to patients?
- Always  **Skip to Question 30.**  
 Sometimes  
 Never
29. What were the reason(s) you did not always wear **eye protection** while administering antineoplastic agents?  
**Please ✓ all that apply.**
- 1. Potential for exposure to antineoplastic agents is insignificant
  - 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
  - 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
  - 4. Not required by employer
  - 5. Not provided by employer
  - 6. Not standard practice
  - 7. Too uncomfortable or difficult to use
  - 8. Not readily or always available in work area
  - 9. Concerned about raising the patient's anxiety
  - 10. Other (Please specify): \_\_\_\_\_

29A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **eye protection** while administering antineoplastic agents.

Most important reason .....

**You have now completed this module.  
Thank you.**