

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

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

### PROGRAMMING INSTRUCTIONS APPEAR IN BLUE.

1. During your career, how long have you compounded antineoplastic agents?
- Less than one year
  - 1-5 years
  - 6-10 years
  - 11-20 years
  - More than 20 years
2. What training have you received on the safe handling of antineoplastic agents?
- Please ✓ all that apply.**
- American Society of Health-System Pharmacists (ASHP) Oncology Pharmacy Development course
  - National Pharmacy Technician Association (NPTA) Best Practices for Safe Handling Hazardous Medications in the Pharmacy
  - Oncology Nurses Society (ONS) Safe Handling of Hazardous Drugs course
  - ONS Chemotherapy and Biotherapy course
  - ChemoTEQ™ Safe Handling of Hazardous Drugs Training
  - Other (Please specify):  
\_\_\_\_\_
  - I have not received training ➔ [GO TO QUESTION 4](#)
3. When was the last time you received training on the safe handling of antineoplastic agents?
- Within past 12 months
  - More than 12 months ago
4. How familiar are you with the following guidance documents on the safe handling of antineoplastic agents?
- |   | Very                  | Somewhat              | Not at All            |
|---|-----------------------|-----------------------|-----------------------|
| a. ASHP guidelines for handling hazardous drugs   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. NIOSH Alert on Preventing Exposures to Antineoplastic Agents and Other Hazardous Drugs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ONS Safe Handling of Hazardous Drugs   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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 B: Antineoplastic Agents (Compound)

7/23/10

---

d. Occupational Safety and Health

Administration (OSHA) guidelines for the  
management of antineoplastic drugs

**If you work for more than one employer, the following questions apply to your primary employer, i.e., the one for which you typically work the most hours. If you are self-employed, consider yourself the employer.**

5. Does your employer have procedures that address safe compounding of antineoplastic agents?
- Yes  
 No  
 I don't know

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

6. During the past 7 calendar days, which of the following antineoplastic agents did you compound? **Please ✓ all that apply.**

DISPLAY CALENDAR HIGHLIGHTING THE PAST 7 CALENDAR DAYS. APPLIES TO ALL QUESTIONS WITH 'IN THE PAST 7 CALENDAR DAYS.'

