

<p>MODULE</p> <p>A</p>	<p>This module is directed toward respiratory therapists, or others who administer ribavirin (Virazole), pentamidine (Nebupent) or tobramycin (Nebcin, "tobi") in an aerosolized form.</p>
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1. During your career (including all jobs at this and other facilities), how long have you been administering aerosolized ribavirin, pentamidine or tobramycin?

 - Less than 6 months
 - At least 6 months but less than a year
 - 1-5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years

2. When have you received formal training at this facility on procedures for the safe handling of aerosolized medications?
Please ✓ all that apply.

 - During orientation for your current job or task
 - Once, but not at orientation
 - Periodically, but less than once per year
 - At least annually (i.e., one or more times every year)
 - Other (Please specify): _____
 - Never received training at this facility

3. Have you seen written policies or standard procedures at this facility for administering aerosolized medications?

 - Yes
 - No

4. Do you ever wear or take home any clothing (protective clothing or street clothes) which were worn when administering ribavirin, pentamidine or tobramycin at this facility?

 - Yes
 - No

5. At any time in the **past 7 calendar days** did you administer aerosolized ribavirin, pentamidine or tobramycin?

 - Yes
 - No

Skip to Question 43

6. At any time in the **past 7 calendar days** did you administer **aerosolized ribavirin (Virazole)?**

 - Yes
 - No

Skip to Question 14.

7. During the past 7 calendar days, how many days did you administer aerosolized ribavirin?

Number of days.....
 (Please write a number from 1-7)

8. During the past 7 calendar days, how much time did you typically spend **within 5 feet** of a patient during a single administration of ribavirin? *(Include only the time you spent actually handling ribavirin, were present in the area during administration, and in clean-up. Do **not** include set-up time or time the patient was receiving the drug while you were not present.)*

- Less than 5 minutes
- 5-9 minutes
- 10-14 minutes
- 15-19 minutes
- 20-24 minutes
- More than 24 minutes

9. During the past 7 calendar days, what was the total number of times you administered aerosolized ribavirin? *(If you administered ribavirin several times to the same patient, count each administration separately.)*

- 1 time
- 2-3 times
- 4-5 times
- 6-10 times
- More than 10 times

10. How does the total amount of time you administered aerosolized ribavirin during the past 7 calendar days compare with most weeks?

- Past 7 days were about normal
- Past 7 days were less than normal
- Past 7 days were greater than normal

11. During the past 7 calendar days, in which of the following areas did you **ever** administer aerosolized ribavirin? **Please ✓ all that apply.**

- a. Patient's hospital room
- b. Clinic/department treatment room or area
- c. Patient's home
- d. Some other location (Please specify):

11A. From the location(s) checked above, please write the **letter** (a, b, c, or d) corresponding to the area where you most often administered aerosolized ribavirin during the past 7 calendar days.

Area most often administered.....

12. During the past 7 calendar days, how often did you administer aerosolized ribavirin...


	Always	Sometimes	Never
a. Inside a fully enclosed and sealed treatment chamber or booth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inside a partially enclosed treatment hood or tent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When no type of enclosure was being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. During the past 7 calendar days when you administered aerosolized ribavirin, how often did you...

	Always	Sometimes	Never
a. Inspect the aerosol generator for leaks or worn parts prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a nebulizer with an automatic shutoff valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Administer the medication in an isolation room under negative pressure (i.e., where air flows into the room from adjacent areas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. At any time in the **past 7 calendar days** did you administer **aerosolized pentamidine (Nebupent)**?

Yes

No  **Skip to Question 22.**

15. During the past 7 calendar days, how many days did you administer aerosolized pentamidine?

Number of days:.....

(Please write a number from 1-7)

16. During the past 7 calendar days, how much time did you typically spend **within 5 feet** of a patient during a single administration of pentamidine? (Include only the time you spent actually handling pentamidine, were present in the area during administration, and in clean-up. Do **not** include set-up time or time the patient was receiving the drug while you were not present.)

- Less than 5 minutes
- 5-9 minutes
- 10-14 minutes
- 15-19 minutes
- 20-24 minutes
- More than 24 minutes


17. During the past 7 calendar days, what was the total number of times you administered aerosolized pentamidine? (If you administered pentamidine several times to the same patient, count each administration separately.)
- 1 time
 - 2-3 times
 - 4-5 times
 - 6-10 times
 - More than 10 times
18. How does the amount of time you administered aerosolized pentamidine during the past 7 calendar days compare with most weeks?
- Past 7 days were about normal
 - Past 7 days were less than normal
 - Past 7 days were greater than normal
19. During the past 7 calendar days, in which of the following areas did you **ever** administer aerosolized pentamidine? **Please** **all that apply.**
- a. Patient's hospital room
 - b. Clinic/department treatment room or area
 - c. Patient's home
 - d. Some other location (Please specify):

19A. From the location(s) checked above, please write the **letter** (a, b, c, or d) corresponding to the area where you most often administered aerosolized pentamidine during the past 7 calendar days.

