7/23/10

Form Approved
OMB No. 10AP-xxxx
Expiration Date: xx/xx/2011

PROGRAMMING INSTRUCTIONS APPEAR IN BLUE.

INTRO	QUES ⁻	TIONS
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Α.	Did you sterilize medical instruments or supplies using ETHYLENE OXIDE (EtO in the past 7 calendar days)?  DISPLAY CALENDAR HIGHLIGHTING THE PAST 7  CALENDAR  DAYS. (APPLIES TO ALL  QUESTIONS  WITH 'IN THE PAST 7  CALENDAR  DAYS'.	<ul><li>Yes → SUBMODULE 1</li><li>No</li></ul>
B.	Did you sterilize medical instruments or supplies using <b>HYDROGEN PEROXIDE GAS PLASMA</b> in the past 7 calendar days?	<ul><li>Yes → SUBMODULE 2</li><li>No</li></ul>
QUEST	ΓΙΟΝ C IS TO BE COMPLETED BEFORE D	SPLAYING SUBMODULES
C.	From which organization(s) have you achieved professional certification for sterile processing of medical instruments or supplies?  Please ✓ all that apply.	<ul> <li>□ International Association of Healthcare Central Service Materiel Management (IAHCSMM)</li> <li>□ Certification Board for Sterile Processing and Distribution (CBSPD)</li> <li>□ Other (Please specify):</li> <li>□ I have not yet achieved professional certification</li> </ul>

Public reporting burden of this collection of information is estimated to average 11 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329-4018; ATTN: PRA (10AP-xxxx).

### **MODULE D: Chemical Sterilants**

7/23/10

IF RESPONDENT MARKED 'YES' TO INTRO QUESTIONS A AND B, RANDOMIZE ORDER SUBMODULES ARE PRESENTED.

IF RESPONDENT MARKED 'YES' TO ONLY ONE OF THESE TWO QUESTIONS **#** GO TO APPROPRIATE SUBMODULE.

# **SUBMODULE 1. ETHYLENE OXIDE (EtO)**

1.	During your career, how long have you been chemically sterilizing medical instruments or supplies using EtO?	<ul> <li>Less than one year</li> <li>1-5 years</li> <li>6-10 years</li> <li>11-20 years</li> <li>More than 20 years</li> </ul>
2.	When was the last time you received training on the safe handling of ethylene oxide EtO?	<ul><li>O Within the past 12 months</li><li>O More than 12 months ago</li><li>O I never received training</li></ul>
3.	Are you familiar with the OSHA guidelines for workplace exposure to EtO?	O Yes O No
employ	work for more than one employer, the follo yer, i.e., the one for which you typically wo yed, consider yourself the employer.	
4.	Does your employer have standard procedures for sterilizing with EtO?	O Yes O No O I don't know
5.	During the past 7 calendar days, in which of the following work settings did you sterilize medical instruments or supplies using EtO?  Please ✓ all that apply.	<ul> <li>☐ Hospital central supply/processing and distribution area</li> <li>☐ Other hospital area</li> <li>☐ Outpatient care center</li> <li>☐ Physician's office</li> <li>☐ Dental office, clinic or lab</li> <li>☐ Facility that provides sterilized supplies to healthcare providers</li> <li>☐ Other location (Please specify):</li> </ul>

### IF ONLY ONE WORK SETTING MARKED IN QUESTION 5 → GO TO QUESTION 7.

6. Of the locations you checked, please indicate the work setting where you **most often** sterilized medical instruments or supplies using EtO during the past 7 calendar days.

LIST WORK SETTINGS MARKED IN QUESTION 5 (USE RADIO BUTTONS).

7.	During the past 7 calendar days, on how many days did you sterilize medical instruments or supplies with a sterilizer using EtO?	0 0 0 0 0	1 day 2 days 3 days 4 days 5 days 6 days 7 days
8.	During the past 7 calendar days, did you sterilize medical instruments or supplies with an EtO sterilizer that uses compressed-gas cylinders (EtO mixtures) or single-use cartridges of EtO?	O O 22	Yes No → GO TO QUESTION
EtO Ste	erilizer with IN-CHAMBER Aeration		
9.	During the past 7 calendar days, did you sterilize medical instruments or supplies using an EtO sterilizer with in-chamber aeration (i.e., load does not need to be transferred after sterilization to a separate aerator)?	O O 15 O QUEST	Yes No → GO TO QUESTION Not applicable → GO TO ION 15
	<b>Note</b> : Check "Not applicable" if your workplace does not have this type of EtO sterilizer.		
10.	During the past 7 calendar days, what was the total number of loads you processed using an EtO sterilizer with in-chamber aeration?	0 0 0 0	1 load 2-3 loads 4-5 loads 6-10 loads More than 10 loads
11.	During the past 7 calendar days, the total number of loads you processed using an EtO sterilizer with in-chamber aeration was	0 0	More than usual Fewer than usual About the same as usual

