MODULE E: High Level Disinfectants

7/23/10

PROGRAMMING INSTRUCTIONS APPEAR IN BLUE.

Form Approved
OMB No. 10AP-xxxx
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1.	During your career, how long have you been disinfecting medical instruments and other items using HIGH LEVEL DISINFECTANTS? High level disinfectants, include: • Glutaraldehyde (e.g., Cidex®, ColdSport®, Endocide®, Glutacide®, Hospex®, Metricide®, Onicide®, Pro-cide-D®, Rapicide®, Sonacide®, Sporicidin®, Wavicide®), • Orthophthalaldehyde (e.g., Cidex OPA®), • Peracetic acid (e.g., Steris® system), • Hydrogen peroxide (e.g., Accell®, Optim®, Sporox®) • Hydrogen peroxide and peracetic acid (e.g., Acecide®, Metrex®, Peract®)	O Less than one year O 1-5 years O 6-10 years O 11-20 years O More than 20 years
2.	When was the last time you received training on the safe handling of high level disinfectants?	O Within the past 12 months O More than 12 months ago
		OI never received training
emplo	work for more than one employer, the follow yer, i.e., the one for which you typically worl yed, consider yourself the employer.	ving questions apply to your primary
emplo	yer, i.e., the one for which you typically worl	ving questions apply to your primary

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 \bigcirc 7 days

5.	During the past 7 calendar days, how much total time did you spend handling or working with high level disinfectants? Note: Include only the time you spent actually loading and unloading the processing unit or tray; testing, adding and replacing the disinfectant solution; and cleaning the disinfecting process units or trays.	O Less than 1 hour O 1-5 hours O 6-20 hours O 21-40 hours O More than 40 hours
6.	During the past 7 calendar days, did you handle high level disinfectants	Omore time than usual Oless time than usual Oabout the same amount of time as usual
7.	During the past 7 calendar days, how many medical instruments (e.g., endoscopes, probes) did you disinfect using high level disinfectants?	O 10 or fewer instruments O 11-20 instruments O 21-50 instruments O 51-100 instruments O More than 100 instruments
8.	During the past 7 calendar days, which of the following high level disinfectants did you use for disinfecting medical instruments and other items? Please ✓ all that apply.	 □ Glutaraldehyde (e.g., Cidex®, ColdSport®, Endocide®, Glutacide®, Hospex®, Metricide®, Onicide®, Pro-cide-D®, Rapicide®, Sonacide®, Sporicidin®, Wavicide®) □ Orthophthalaldehyde (e.g., Cidex OPA®) □ Peracetic acid (e.g., Steris® system) □ Hydrogen peroxide (e.g., Accell®, Optim®, Sporox®) □ Hydrogen peroxide and peracetic acid (Acecide®, Metrex®, Peract®) □ Other high level disinfectant (Please specify):

IF ONLY ONE MARKED IN QUESTION 8 → GO TO QUESTION 10.

9. Of the high level disinfectants you checked above, please select the one **most often used** during the past 7 calendar days.

LIST THE HLDs MARKED IN QUESTION 8 (USE RADIO BUTTONS)

10. Which of the following disinfection systems did you use during the past 7 calendar days?

Please ✓ all that apply.

11. Which of the following statements best describes the ventilation for the **AUTOMATED** disinfection machine (e.g., reprocessor) you **used most often** during the past 7 calendar days?



Local Exhaust

<u>Ventilation</u> (LEV) captures and removes high level disinfectant vapors at the point where they are being produced (i.e., inside disinfection machine). Includes an air vent hose or duct from machine to an external exhaust source).

Automated disinfection system (e.g.,
closed-system re-processor)

- Manual disinfection system (e.g., tray or container) IF MANUAL ONLY →GO TO QUESTION 12
 - O Local exhaust ventilation (LEV) was present <u>and</u> appears to be effective
 - OLEV was present **but** appears to be ineffective
 - O LEV was absent <u>but</u> general room ventilation appears to be effective
 - OLEV was absent <u>and</u> general room ventilation appears to be ineffective
 - OI don't know whether the automated disinfection machine was equipped with LEV

IF 'AUTOMATED' ONLY IN QUESTION 10 → GO TO QUESTION 13

12. Which of the following statements best describes the ventilation for the MANUAL disinfection system (e.g., tray, container or disinfection station) you used most often during the past 7 calendar days?