Area most often administered

20. During the past 7 calendar days, how often did you administer aerosolized pentamidine...	Always	Sometimes	Never
a. Inside a fully enclosed and sealed treatment chamber or booth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inside a partially enclosed treatment hood or tent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When no type of enclosure was being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. During the past 7 calendar days when you administered aerosolized pentamidine, how often did you...
- | | Always | Sometimes | Never |
|--|--------------------------|--------------------------|--------------------------|
| a. Inspect the aerosol generator for leaks or worn parts prior to use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use a nebulizer with an automatic shutoff valve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Administer the medication in an isolation room under negative pressure (i.e., where air flows into the room from adjacent areas)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. At any time in the **past 7 calendar days** did you administer **aerosolized tobramycin (Nebcin, "tobi")**?
- Yes
 No  **Skip to Question 30.**

23. During the past 7 calendar days, how many days did you administer aerosolized tobramycin?
- Number of days.....
 (Please write a number from 1-7)

24. During the past 7 calendar days, how much time did you typically spend **within 5 feet** of a patient during a single administration of tobramycin? *(Include only the time you spent actually handling tobramycin, were present in the area during administration, and in clean-up. Do **not** include set-up time or time the patient was receiving the drug while you were not present.)*
- Less than 5 minutes
 - 5-9 minutes
 - 10-14 minutes
 - 15-19 minutes
 - 20-24 minutes
 - More than 24 minutes

25. During the past 7 calendar days, what was the total number of times you administered aerosolized tobramycin? *(If you administered tobramycin several times to the same patient, count each administration separately.)*
- 1 time
 - 2-3 times
 - 4-5 times
 - 6-10 times
 - More than 10 times

26. How does the amount of time you administered aerosolized tobramycin during the past 7 calendar days compare with most weeks?
- Past 7 days were about normal
 - Past 7 days were less than normal
 - Past 7 days were greater than normal

27. During the past 7 calendar days, in which of the following areas did you **ever** administer aerosolized tobramycin? **Please** ✓ **all that apply.**

- a Patient's hospital room
- b. Clinic/department treatment room or area
- c. Patient's home
- d. Some other location (Please specify):

27A. From the location(s) checked above, please write the **letter** (a, b, c, or d) corresponding to the area where you most often administered aerosolized tobramycin during the past 7 calendar days.

Area most often administered

28. During the past 7 calendar days, how often did you administer aerosolized tobramycin...

- a. Inside a fully enclosed and sealed treatment chamber or booth?
- b. Inside a partially enclosed treatment hood or tent?
- c. When no type of enclosure was being used?

	Always	Sometimes	Never
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. During the past 7 calendar days when you administered aerosolized tobramycin, how often did you...

- a. Inspect the aerosol generator for leaks or worn parts prior to use?
- b. Use a nebulizer with an automatic shutoff valve?
- c. Administer the medication in an isolation room under negative pressure (i.e., where air flows into the room from adjacent areas)?

	Always	Sometimes	Never
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions pertain to the use of personal protective equipment (PPE) during the preparation and delivery of aerosolized medications.

30. During the past 7 calendar days, did you wear a **water resistant gown or outer garment** while administering aerosolized ribavirin, pentamidine or tobramycin?

- Always
- Sometimes
- Never

Skip to Question 32.

31. What were the reason(s) you did not always wear a **water resistant gown or outer garment** while administering aerosolized ribavirin, pentamidine or tobramycin? Please all that apply.

- 1. Potential for exposure to aerosolized medications is insignificant
- 2. Exposure to aerosolized medications is possible but the health hazard is insignificant
- 3. Not required by employer
- 4. Not provided by employer
- 5. Not standard practice
- 6. Too uncomfortable or difficult to use
- 7. Not readily or always available in work area
- 8. Cross contamination to other areas is not a concern
- 9. Concerned about raising the patient's anxiety
- 10. Other (Please specify):

31A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not wear a **water resistant gown or outer garment** while administering aerosolized ribavirin, pentamidine or tobramycin.

Most important reason

32. During the past 7 calendar days, did you wear **protective gloves** while handling ribavirin, pentamidine or tobramycin?


- Always
- Sometimes
- Never

Skip to Question 34.