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/	ノイ	<i>,</i> ,	

12.	<ul> <li>What was the source of EtO gas for the sterilizer with in-chamber aeration you used most often during the past 7 calendar days?</li> <li>Gas cylinder(s)</li> <li>Single-use cartridge (ratridge to be inside sterilizer values closed before it is punctured)</li> <li>QUESTION 14; SKIP QUESTION 14; SKIP QUESTION 14; SKIP QUESTION 14</li> </ul>			lizer with door ed) <b>∌</b> GO TO
13.	Which best describes the location of the EtO supply gas cylinder for the sterilizer with in-chamber aeration you used most often during the past 7 calendar days?	different ro	as cylinder(s) loom than the s as cylinder(s) lonas the steriliz	terilizer. ocated in the
14.	Considering the EtO sterilizer with inchamber aeration you used most often during the past 7 calendar days	Yes	No	I don't know
	awas operational local exhaust ventilation provided above the door of the sterilizer?	O	0	O
	bwas there a continuous monitor located near the sterilizer that provides a warning when EtO leaks occur?	0	0	0
EtO Si	terilizer with SEPARATE Aeration Chamber			
15. During the past 7 calendar days, did you use an EtO sterilizer with a <b>separate</b> aeration chamber (i.e., load <b>needs</b> to be transferred after sterilization to a separate aerator)?		<ul> <li>Yes</li> <li>No →GO TO QUESTION 22</li> <li>Not applicable →GO TO QUESTION 22</li> </ul>		
	<b>Note</b> : Check "Not applicable" if your workplace does not have this type of EtO sterilizer.			
16.	During the past 7 calendar days, how much time did you typically spend transferring a single load from a sterilizer to the aeration chamber?	O Less that O 1-2 minut O 3-4 minut O 5-6 minut	tes tes	
	<b>Note</b> : Include only the time spent transferring the load from the sterilizer to the aeration chamber.	O More tha		

17.	During the past 7 calendar days, what was the total number of loads transferred from the sterilizer to the aeration chamber?		<ul> <li>1 load</li> <li>2-3 load</li> <li>4-5 load</li> <li>6-10 loa</li> <li>More that</li> </ul>	s ds	
18.	During the past 7 calendar days, the total number of loads you transferred from the sterilizer to the aeration chamber was		O Fewer lo	ads than usual bads than usual be same numbe	r of loads as
19.	What was the source of EtO gas for the sterilizer with separate aeration chamber you used most often during the past 7 calendar days?	_	be inside st	cartridge (requi	or closed before QUESTION
20.	Which best describes the location of the EtO supply gas cylinder or container for the sterilizer with a separate aeration chamber you used most often during the past 7 calendar days?	<ul> <li>Gas cylinder(s) located in a differe room than the sterilizer.</li> <li>Gas cylinder(s) located in the same room as the sterilizer.</li> </ul>			
21.	Considering the sterilizer with a <b>separate aeration chamber</b> that you used most often during the past 7 calendar days		Yes	No	I don't know
	Was operational local exhaust ventilation provided above the door of the sterilizer?		0	0	0
	b. Was there a continuous monitor located near the sterilizer that provides a warning when EtO leaks occur?		0	0	O

# **EtO Sterilizer System Using Glass Ampoules of Liquid EtO**

22.	During the past 7 calendar days, did you sterilize medical instruments or supplies with a sterilizer system that uses glass ampoules containing liquid ethylene oxide (e.g., <i>Anprolene</i> ®)?	<ul> <li>O Yes</li> <li>O No → GO TO QUESTION 31</li> <li>O Not applicable → GO TO QUESTION 31</li> </ul>		
	<b>Note:</b> Check "Not applicable" if your workplace does not have this type of ethylene oxide sterilizer.			
23.	During the past 7 calendar days, what was the total number of loads you processed with this type of sterilizer system?	<ul> <li>○ 1 load</li> <li>○ 2-3 loads</li> <li>○ 4-5 loads</li> <li>○ 6-10 loads</li> <li>○ More than 10 loads</li> </ul>		
24.	During the past 7 calendar days, the total number of loads you transferred from the sterilizer to the aeration chamber was	Omore loads than usual Ofewer loads than usual Oabout the same number of loads as usual		
25.	How often do you place the sealed plastic bag(s) in the sterilizer after breaking the glass ampoule?	<ul><li>Always</li><li>Sometimes</li><li>Never</li></ul>		
26.	Was the sterilizer system that uses glass ampoules containing liquid EtO connected to an exhaust source?	O Yes O No O I don't know		
27.	Was there a continuous monitor located near this sterilizer system that provides a warning when EtO leaks occur?	O Yes O No O I don't know		

Questions addressing work practices and use of personal protective equipment (PPE) will help us understand what is currently used around EtO sterilizer systems and under what circumstances. Depending on your job and exposures, PPE may not be required.