Note: Local Exhaust Ventilation (LEV) captures and removes high level disinfectant vapors at the point where they are being produced.

Examples include: a ventilated enclosure above a sink containing disinfection solution (left photo); a probe disinfection station with built-in exhaust vents for removing vapors (right photo)





- Local exhaust ventilation (LEV) was present <u>and</u> appears to be effective
 LEV was present <u>but</u> appears to be ineffective
 LEV was absent <u>but</u> general room ventilation appears to be effective
- OLEV was absent <u>and</u> general room ventilation appears to be ineffective
- O I don't know whether the manual disinfection system was equipped with LEV

- 13. During the past 7 calendar days, did you manually pour fresh or new high level disinfectant(s) into trays or reprocessing units?
- O Yes
 O No → GO TO QUESTION 15
- 14. During the past 7 calendar days, what was the total amount of high level disinfectant(s) you manually poured into trays or reprocessing units?
- O Less than one gallon
- O 1-2 gallons
- O₃₋₅ gallons
- \bigcirc 6-10 gallons
- O 11 or more gallons
- 15. During the past 7 calendar days, did you manually drain high level disinfectant(s) from trays or reprocessing units?
- Yes O No
- 16. During the past 7 calendar days, how many spills occurred while **you** were handling high

	level disinfectants?				
	a. Spills less than two cups (500 ml)	0	0	0	O
	b. Spills of two cups (500 ml) or more	0	0	0	0
IF 'NO SPILLS' MARKED IN BOTH QUESTIONS 16A AND 16B \rightarrow GO TO QUESTION 20. OTHERWISE \rightarrow GO TO QUESTION 17.					
17.	How often was/were the spill(s) cleaned up?	_	times →GO TO		I 20 ESTION 20
18.	How often did you yourself clean up the spill?	O Alway O Some O Never		QUESTIOI	N 20
19.	Who cleaned up the spill(s)? Please ✓ all that apply.	_	nated spill c (Please spe	- -	n
		- I don'		.ciiy).	
20.	Are hazardous chemical spill kits readily available?	O Yes O No O I don'	t know		
21.	During the past 7 calendar days, did your skin come into direct contact with high level disinfectant(s)?	O Yes O No			

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

22.	During the past 7 calendar days, how often did you wear a water resistant gown or outer garment while handling high level disinfectants?	O Always →GO TO QUESTION 25 O Sometimes O Never)
23.	What were the reason(s) you did not always wear a water resistant gown or outer garment while handling high level disinfectants? Please ✓ all that apply.	 □ An engineering control (e.g., closed and/or ventilated disinfection system was being used □ 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 □ Cross contamination to other areas is not a concern □ Other (Please specify): 	S
IF ONL	Y ONE REASON MARKED IN QUESTION 2	23 → GO TO QUESTION 25.	
24.	Of the reasons you checked above, please indicate the most important reason you did not always wear a water resistant gown or outer garment while handling high level disinfectants.	LIST REASONS MARKED IN QUESTIC 23 (USE RADIO BUTTONS)	N
25.	In your current job, have you taken home any clothing that came into contact with high level disinfectants?	O Yes O No O I don't know	
26.	During the past 7 calendar days, how often did you wear protective gloves while handling high level disinfectants?	O Always → GO TO QUESTION 29 O Sometimes O Never	