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aldesleukin       | <input type="checkbox"/> Floxuridine           | <input type="checkbox"/> Paclitaxel  |
| <input type="checkbox"/> Alemtuzumab       | <input type="checkbox"/> Fludarabine           | <input type="checkbox"/> Palifermin  |
| <input type="checkbox"/> Alitretinoin      | <input type="checkbox"/> Fluoxymesterone       | <input type="checkbox"/> Pegaspargase  |
| <input type="checkbox"/> Altretamine       | <input type="checkbox"/> Flutamide             | <input type="checkbox"/> Pemetrexed  |
| <input type="checkbox"/> Aminoglutethimide | <input type="checkbox"/> Fluorouracil          | <input type="checkbox"/> Pentostatin   |
| <input type="checkbox"/> Amifostine        | <input type="checkbox"/> Fluvestrant           | <input type="checkbox"/> Plicamycin  |
| <input type="checkbox"/> Amsacrine         | <input type="checkbox"/> Gemcitabine           | <input type="checkbox"/> Procarbazine  |
| <input type="checkbox"/> Anastrozole       | <input type="checkbox"/> Gemtuzumab ozogamicin | <input type="checkbox"/> Raloxifene  |
| <input type="checkbox"/> Arsenic trioxide  | <input type="checkbox"/> Goserelin             | <input type="checkbox"/> Rituximab   |
| <input type="checkbox"/> Asparaginase      | <input type="checkbox"/> Hydroxyurea           | <input type="checkbox"/> Sargramostim  |
| <input type="checkbox"/> Azacitidine       | <input type="checkbox"/> Ibritumomab Tiuxetan  | <input type="checkbox"/> Sorafenib   |
| <input type="checkbox"/> BCG live          | <input type="checkbox"/> Idarubicin            | <input type="checkbox"/> Streptozocin  |
| <input type="checkbox"/> Bevacizumab       | <input type="checkbox"/> Ifosfamide            | <input type="checkbox"/> Sunitinib   |
| <input type="checkbox"/> Bexarotene        | <input type="checkbox"/> Imatinib mesylate     | <input type="checkbox"/> Tamoxifen   |
| <input type="checkbox"/> Bicalutamide      | <input type="checkbox"/> Interferon Alfa       | <input type="checkbox"/> Temozolomide  |
| <input type="checkbox"/> Bleomycin         | <input type="checkbox"/> Irinotecan            | <input type="checkbox"/> Teniposide  |
| <input type="checkbox"/> Bortezomib        | <input type="checkbox"/> Lapatinib             | <input type="checkbox"/> Thalidomide   |
| <input type="checkbox"/> Busulfan          | <input type="checkbox"/> Lenalidomide          | <input type="checkbox"/> Thioguanine   |
| <input type="checkbox"/> Capecitabine      | <input type="checkbox"/> Letrozole             | <input type="checkbox"/> Thiotepa  |
| <input type="checkbox"/> Carboplatin       | <input type="checkbox"/> Leuprolide            | <input type="checkbox"/> Topotecan   |
| <input type="checkbox"/> Carmustine        | <input type="checkbox"/> Levamisole            | <input type="checkbox"/> Toremifene  |
| <input type="checkbox"/> Cetuximab         | <input type="checkbox"/> Lomustine             | <input type="checkbox"/> Trastuzumab   |
| <input type="checkbox"/> Chlorambucil      | <input type="checkbox"/> Megestrol             | <input type="checkbox"/> Trimetrexate  |
| <input type="checkbox"/> Cisplatin         | <input type="checkbox"/> Melphalan             | <input type="checkbox"/> Tretinoin   |
| <input type="checkbox"/> Cladribine        | <input type="checkbox"/> Mercaptopurine        | <input type="checkbox"/> Valrubicin  |
| <input type="checkbox"/> Cyclophosphamide  | <input type="checkbox"/> Merchlorethamine      | <input type="checkbox"/> Vinblastine   |
| <input type="checkbox"/> Cytarabine        | <input type="checkbox"/> Methotrexate          | <input type="checkbox"/> Vincristine   |
| <input type="checkbox"/> Dacarbazine       | <input type="checkbox"/> Mitomycin-C           | <input type="checkbox"/> Vinorelbine   |
| <input type="checkbox"/> Dactinomycin      | <input type="checkbox"/> Mitotane              | <input type="checkbox"/> Investigational compounds<br>(not yet named)                  |
| <input type="checkbox"/> Daunorubicin      | <input type="checkbox"/> Mitoxantrone          | <input type="checkbox"/> Other (Please specify up to 2<br>more antineoplastic agents): |
| <input type="checkbox"/> Denileukin        | <input type="checkbox"/> Motexafin gadolinium  |  |
| <input type="checkbox"/> Docetaxel         | <input type="checkbox"/> Nilutamide            |  |
| <input type="checkbox"/> Doxorubicin       | <input type="checkbox"/> Oprelvekin            |  |
| <input type="checkbox"/> Epirubicin        | <input type="checkbox"/> Oxaliplatin           |  |
| <input type="checkbox"/> Estramustine      |  |  |
| <input type="checkbox"/> Etoposide         |  |  |
| <input type="checkbox"/> Exemestane        |  |  |

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

---

**MODULE B: Antineoplastic Agents (Compound)**

7/23/10

---

7. During the past 7 calendar days, on how many days did you compound antineoplastic agents?
- 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
8. During the past 7 calendar days, what was the total number of doses of antineoplastic agents that you compounded?
- 1-5 doses
  - 6-10 doses
  - 11-20 doses
  - 21-40 doses
  - More than 40 doses
9. During the past 7 calendar days, the total number of doses of antineoplastic agents you compounded was...
- ...more doses than usual
  - ...fewer doses than usual
  - ...about the same number of doses as usual
10. Of the total number of antineoplastic drug doses you compounded during the past 7 calendar days...

a. ...what percent was liquid? \_\_\_\_\_ %

IF 100%, SKIP QUESTION 18

b. ...what percent were tablets or capsules? \_\_\_\_\_ %

FILL IN DIFFERENCE BETWEEN 100% AND NUMBER ENTERED IN 10A

IF 100%, SKIP QUESTIONS 14-17, 19b,19c, AND 44-46

---

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

11. During the past 7 calendar days, in which of the following areas did you compound antineoplastic agents?  
**Please ✓ all that apply.**
- Main inpatient pharmacy
  - Satellite inpatient pharmacy
  - Outpatient pharmacy
  - Oncologist's office/clinic/center
  - Some other location (Please specify): \_\_\_\_\_

IF ONLY ONE RESPONSE MARKED IN QUESTION 11 ➔ GO TO QUESTION 13.

