

Miller, Diane M. (CDC/NIOSH/EID)

From: Boiano, James M. (CDC/NIOSH/DSHEFS)
Sent: Thursday, July 10, 2008 8:37 AM
To: Miller, Diane M. (CDC/NIOSH/EID)
Subject: NIOSH Docket 135
Attachments: NIOSH meeting comments - April '08.doc

From: mmay@delta.edu [mailto:mmay@delta.edu]
Sent: Tuesday, May 06, 2008 5:18 PM
To: Boiano, James M. (CDC/NIOSH/DSHEFS)
Subject: Follow-up to April 30th meeting

I thought the April 30th meeting in Cincinnati concerning the Health and Safety Practices surveys was very productive, and I enjoyed being a part of it. Thank you.

I have attached some suggestions for the survey tools – some that I expressed during the meeting and some that I did not. I hope they are of some assistance.

Margrethe May, CST, MS
Representative for the Association of Surgical Technologists

**Suggestions concerning the Health and Safety Practices meeting
in Cincinnati, April 30, 2008**

Margrethe May, CST, MS
Representing the Association of Surgical Technologists

Modification to the Worker Questionnaire - Targeted Hazards and Occupations by Modules:

Module E - High Level Disinfectants

add: Surgical Technologists, Medical Assistants, and Housekeeping/
Environmental Services

Module F - Surgical Smoke

add: Surgical Technologists, Surgical Assistants, and Perfusionists

Module G - Waste Anesthetic Gases

add: Anesthesiologist Assistants

delete: Surgeons

Module H - Waste Anesthetic Gases, bystander

add: Surgeons, Surgical Technologists, Surgical Assistants, Perfusionists,
Radiologic Technologists, and Sonographers

Module J - Housekeeping Hazards

add: Surgical Technologists, Operating Room Nurses, and Medical Assistants
(note: page 25 of the Employee Core Module, question # 79 says "primary
duties", while none of the other questions specify that -
while all of the above personnel may be involved in cleaning or
spill response, those are not their primary duties)

On the Employee Core Module:

page 2-3, question #2 - I would add methylmethacrylate (the "bone cement" used in
total joint surgery), which requires a closed container for mixing the
powder and liquid components at the field

page 2 - question #2.d., High Level Disinfectants, only lists glutaraldehyde as an
example - Since the Steris peracetic acid system became available, I have
not seen glutaraldehyde used in hospitals, and when I gave a talk to the
Michigan state group of Medical Assistants last Fall, they indicated that
they were only using the Steris system in offices and endoscopy units. I
think that glutaraldehyde is outdated, even in small facilities.

page 2 - question #2.f. asks about ionizing radiation (X-rays, fluoroscopy, gamma rays),
but there are no follow-up questions or follow-up module -
In addition to Radiologic Technologists, obviously, Surgical
Technologists, Surgical Assistants, Operating Room Nurses, and
Dental Assistants are all exposed to X-rays and/or fluoroscopy.

page 3 - number "j" should add infectious disease agents other than TB, such as MRSA,
VRE, etc.

page 4 - under Special Practitioners, add Anesthesiologist Assistant, Perfusionist, and
Surgical Assistant

under Technologists and Technicians, add Dialysis Technicians
 under Cleaning, Maintenance, and Food, add Surgical Services Associate/
 Assistant -

I don't know if you are aware that in many Operating Rooms, special housekeeping personnel (usually called SSA's), help lift and transport patients, are trained to chemically sterilize or disinfect instruments and endoscopes, and may even open sterile supplies or scrub in and hold retractors during surgery, in addition to cleaning OR's between cases. Therefore, such personnel should fill out Modules E, F, H, and J.

If you are going to include a Student category, the exposures would be different for Interns/Residents, Medical Students, Nursing Students, and students in all the other listed Allied Health disciplines.

page 6 - add: Acute Care Mental Health, Correctional Facility, Dialysis Unit, Radiation Therapy (separate from Nuclear Medicine), and some category that would include the growing number of freestanding Ambulatory Surgery Centers, clinic-based surgery, and single physician/office-based surgery

I would suggest changing number 11 to "Anesthesia Provider", which would include CRNA's (Nurse Anesthetists) and Anesthesiologist Assistants, rather than limiting the category to Anesthesiologists

number 61 just says "Surgery" - Was that meant to include all other surgical specialties that are not otherwise listed (e.g. Neurosurgery, Cardiothoracic and Peripheral Vascular Surgery, Plastic Surgery, etc.) and everyone who works in the Operating Room? Or should that be split to say "All other surgical specialties" and then list "Operating Room" separately?

page 13 - Please differentiate hollow-bore hypodermic or biopsy needles from a solid surgeon's sewing/suture needle or scalpel. The risks from blood-borne pathogens are very different.

On Module D (and probably in the Core Module under #2.d and 2.e on page 2 and under #73 on page 24), I suggest that you list examples of trade names in the introduction, as was done for Module E -- namely, ethylene oxide (ETO or EO) and hydrogen peroxide gas (Sterrad system). I think that many workers who would recognize trade names may not be aware of the generic names.

I think Module E should just be named "High Level Disinfectants" because, as I said before, my sense is that the use of glutaraldehyde is outdated.

Also, are you interested in some of the newer chemical sterilants such as ozone gas and vapor phase hydrogen peroxide/VPHP?

Are you interested in Low Level Disinfectants, such as phenolic compounds and quaternary ammonium compounds?

On Module F:

page F-4 - Just an aside: I don't know if you are aware that there has been a move in some hospitals over recent years to require personnel to take scrub suits home for laundering (which involves blood and body fluids, not just ESU/laser smoke).

page F-3, question #11 - I think you need to differentiate between using the regular/surgical suction apparatus and using one of the special closed evacuation/filtering devices that are designed for smoke.

page F-6 - After the questions about wearing respiratory protection "not including a surgical mask", you need to add a question about whether the person wore a surgical mask. Furthermore, I would suggest differentiating a regular surgical mask from a high-filtration "laser" mask.

On Module H, I agree with the Nurse Anesthetist who commented that the people in the room other than the anesthesia provider probably would not be knowledgeable about the methods or agents used (questions 11, 12, 13, 15, 16, and 17), other than possibly being aware of the mask-induction of a Pediatric patient.

On pages H-4 and H-5, add "wore a surgical mask".

I forgot to ask at the meeting, do you care about antiseptic agents used for the preoperative skin wash of patients and for surgical scrubbing by sterile team members? That might include:

providone-iodine/iodophors

chlorhexidine/CHG

quaternary ammonium compounds, such as benzalkonium chloride (Zephiran)

chloroxymenol/PCMX

triclosan (especially since safety issues were raised during the October 2005 testimony from the University of Michigan School of Public Health and in the March 2007 article in *Environmental Science and Technology*)