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27.	What were the reason(s) you did not always wear protective gloves while handling high level disinfectants? Please ✓ 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 Cross contamination to other areas is not a concern Other (Please specify):
IF ONL	Y ONE REASON MARKED IN QUESTION 2 Of the reasons you checked above, please indicate the most important reason you did not always wear protective gloves while	LIST	GO TO QUESTION 29. REASONS MARKED IN QUESTION ISE RADIO BUTTONS)
	handling high level disinfectants.		
29.	During the past 7 calendar days, how often did you wear eye or face protection (e.g., goggles, face shield) while handling high level disinfectants? Do not include personal eyeglasses	0	Always →GO TO QUESTION 32 Sometimes Never
30.	What were the reason(s) you did not always wear eye or face protection while handling high level disinfectants?		An engineering control (e.g., closed and/or ventilated disinfection system) was being used
	Please ✓ all that apply.		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 ONLY ONE REASON MARKED IN QUESTION 30 → GO TO QUESTION 32.

31. Of the reasons you checked above, please indicate the **most important reason** you did not always wear **eye or face protection** while handling high level disinfectants.

LIST REASONS MARKED IN QUESTION 30 (USE RADIO BUTTONS)

32. During the past 7 calendar days, did you wear any of the following while handling high level disinfectants?

Please \checkmark all that apply.

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



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



Standard surgical mask



N95 respirator (includes surgical N95 respirator

Photo will be included

☐ I don't know

■ None of above → GO TO QUESTION 34

DISPLAY FOLLOWING NOTE ON A SEPARATE SCREEN (EXCEPT THOSE WHO MARK 'I DON'T KNOW'): THE FOLLOWING QUESTIONS ASK ABOUT RESPIRATORS. STANDARD SURGICAL MASKS ARE NOT RESPIRATORS.

IF RESPONDENT MARKED 'HALF-FACEPIECE AIR PURIFYING RESPIRATOR' OR 'FULL-FACEPIECE AIR PURIFYING RESPIRATOR' IN OUESTION 32 → GO TO OUESTION 33.

IF RESPONDENT MARKED ONLY 'STANDARD SURGICAL MASK' OR 'NONE OF THE ABOVE' IN QUESTION 32 → GO TO QUESTION 34.

IF RESPONDENT MARKED 'I DON'T KNOW' IN QUESTION 32 → GO TO QUESTION 37

33. How often did you wear a half-facepiece respirator or a full-facepiece air purifying respirator while handling high level disinfectants?

O Always →GO TO QUESTION 36
O Sometimes

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34. What were the reason(s) you did not always wear a half-facepiece air purifying respirator with chemical cartridge or a full-facepiece air purifying respirator with chemical cartridge while handling high level disinfectants? Please ✓ all that apply.	 □ An engineering control (e.g., closed and/or ventilated disinfection system) 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):
IF RESPONDENT MARKED MORE THAN ONE I QUESTION 35. OTHERWISE, → GO TO INSTRUCTIONS BEFO	•
35. Of the reasons you checked above, please indicate the most important reason you did not always wear a respirator while handling high level disinfectants.	LIST REASONS MARKED IN QUESTION 34 (USE RADIO BUTTONS)
IF RESPONDENT MARKED "HALF-FACEPIECE RESPIRATOR" IN QUESTION 32 → GO TO QUESTION 37.	
36. Have you been fit-tested by an occupational health and safety specialist for the respirator(s) you use for high level disinfectants?	O Yes O No
37. 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 high level disinfectants?	O Yes O No O I don't know

ALL RESPONSES: IF THIS IS THE FIRST HAZARD MODULE COMPLETED → GO TO CORE MODULE IF THIS IS THE SECOND HAZARD MODULE COMPLETED, END SURVEY. END WITH 'THANK YOU' STATEMENT.

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38. Which of the following high level disinfectants were included in the exposure monitoring?Please ✓ all that apply.	☐ Glutaraldehyde ☐ Orthophthalaldehyde ☐ Hydrogen peroxide ☐ Other (Please specify):
	I don't know ALL RESPONSES → GO TO CORE MODULE, EXCEPT WHEN THIS IS THE 2 ND HAZARD MODULE COMPLETED, THEN END WITH 'THANK YOU' STATEMENT.

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