12. Of the locations you checked above, please indicate the area where **you most often** compounded antineoplastic agents.
- LIST AREAS MARKED IN QUESTION 11  
(USE RADIO BUTTONS)

13. During the past 7 calendar days, how often did you compound antineoplastic agents in a...

	Always	Sometimes	Never
a. ...room or area dedicated to the preparation of these agents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...biological safety cabinet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...isolator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...other (Please specify): _____	<input type="radio"/>	<input type="radio"/>	

IF '100%' TABLETS/CAPSULES IN QUESTION 10B, SKIP QUESTIONS 14-17

14. During the past 7 calendar days, did you prime IV tubing?
- Yes
  - No ➔ GO TO QUESTION 17
15. During the past 7 calendar days, how often did you prime IV tubing inside a ventilated cabinet or isolator?
- Always
  - Sometimes
  - Never
16. During the past 7 calendar days, how often did you prime IV tubing with a liquid other than the antineoplastic agent?
- Always
  - Sometimes
  - Never

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

17. During the past 7 calendar days, which of the following devices did you use when transferring liquid antineoplastic agents from primary packaging (such as vials) to dosing equipment (e.g., infusion bags)?  
Please ✓ all that apply.
- Closed-system transfer device (e.g., *PhaSeal<sup>®</sup>*)
  - Needle-less system
  - Glove box
  - None of the above

### IF '100%' LIQUID IN QUESTION 10A, SKIP QUESTION 18

18. During the past 7 calendar days, how often did you crush tablets or open capsules of antineoplastic agents?
- Always
  - Sometimes
  - Never

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

### IF '100%' TABLETS/CAPSULES IN QUESTION 10B, SKIP QUESTIONS 19B AND 19C.

19. During the past 7 calendar days when compounding antineoplastic agents, how often did you ...

	Always	Sometimes	Never
a. ...wipe drug vials before placement in the biological safety cabinet or isolator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...use Luer-Lock fittings for all needleless systems, syringes, needles, infusion tubing, and pumps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...use a plastic-backed absorbent pad under the open drug vials and other preparation materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...change gloves at least every 30 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...change gloves immediately when damaged or contaminated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...change disposable gowns after wearing for more than 3 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ...change disposable gowns immediately when damaged or contaminated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

- |   |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|
| h. ...wash hands after removing gloves? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. ...wear shoe covers?                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. ...wear a head cover?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. During the past 7 calendar days when **packaging** antineoplastic agents for delivery to the area(s) where they are administered, how often did you...

	Always	Sometimes	Never
a. ...package antineoplastic agent dosages in sealable plastic bags?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...attach a warning label (e.g., "hazardous", "chemotherapy", etc) to packages of antineoplastic agents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...store prepared antineoplastic agents in an area restricted to authorized personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...obtain signature acknowledging receipt of antineoplastic agent(s) from person administering the drug(s) or his/her designee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...carry a spill kit during transportation of antineoplastic agent(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF '100%' TABLETS/CAPSULES IN QUESTION 10B, SKIP QUESTIONS 21-28.

21. During the past 7 calendar days, how many spills (even a few drops) occurred **inside** of a ventilated cabinet or isolator while you were compounding liquid antineoplastic drugs?

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

IF 'NO SPILLS' MARKED IN BOTH 21A AND 21B ➔ GO TO QUESTION 25.  
OTHERWISE ➔ GO TO QUESTION 22.

**MODULE B: Antineoplastic Agents (Compound)**

7/23/10

22. How often was/were the spill(s) cleaned up?
- Always
  - Sometimes
  - Never ➔ [GO TO QUESTION 25](#)
  - I don't know ➔ [GO TO QUESTION 25](#)

23. How often did you yourself clean up the spill(s)?
- Always ➔ [GO TO QUESTION 25](#)
  - Sometimes
  - Never

24. Who cleaned up the spill(s)?  
**Please ✓ all that apply.**
- You
  - Designated spill cleanup team
  - Other (please specify): \_\_\_\_\_
  - I don't know

25. In the past 7 calendar days, how many spills (even a few drops) occurred **anywhere outside** of a ventilated cabinet or isolator while you were compounding or otherwise handling liquid antineoplastic drugs?