33. What were the reason(s) you did not always wear **protective gloves** while handling ribavirin, pentamidine or tobramycin? Please all that apply.
- 1. Potential for exposure to aerosolized medications is insignificant
 - 2. Exposure to aerosolized medications is possible but the health hazard is insignificant
 - 3. Not required by employer
 - 4. Not provided by employer
 - 5. Not standard practice
 - 6. Too uncomfortable or difficult to use
 - 7. Not readily or always available in work area
 - 8. Cross contamination to other areas is not a concern
 - 9. Concerned about raising the patient's anxiety
 - 10. Other (Please specify): _____

33A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not wear protective gloves while handling ribavirin, pentamidine or tobramycin.

Most important reason



During the past 7 calendar days if you NEVER wore protective gloves while handling ribavirin, pentamidine or tobramycin, skip to question 36.

34. During the past 7 calendar days, did you perform any of the following activities while wearing **protective gloves** that had been used during the handling of ribavirin, pentamidine or tobramycin?

	Yes	No
a. Answer the phone	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a keyboard or calculator	<input type="checkbox"/>	<input type="checkbox"/>
c. Handle files or record cards	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat or drink	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoke	<input type="checkbox"/>	<input type="checkbox"/>

35. During the past 7 calendar days, did you **ever** reuse protective gloves while handling ribavirin, pentamidine or tobramycin (reuse means remove and later put on the same gloves)?

- Yes
- No

36. During the past 7 calendar days, did you wear **eye protection** (safety glasses, goggles, face shield) while administering aerosolized ribavirin, pentamidine or tobramycin?

- Always
- Sometimes
- Never

Skip to Question 38.

37. What were the reason(s) you did not always wear **eye protection** while administering aerosolized ribavirin, pentamidine or tobramycin? **Please ✓ all that apply.**

- 1. Potential for exposure to aerosolized medications is insignificant
- 2. Exposure to aerosolized medications is possible but the health hazard is insignificant
- 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
- 4. Not required by employer
- 5. Not provided by employer
- 6. Not standard practice
- 7. Too uncomfortable or difficult to use
- 8. Not readily or always available in work area
- 9. Concerned about raising the patient's anxiety
- 10. Other (Please specify): _____

37A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not wear **eye protection** while administering aerosolized ribavirin, pentamidine or tobramycin.

Most important reason

38. During the past 7 calendar days, did you wear **respiratory protection**, not including a surgical mask, while administering aerosolized ribavirin, pentamidine or tobramycin?

- Always
- Sometimes
- Never

Skip to Question 40.

39. What type(s) of respirator(s) did you use?
Please all that apply.

- Disposable particulate respirator (also called filtering face-piece respirator, e.g., N95)
- Half mask or full-face piece respirator with replaceable filters or cartridges
- Powered air-purifying respirator (PAPR)
- Don't know



During the past 7 calendar days, if you ALWAYS wore respiratory protection, not including a surgical mask, while administering aerosolized ribavirin, pentamidine, or tobramycin, skip to Question 41.

40. What were the reason(s) you did not always wear **respiratory protection**, not including a surgical mask, while administering aerosolized ribavirin, pentamidine, or tobramycin?
Please all that apply.

- 1. Potential for exposure to aerosolized medications is insignificant
- 2. Exposure to aerosolized medications is possible but the health hazard is insignificant
- 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
- 4. Not required by employer
- 5. Not provided by employer
- 6. Not standard practice
- 7. Too uncomfortable or difficult to use
- 8. Not readily or always available in work area
- 9. Concerned about raising patient's anxiety.
- 10. Other (Please specify): _____

40A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **respiratory protection** while administering aerosolized ribavirin, pentamidine, or tobramycin.

Most important reason

41. During the past 7 calendar days, did you wear **booties** while administering aerosolized ribavirin, pentamidine or tobramycin?

- Always
- Sometimes
- Never

Skip to Question 43.

42. What are the reason(s) you did not always wear **booties** while administering aerosolized ribavirin, pentamidine or tobramycin? **Please** ✓ **all that apply.**

- 1. Potential for exposure to aerosolized medications is insignificant
- 2. Exposure to aerosolized medications is possible but the health hazard is insignificant
- 3. Not required by employer
- 4. Not provided by employer
- 5. Not standard practice
- 6. Too uncomfortable or difficult to use
- 7. Not readily or always available in work area
- 8. Cross contamination to other areas is not a concern
- 9. Concerned about raising the patient's anxiety
- 10. Other (Please specify): _____

42A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **booties** while administering aerosolized ribavirin, pentamidine or tobramycin.

Most important reason

**You have now completed this module.
Thank you.**