HAZARDOUS DRUG EXPOSURE QUESTIONNAIRE

The following questionnaire is specific to individuals who handle drugs as outlined within the job description.

NOTE: Hazardous drugs as defined by NIOSH 2016 or subsequent updates

<table>
<thead>
<tr>
<th>Today's Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR #</td>
<td>Date of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spouse’s Occupation

**EMPLOYMENT HISTORY**

Present Employment (Please check appropriate response for primary employment)

- [ ] Oncology Inpatient Unit
- [ ] Med/Surg Outpatient Unit
- [ ] Bone Marrow Transplant
- [ ] Oncology outpatient Unit
- [ ] Oncology Pharmacy
- [ ] Gyne-Oncology Unit
- [ ] Med/Surg Inpatient Unit
- [ ] Pharmacy
- [ ] Other
  - Specify: _____________________________

**Job or Occupation**

- [ ] Staff Nurse
- [ ] Pharmacist
- [ ] Nurse Manager or Charge Nurse
- [ ] Pharmacy Technician/Pharmacy Intern
- [ ] Clinical Nurse Specialist
- [ ] Physician
- [ ] Advanced Practice Nurse
- [ ] Physician’s Assistant
- [ ] Environmental Services (Housekeeping)
  - [ ] Other
  - Specify: _____________________________

When did you start your current job?

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
</table>

What shift do you usually work? How long is the shift?

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>NO. OF HOURS</th>
<th>SHIFT</th>
<th>NO. OF HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td></td>
<td>Night</td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td>Weekends</td>
<td></td>
</tr>
</tbody>
</table>

Employee Name: ____________________________________________

MR #: __________________________
## REPRODUCTIVE HISTORY

Please check appropriate responses as it pertains to the past year

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty conceiving a child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulted physician for reproductive problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscarriage of a child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stillbirth of a child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child with a birth defect, chromosomal abnormality, or other congenital issue?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menstrual irregularities (varies by more than 7 days)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please explain:

## HAZARDOUS DRUG EXPOSURE HISTORY

### Work History Section

How long have you been involved in the preparation, handling, or administration of hazardous drugs or cleaning of spills, or patient rooms?

<table>
<thead>
<tr>
<th>Weeks:</th>
<th>Months:</th>
<th>Years:</th>
</tr>
</thead>
</table>

In the course of your employment, while handling hazardous drugs or while working near others who were working with hazardous drugs, have you ever had any of the following?

*Please check the appropriate box for each symptom listed below:*

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Never</th>
<th>&lt; 1-2 Times per Month</th>
<th>1-2 Times per Month</th>
<th>Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bruising</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial flushing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued:
<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>If yes, how many lbs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose bleed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin rash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight loss (unplanned)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Hazardous drugs as defined by NIOSH 2016 or subsequent updates

HAZARDOUS DRUGS EXPOSURE SECTION

Have you ever accidentally ingested, breathed in or had skin contact with a hazardous drug? (think of spills, splashes, cuts, needlesticks)

☐ Yes  ☐ No, Not to my knowledge

**If yes, how often in your career?**

☐ Once or twice ☐ 3-5 times ☐ 5-10 times ☐ Other (please specify)

**Occurred during (check all that apply)**

☐ Mixing /preparation ☐ Administration ☐ Receiving or Delivery ☐ Cleaning a Spill ☐ Other (please specify)

Any known reactions or symptoms? If yes, please describe:
## Personal Protection Section

Please check the most appropriate answer as it applies to handling hazardous drugs.

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not Provided by Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wear disposable gloves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wear double gloves</td>
<td></td>
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</tr>
<tr>
<td>I change my gloves according to the guidelines on my unit</td>
<td></td>
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<tr>
<td>I wear disposable gowns</td>
<td></td>
<td></td>
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<tr>
<td>I wear eye protection (goggles)</td>
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<tr>
<td>I wear a protective mask</td>
<td></td>
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<tr>
<td>I wear disposable booties</td>
<td></td>
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<tr>
<td>I wear disposable hair covers</td>
<td></td>
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<tr>
<td>When preparing hazardous drugs, I use a biological safety cabinet or an isolator</td>
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<tr>
<td>When preparing hazardous drugs, I use a CSTD</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>When administering hazardous drugs, I use a CSTD</td>
<td></td>
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<tr>
<td>When disposing of administered doses, I wear the required PPE</td>
<td></td>
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</tr>
<tr>
<td>When cleaning a hazardous drug spill, I wear the appropriate PPE</td>
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<tr>
<td>I know where HD spill kits are located</td>
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<tr>
<td>I know where the closest eyewash station is located in reference to the work space</td>
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<td></td>
</tr>
</tbody>
</table>

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Employee Signature: ________________________________ Date: __________________