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

[IF 'NO SPILLS' MARKED IN BOTH 25A AND 25B ➔ GO TO QUESTION 29.](#)  
[OTHERWISE ➔ GO TO QUESTION 26.](#)

26. How often was/were the spill(s) cleaned up?
- Always
  - Sometimes
  - Never ➔ [GO TO QUESTION 29](#)
  - I don't know ➔ [GO TO QUESTION 29](#)

27. How often did you yourself clean up the spill(s)?
- Always ➔ [GO TO QUESTION 29](#)
  - Sometimes
  - Never

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

---

28. Who cleaned up the spill(s)?  
**Please ✓ all that apply.**
- You
  - Designated spill cleanup team
  - Other (please specify):  
\_\_\_\_\_
  - I don't know
29. Are hazardous drug spill kits readily available?
- Yes
  - No
  - I don't know
30. During the past 7 calendar days, did your skin come into direct contact with antineoplastic agents during compounding activities?
- Yes
  - No
31. Has exposure monitoring (e.g., air sampling, wipe sampling) been conducted in the **past 12 months** to assess your or your co-workers' exposure to antineoplastic agents?
- Yes
  - No
  - I don't know
32. 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 antineoplastic agents?
- Yes
  - No, my (primary) employer offers such a program but I did not participate in it.
  - My (primary) employer does not provide/I am not aware that my employer provides such a program.
33. In the past year, have you accidentally punctured your skin with a sharp while compounding antineoplastic agents?
- Yes
  - No

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

34. During the past 7 calendar days, how often did you wear a **nonabsorbent disposable gown with closed front and tight cuffs** while compounding antineoplastic agents?
- Always ➔ [GO TO QUESTION 37](#)
  - Sometimes
  - Never

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

35. What were the reason(s) you did not always wear a **nonabsorbent disposable gown with closed front and tight cuffs** while compounding antineoplastic agents?
- Please ✓ all that apply.
- An engineering control (e.g., ventilated safety cabinet, chemo hood or enclosure) 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
  - Concerned about raising the patient's anxiety
  - Other (Please specify):

---

IF ONLY ONE RESPONSE MARKED IN QUESTION 35 ➔ GO TO QUESTION 37.

36. Of the reasons you checked above, please indicate the **most important reason** you did not always wear a **nonabsorbent disposable gown with closed front and tight cuffs** while compounding antineoplastic agents.
- LIST REASONS MARKED IN QUESTION 35 (USE RADIO BUTTONS)
37. In your current job, have you taken home any clothing that came into contact with antineoplastic agents?
- Yes
  - No
  - I don't know
38. During the past 7 calendar days, how often did you wear **chemotherapy gloves** while compounding antineoplastic agents?
- Note:** Chemotherapy glove: a medical glove that has been approved by FDA for use when handling antineoplastic agents.
- Always
  - Sometimes
  - Never ➔ GO TO QUESTION 40
  - I don't know if the gloves I wore were chemotherapy gloves ➔ GO TO QUESTION 42
39. When wearing chemotherapy gloves, how often did you wear two pairs (i.e., double glove)?
- Always
  - Sometimes
  - Never
  - I don't know

IF 'ALWAYS' IS MARKED IN QUESTION 38 ➔ GO TO QUESTION 42.

**MODULE B: Antineoplastic Agents (Compound)**

7/23/10

IF 'SOMETIMES' IS MARKED IN QUESTION 38 ➔ GO TO QUESTION 40.

40. What were the reason(s) you did not always wear **chemotherapy gloves** while compounding antineoplastic agents?
- 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
  - Concerned about raising the patient's anxiety
  - Other (Please specify):  
\_\_\_\_\_

IF ONLY ONE RESPONSE MARKED IN QUESTION 40 ➔ GO TO QUESTION 42.

41. Of the reasons you checked above, please indicate the **most important reason** you did not always wear **chemotherapy gloves** while compounding antineoplastic agents.

LIST REASONS MARKED IN QUESTION 40 (USE RADIO BUTTONS)

42. During the past 7 calendar days, did you perform any of the following activities while wearing gloves that had been used to handle antineoplastic agents?

