

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

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**From:** Nancy Hughes [Nancy.Hughes@ana.org]  
**Sent:** Wednesday, November 04, 2009 3:57 PM  
**To:** NIOSH Docket Office (CDC)  
**Cc:** Holly Carpenter; Nancy Hughes  
**Subject:** RE: Comments on Federal Register/Vol.74, No. 178 on September 16, 2009 Docket Number NIOSH 150  
**Attachments:** Hazardous Drugs ReassignmentSubmitted 11-4-2009.pdf

The American Nurses Association (ANA) welcomes the opportunity to respond to the Federal Register/Vol.74, No. 178 on September 16, 2009, Department of Health and Human Services, Centers for Disease Control and Prevention, Docket Number NIOSH-150, Request for Information on Alternative Duty: Temporary Reassignment for Health Care Workers Who Work With Hazardous Drugs.

Please refer to the attached comments.

Thank you.

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**From:** Nancy Hughes  
**Sent:** Wednesday, November 04, 2009 3:41 PM  
**To:** 'nioshdocket@cdc.gov'  
**Cc:** Holly Carpenter; Nancy Hughes  
**Subject:** Comments on Federal Register/Vol.74, No. 178 on September 16, 2009 Docket Number NIOSH 150

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November 4, 2009.

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4676 Columbia Parkway  
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To Whom It May Concern:

The American Nurses Association (ANA) welcomes this opportunity to respond to the Federal Register/Vol.74, No. 178 on September 16, 2009, Department of Health and Human Services, Centers for Disease Control and Prevention, Docket Number NIOSH-150, Request for Information on Alternative Duty: Temporary Reassignment for Health Care Workers Who Work With Hazardous Drugs.

In regards to the National Institute for Occupational Safety and Health's (NIOSH) request for information pertaining to alternative duty policies for workers, particularly couples trying to conceive and women who are pregnant and breast feeding, and who are exposed to hazardous drugs in health care other industries, ANA is pleased to respond on this issue. ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses. ANA's Center for Occupational and Environmental Health's (COEH) mission is to protect the health and well-being of nurses and their patients and communities. This is accomplished through policy advocacy, programs, and training on the prevention and control of occupational and environmental hazards in relation to health care settings. COEH is committed to advocacy for safe work environments for nurses, particularly in regards to decreasing hazardous chemical exposures. COEH's hospital-based first receivers of victims from incidents involving the release of hazardous substances continuing education programs are an example of this commitment.

Registered nurses handle hazardous drugs on a daily basis through preparation, administration, titration, and disposal of hazardous drugs, their containers and their residue. Registered nurses clean up spills of hazardous drugs. Finally, registered nurses come in contact with human-excreted hazardous drugs when measuring urine output or assisting an incontinent patient. Studies and reports, including those in your request, are showing increases in adverse reproductive effects in healthcare workers exposed to hazardous drugs. Registered nurses that are pregnant, breastfeeding or trying to conceive must have options for alternative duty.

ANA offers the following excerpts as guidance from ANA's Position Statements:

## **Risk and Responsibility, June 21, 2006**

“Nurses are challenged to thoughtfully analyze the balance of professional responsibility and risk...The ANA also recognizes there may be limits to the personal risk of harm nurses can be expected to accept as an ethical duty....However, in certain situations the risks of harm may outweigh a nurse’s moral obligation or duty to care for a given patient.... Recommendations: 1.) The nurse needs to base his or her assessment of risk on objective, current and scientifically sound information....The nurse also has the obligation or duty to oneself...2.) It is incumbent upon the particular health care institution to provide adequate safeguards such as risk-reducing equipment, enforce protective procedures that minimize risk, educate staff concerning risks, and engage in research to identify actual and potential risks which impact nursing care.

*ANA’s Bill of Rights for Registered Nurses* states, “nurses have the right to a work environment that is safe for themselves and their patients.”

## **The Right to Accept or Reject an Assignment, July 2, 1995**

“The American Nurses Association believes that nurses should reject any assignment that puts patients or themselves in serious, immediate jeopardy.”

## **Reproductive Health, March 27, 1989**

“The American Nurses Association **cannot support initiatives that ignore individual human rights**, decrease access to care, or **increase the potential for adversity in the human condition.**”

Furthermore, ANA adopted the precautionary approach in October, 2003. This approach is based on the precautionary principle. The precautionary principle states “when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically” according to the Wingspread conference held in 1998. This principle is an excellent guide. It shows the opportunity for prevention, instead of having to backtrack and rectify matters after they have already caused harm.

ANA also suggests the following resources to evaluate mechanisms for alternative duty and administrative controls and possible reproductive health risks of occupational exposure to hazardous drugs:

1. A comprehensive article entitled, “Safe Handling of Hazardous Drugs”, by Martha Polovich, MN, RN, AOCN. This is a peer-reviewed article published in ANA’s *OJIN: The Online Journal of Issues in Nursing*. It particularly addresses NIOSH’s request for descriptions of procedures with a potential for exposure to hazardous drugs, possible adverse reproductive health effects in workers exposed to hazardous drugs, work practices and engineering controls to reduce or prevent workplace exposure to these drugs, more assistive resources and many other items of interest. Please visit:

<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No3Sept04/HazardousDrugs.aspx>

2. A publication heavily reviewed by the Environmental Protection Agency and put out by Practice Greenhealth entitled "Managing Pharmaceutical Waste: A Ten-Step Blueprint for Healthcare Facilities in the United States." This publication gives very specific, detailed information on the disposal of drugs, including hazardous ones. It gives information on spill and leak protection, what to do with

hazardous drug-contaminated personal protective equipment and contains advice from the Oncology Nursing Society. Certain sections cover hazardous waste category drugs, trace and hazardous chemotherapy waste, carcinogenic drugs, endocrine disruptors, delivering chemotherapy drugs and preparing for spills, focusing on best practices for disposal.

[http://www.practicegreenhealth.org/page\\_attachments/0000/0102/PharmWasteBlueprint.pdf](http://www.practicegreenhealth.org/page_attachments/0000/0102/PharmWasteBlueprint.pdf)

In summary, ANA asks that NIOSH thoughtfully review the two resource websites recommended above. Secondly, ANA requests that NIOSH issue a standard for employers to offer alternative duty to health care workers that normally would handle hazardous drugs if these health care workers are trying to conceive, are pregnant, and/or are breast feeding. Thirdly, ANA requests that NIOSH require postings or signage to this effect at such workplaces to notify employees of the risks and alternative duty availability.

Again, thank you very much for the opportunity to comment on this important issue.

Yours truly,

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American Nurses Association