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Thomas H. Connor  
National Institute for Occupational Safety and Health  
NIOSH Docket Office  
1090 Tusculum Avenue, MS-C34  
Cincinnati, OH 45226-1998

Submitted electronically to <http://www.regulations.gov>

Re: Department of Health and Human Services, Centers for Disease Control and Prevention:  
NIOSH Current Intelligence Bulletin: Reproductive Risks Associated with Hazardous Drug  
Exposures in Healthcare Workers and Recommendations for Reducing Exposures.  
CDC-2015-0003, Docket Number NIOSH-279; Fed. Reg. Vol. 80, #15 (January 23, 2015)

Dear Director Howard,

The American Nurses Association (ANA) welcomes the opportunity to offer comments on this bulletin. As the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.

ANA recognizes that the Department of Health and Human Services, Centers for Disease Control and Prevention has already incorporated many of the suggested changes ANA made to the document submitted to Captain Gayle DeBord on March 31, 2014.

#### **Suggested Corrections to Current Document**

Healthcare workers that dispose of hazardous drugs face exposure as well. Therefore on page 3, line 6, change "Healthcare workers who prepare or administer hazardous drugs..." to "Healthcare workers who prepare, administer, *and/or dispose of* hazardous drugs..." Similarly, on page 11, line 6, the sentence "Healthcare workers who compound (prepare) or administer antineoplastic drugs, or who work in areas where these drugs are used can be..." should be changed to "Healthcare workers who compound (prepare), administer, *or dispose of antineoplastic drugs*, or who work in areas where these drugs are used *or disposed* can be..."

On page 15, line 7 should include "*men and* women of reproductive age", since men's reproductive health can be impacted by hazardous drug exposure as well.

On pages 46-48, in Appendix I, ensure that nursing personnel is included in every “Workers Potentially Exposed” column since nursing personnel can participate in all the listed activities.

On page 47, under the column section that currently only reads “Support staff”, correct the “Activity” to include the missing words in bold: “Transporting hazardous *drugs and waste* throughout the facility.”

### **Right-to-Know**

Greater effort is needed to ensure all health care workers, patients, and communities have easy access to relevant and current information on the hazardous drugs to which they are exposed (ANA, 2007, p. 16). Posters, alerts, or some other type of far-reaching notification is needed to inform *all* health care workers of the hazardous drugs to which they may be exposed, the effects of those drugs, training and education to prevent/decrease exposure, and that they have the right to request alternative duty if they are trying to conceive, are pregnant, or are breast-feeding. Health care workers may not be aware that they can ask for alternative duty and just assume that this exposure is an unavoidable hazard of their job. Employers need to adhere to multiple regulations including the Emergency Planning and Community Right-to-Know Act as well as the Occupational Safety and Health Administration’s (OSHA) Hazard Communication Standard to assist in ensuring health care workers’ right-to-know (ANA, 2007, pp 27-28).

### **Improving Worker Protection**

Employers should generate a list of hazardous drugs found, used, and disposed of on their property and practice (NIOSH, 2004). Medical surveillance and base line testing of employees with possible exposure to hazardous drugs should be part of a larger safety program to decrease worker exposure. The complete hierarchy of controls should be considered including: elimination, engineering, administrative, work-practice, and personal protective equipment (ANA, 2007; NIOSH, 2004; Polovich, 2005). Employers and health care workers should follow all local, state, and federal regulations regarding hazardous drug prescription, use, administration, and disposal.

Mandatory worker training and education sessions, signs, warning labels, periodic reminders, color coding for appropriate drug and drug container disposal, as well as other resources are needed. Reminders regarding correct hazardous drug disposal and spill protocol are essential (NIOSH, 2004).

Employers should ensure an overall culture of safety, including safe staffing levels. Adequate staffing will assist administration in backfilling any open positions if alternative duty is deemed appropriate for specific employees.

On page 12, following the statement, “Therefore, for the foreseeable future, contamination of the workplace with hazardous drugs and/or worker exposure to them will be an issue with no suitable solution.” - a statement should be added such as, “This means that all pertaining safety controls must be in place and scrupulously followed.”

**Hazardous Drugs Considerations**

Reviews of potential health effects of new and older hazardous drugs are needed (ANA, 2007, p. 19). Consideration should be made regarding “safer substitution”, whereby the prescribing health care provider, when confronted with more than one drug choice that offers identical efficacy and benefits for the patient, generally defaults to the least hazardous drug choice; thereby decreasing risks for the patient, health care workers, and other care takers (ANA, 2010, p. 3). Drug prescribers must ensure judicious and proper use of hazardous drugs, utilizing current best evidence for efficacy and safety (ANA, 2007, p. 22-23).

**General Comment:**

On page 26, line 18, please add this resource: FDA MedWatch Safety Alerts available at <http://www.fda.gov/Safety/MedWatch/default.htm> .

We appreciate the opportunity to comment on this important bulletin. If we can be of further assistance, or if you have any questions or comments, please feel free to contact Holly Carpenter, BSN, RN, Policy Associate, ANA Nursing Practice and Work Environment at [holly.carpenter@ana.org](mailto:holly.carpenter@ana.org) or 301-628-5105.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN  
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President  
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer

**References**

American Nurses Association (ANA) (2007). ANA's Principles of Environmental Health for Nursing Practice with Implementation Strategies. Silver Spring, MD: Nursingbooks.org, pp. 16-28.

ANA (2010). Position Statement: Pharmaceutical Waste. Accessed 3/18/15 at <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Pharmaceutical-Waste.html>

NIOSH (2004). NIOSH Alert: Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings. Cincinnati, OH: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2004-165 <http://www.cdc.gov/niosh/docs/2004-165/pdfs/2004-165.pdf>

Polovich, Martha. (2005). Developing a hazardous drug safe handling program. *Community Oncology*. 2 (5) 403-405. <http://www.oncologypractice.com/co/journal/articles/0205403.pdf>