	Yes	No
a. Use phone/ cell phone/pager	<input type="radio"/>	<input type="radio"/>
b. Touch a computer keyboard, mouse, monitor or calculator	<input type="radio"/>	<input type="radio"/>
c. Handle files or charts	<input type="radio"/>	<input type="radio"/>
d. Touch door knobs, cabinets, drawers or product bins	<input type="radio"/>	<input type="radio"/>
e. Eat, drink, chew gum or smoke	<input type="radio"/>	<input type="radio"/>
f. Use pen or pencil (outside of lab hood)	<input type="radio"/>	<input type="radio"/>
g. Touch waste basket/garbage bags (outside of lab hood)	<input type="radio"/>	<input type="radio"/>
h. Use restroom	<input type="radio"/>	<input type="radio"/>
i. Apply cosmetics (e.g., lip balm)	<input type="radio"/>	<input type="radio"/>

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

43. During the past 7 calendar days, did you remove and later put back on the gloves you had worn while compounding antineoplastic agents?
- Yes  
 No

IF '100%' TABLETS/CAPSULES IN QUESTION 10B, SKIP QUESTIONS 44-46

44. During the past 7 calendar days, how often did you wear **eye or face protection** (e.g., goggles, face shield) while compounding liquid antineoplastic agents?  
*Do not include personal eye glasses.*
- Always ➔ **GO TO QUESTION 47**  
 Sometimes  
 Never

45. What were the reason(s) you did not always wear **eye or face protection** while compounding liquid antineoplastic agents?  
**Please ✓ all that apply.**
- An engineering control (e.g., ventilated safety cabinet, chemo hood or enclosure) was being used
  - Exposure was minimal
  - Not part of our protocol
  - Not provided by employer
  - No one who does this work uses them
  - Too uncomfortable or difficult to use
  - Not readily available in work area
  - Concerned about raising the patient's anxiety
  - Other (Please specify):  
\_\_\_\_\_

IF ONLY ONE RESPONSE MARKED IN QUESTION 45 ➔ GO TO QUESTION 47.

46. Of the reasons you checked above, please indicate the **most important reason** you did not always wear **eye or face protection** while compounding liquid antineoplastic agents.

LIST REASONS MARKED IN QUESTION 45 (USE RADIO BUTTONS)

47. During the past 7 calendar days, did you wear any of the following **while compounding antineoplastic agents**?

**Please ✓ all that apply.**

- N95 respirator (includes surgical N95 respirator)



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



## MODULE B: Antineoplastic Agents (Compound)

7/23/10



Powered air-purifying respirator (PAPR)



Standard surgical mask



None of above

I don't know

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

IF RESPONDENT MARKED 'N95 RESPIRATOR', 'HALF-FACEPIECE AIR PURIFYING RESPIRATOR' OR 'POWERED AIR PURIFYING RESPIRATOR' IN QUESTION 47 ➔ GO TO QUESTION 48.

IF RESPONDENT MARKED ONLY 'STANDARD SURGICAL MASK' OR 'NONE OF THE ABOVE' IN QUESTION 47 ➔ GO TO QUESTION 49.

IF RESPONDENT MARKED 'I DON'T KNOW' IN QUESTION 47 ➔ GO TO INSTRUCTIONS IN QUESTION 51.

48. How often did you wear a N95 respirator, half-facepiece air purifying respirator or a powered air purifying respirator while compounding antineoplastic agents?

- Always ➔GO TO QUESTION 51
- Sometimes

## MODULE B: Antineoplastic Agents (Compound)

7/23/10

49. What were the reason(s) you did not **always** wear a N95 respirator, a half-facepiece air purifying respirator with particulate cartridge, or a powered air purifying respirator while compounding antineoplastic agents?

Please ✓ all that apply.

- An engineering control (e.g., ventilated safety cabinet, chemo hood or enclosure) 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
- Concerned about raising the patient's anxiety
- Other (Please specify):  
\_\_\_\_\_

IF RESPONDENT MARKED MORE THAN ONE REASON IN QUESTION 49 ➔ GO TO QUESTION 50.

OTHERWISE ➔ GO TO INSTRUCTIONS BEFORE QUESTION 51

50. Of the reasons you checked above, please indicate the **most important reason** you did not **always** wear a **respirator** while compounding antineoplastic agents.

LIST REASONS MARKED IN QUESTION 49 (USE RADIO BUTTONS)

IF RESPONDENT MARKED 'N95 RESPIRATOR' OR 'HALF-FACEPIECE AIR PURIFYING RESPIRATOR' IN QUESTION 47 ➔ GO TO QUESTION 51.

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.

51. Have you been fit-tested for the respirator(s) you use for compounding antineoplastic agents?

- Yes
- No

➔ 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.

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