IF I	RESPO	<b>IDENT</b>	MARKED '	SINGLE-US	SE CARTRI	DGE' IN	I QUESTION	12 OR	QUESTION
19	, SKIP C	QUESTI	ONS 28-37	'. IF RESP	ONDENT N	<b>IARKED</b>	'GAS CYLIN	IDER(S)	' IN
QU	IESTION	N 12 O	R QUESTIO	N 19, SKIF	OUESTIO	NS 28-3	30.		

- 28. During the past 7 calendar days, how often did you wear **protective gloves** while sterilizing medical instruments with this type of sterilizer system?
- O Always → GO TO QUESTION 31
- O Sometimes
- O Never
- 29. What were the reasons(s) you did not always wear **protective gloves** while sterilizing medical instruments or supplies with this type of sterilizer system?

Please  $\checkmark$  all that apply.

- ☐ Skin exposure was minimal☐ Not part of our protocol☐
- ☐ Not provided by employer
- ☐ No one else who does this work uses them
- ☐ Too uncomfortable or difficult to use
- ☐ Not readily available in work area
- ☐ Other (Please specify):_____

IF RESPONDENT MARKED ONLY ONE REASON IN QUESTION 29 AND 'NEVER' IN QUESTION 28 → GO TO QUESTION 31.

30. Of the reasons you checked above, please indicate the **most important reason** you did not always wear **protective gloves** while sterilizing medical instruments or supplies with this type of sterilizer system.

LIST REASONS MARKED IN QUESTION 29 (USE RADIO BUTTONS)

31. During the past 7 calendar days, did you wear any of the following **while using an EtO** sterilizer?

## Please $\checkmark$ all that apply.

Half-facepiece air purifying respirator with chemical cartridge(s)



Full-facepiece air purifying respirator with chemical cartridge(s)



☐ Full-facepiece supplied air respirator

Standard surgical mask





■ None of above		☐ I don't know
T KNOW'): THE FOLLOWING QUEST	TIOI	
ECE AIR PURIFYING RESPIRATOR'O	R 'F	ULL-FACEPIECE SUPPLIED AIR
ONDENT MARKED 'I DON'T KNOW'	'IN	QUESTION 31 → GO TO QUESTION 36
How often did you wear a half- or full – facepiece air purifying respirator with chemical cartridge(s) or a full-facepiece supplied air respirator while using an EtO sterilizer?		<ul><li>O Always → GO TO QUESTION 35</li><li>O Sometimes</li></ul>
What were the reason(s) you did not always wear a half-facepiece air purifying respirator with chemical cartridge(s), a full-facepiece air purifying respirator with chemical cartridge(s), or a full-facepiece supplied air respirator while using an EtO sterilizer?  Please ✓ all that apply.		An engineering control (e.g., ventilated enclosure/ chamber) was being used Exposure was minimal Not part of our protocol Not provided by employer No one else who does this work uses them Too uncomfortable or difficult to use Not readily available in work area Other (Please specify):
	Y FOLLOWING NOTE ON A SEPARA'T KNOW'): THE FOLLOWING QUES ARD SURGICAL MASKS ARE NOT RECONDENT MARKED 'HALF-FACEPIEC ECE AIR PURIFYING RESPIRATOR'O ATOR' IN QUESTION 31 → GO TO CONDENT MARKED ONLY 'STANDAR' IN QUESTION 31 → GO TO QUEST CONDENT MARKED 'I DON'T KNOW'D How often did you wear a half- or full – facepiece air purifying respirator with chemical cartridge(s) or a full-facepiece supplied air respirator while using an EtO sterilizer?  What were the reason(s) you did not always wear a half-facepiece air purifying respirator with chemical cartridge(s), a full-facepiece air purifying respirator with chemical cartridge(s), or a full-facepiece supplied air respirator while using an EtO sterilizer?	Y FOLLOWING NOTE ON A SEPARATE ST KNOW'): THE FOLLOWING QUESTION ARD SURGICAL MASKS ARE NOT RESPICATION OF THE FOLLOWING QUESTION OF THE FOLLOWING QUESTION OF THE FOLLOWING QUESTION OF THE FOLLOWING RESPIRATOR'OR 'FOLLOWING RESPIRATOR OR 'FOLLOWING RESPIRATOR'OR 'FOLLOW

#### **MODULE D: Chemical Sterilants**

7/23/10

IF R MARKED MORE THAN ONE REASON IN QUESTION 33 → GO TO QUESTION 34. OTHERWISE → GO TO INSTRUCTIONS BEFORE QUESTION 35.

34. Of the reasons you checked above, please indicate the **most important reason** you did not **always** wear a **respirator** while using an EtO sterilizer.

LIST REASONS MARKED IN QUESTION 33 (USE RADIO BUTTONS)

IF RESPONDENT MARKED "HALF-FACEPIECE AIR PURIFYING RESPIRATOR" OR "FULL-FACEPIECE AIR PURIFYING RESPIRATOR" IN QUESTION 31 → GO TO QUESTION 35.

IF RESPONDENT MARKED "FULL-FACEPIECE SUPPLIED AIR RESPIRATOR" IN QUESTION 31 → GO TO QUESTION 36.

OTHERWISE → GO TO QUESTION 36.

- 35. Have you been fit-tested by an occupational health and safety specialist for the respirator(s) you use for EtO sterilization?
- O Yes
  O No
- 36. Has exposure monitoring (using badges or other sampling devices) been conducted in the **past 12 months** to assess your or your co-workers' exposure to EtO?
- O Yes
- O No O I don't know
- 37. A medical surveillance program may include work history, physical exam, blood and/or urine tests, etc. Do you participate in a medical surveillance program that addresses potential health effects of exposure to EtO?
- O Yes
- O No, my (primary) employer offers such a program but I did not participate in it.
- O My (primary) employer does not provide/I am not aware that my employer provides such a program.

ALL RESPONSES * IF RESPONDENT MARKED 'YES' TO QUESTION B *GO TO SUBMODULE 2. OTHERWISE, EXIT MODULE AND GO TO CORE MODULE IF THIS IS THE FIRST HAZARD MODULE COMPLETED. IF THIS IS THE SECOND HAZARD MODULE COMPLETED, END SURVEY. END WITH 'THANK YOU' STATEMENT.

**SUBMODULE 2: Hydrogen Peroxide Gas Plasma** 

<b>MODULE D: Chemical Sterilants</b> 7/23/10	
38. During your career, how long have you	O Less than one year
been chemically sterilizing medical instruments or supplies using hydrogen	O 1-5 years
peroxide gas plasma?	$\odot$ 6-10 years
	<b>O</b> 11-20 years
	O More than 20 years
39. When was the last time you received	O Within the past 12 months
training on the safe handling of hydrogen	O More than 12 months ago
peroxide gas plasma?	O I never received training
If you work for more than one employer, the employer, i.e., the one for which you typica employed, consider yourself the employer.	
40. Does your employer have standard	O Yes
procedures for sterilizing with hydrogen peroxide gas plasma?	O No
41. During the past 7 calendar days, in which of the following work settings did you sterilize medical instruments or supplies using hydrogen peroxide gas plasma?	<ul> <li>☐ Hospital central supply/ processing and distribution area</li> <li>☐ Other hospital area</li> <li>☐ Outpatient care center</li> <li>☐ Physician's office</li> </ul>
Please ✓ all that apply.	<ul><li>Dental office, clinic or lab</li><li>Facility that provides sterilized supplies to</li></ul>

IF ONLY ONE WORK SETTING MARKED IN QUESTION 41 🖈 GO TO QUESTION 43.

42. Of the locations you checked above, please indicate the work setting where you **most often** used hydrogen peroxide gas plasma during the past 7 calendar days.

LIST LOCATIONS MARKED IN QUESTION 41 (USE RADIO BUTTONS)

healthcare providers

Other location (Please specify):

43. During the past 7 calendar days, on how many days did you sterilize medical instruments or supplies with a sterilizer using hydrogen peroxide gas plasma?	<ul> <li>1 day</li> <li>2 days</li> <li>3 days</li> <li>4 days</li> <li>5 days</li> <li>6 days</li> <li>7 days</li> </ul>
44. During the past 7 calendar days, what was the total number of loads you sterilized using hydrogen peroxide gas plasma?	<ul> <li>Fewer than 11 loads</li> <li>11-20 loads</li> <li>21-50 loads</li> <li>51-100 loads</li> <li>More than 100 loads</li> </ul>
45. During the past 7 calendar days, the total number of loads you transferred from the sterilizer to the aeration chamber was	<ul> <li>Omore loads than usual</li> <li>Ofewer loads than usual</li> <li>Oabout the same number of loads as usual</li> <li>ALL RESPONSES → IF RESPONDENT MARKED 'YES' TO QUESTION A → GO TO SUBMODULE 1. OTHERWISE, EXIT MODULE AND GO TO CORE MODULE IF THIS IS THE FIRST HAZARD MODULE COMPLETED.</li> <li>IF THIS IS THE SECOND HAZARD</li> </ul>

Thank you for participating in the NIOSH Health and Safety Practices Survey of Healthcare Workers. Your answers have been submitted.

MODULE COMPLETED, END SURVEY. END WITH 'THANK YOU' STATEMENT.