

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

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**From:** Sara Markle-Elder [Sara.Markle-Elder@uannurse.org]  
**Sent:** Friday, November 13, 2009 4:35 PM  
**To:** NIOSH Docket Office (CDC)  
**Subject:** docket number NIOSH 150  
**Attachments:** NIOSH.doc

Dear Dr. Connor:

Attached please accept comments on the proposed CIB on temporary assignment of health care workers exposed to hazardous drugs. If you require more information on the anecdotal cases mentioned, please contact me. After December, I will no longer be available and I recommend that you contact Bettye Shogren, RN, Occupational Health Specialist at the Minnesota Nurses Association at 651-414-2833.

Thank you,

Sara Markle-Elder  
Government Relations Specialist

Please note our new address:  
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SENT VIA EMAIL TO: [nioshdocket@cdc.gov](mailto:nioshdocket@cdc.gov)

RE: Docket Number: NIOSH—150

November 13, 2009

Dear Dr. Connor:

On behalf of the 45,000 registered nurses of the United American Nurses, AFL-CIO, I commend the National Institute for Occupational Safety and Health (NIOSH) for soliciting information about temporary reassignment for health care workers who work with hazardous drugs. The proposed Current Intelligence Bulletin is greatly needed by nurses and other workers in the health care industry.

In response to the announcement in the *Federal Register*, I queried our members who are interested in safety and health and environmental health issues. I received one response with two anecdotal reports from a nurse at Children's Hospitals and Clinics—Minneapolis. I believe these cases may be of interest to you as you investigate medical procedures and specific nursing activities that expose health care personnel to hazardous drugs while trying to conceive, pregnant, or breastfeeding.

1. One registered nurse worked in an emergency department which had started a program to use nitrous oxide (anesthetic gas) routinely for starting IVs for the pediatric patients. She was trained for this procedure and used it frequently. This nurse miscarried five times in less than two years, always during the first trimester.

She then transferred to a medical-surgical unit and finally carried her next pregnancy to term. The hospital does not have any scavenging equipment to



remove waste gases from the air. The hospital tested nurses for exposure and the results were allegedly high. The hospital administration then provided fans in the emergency department to reduce the nitrous oxide concentration. In addition, the hospital continues to tell nurses during their training for this procedure that nitrous oxide does not cause spontaneous abortion.

2. A nurse anesthetist had eight miscarriages in two and a half years, also always during the first trimester. She anesthetized the pediatric patients with a mask with nitrous oxide and then sevoflourane. The children move around and the gas escapes into the room. The operating department does not have scavenging systems.

The nurse could find no other reason for her miscarriages and eventually asked to be reassigned to cardiac surgery cases while she was trying to conceive and bring a pregnancy to term. In these surgeries, the patient already has a breathing tube in place and the anesthetic gas is added to the oxygen flow, so there is less gas escaping into the room. The babies receiving this surgery keep their breathing tube after the operation, which prevents exposure to exhaled gas. The nurse had a successful pregnancy once she worked exclusively on these cases.

It is striking to me that in both of these cases, *the nurses had to work out the need for transfers or accommodations themselves* and that this only happened after a tragically high number of miscarriages. NIOSH's proposed Current Intelligence Bulletin (CIB) is desperately needed by unknown numbers of health care workers who are trying to conceive or are facing multiple miscarriages.

I urge NIOSH to use its influence to disseminate the CIB widely to hospitals and other health care employers. The Occupation Safety and Health Administration should cite health care employers for these exposures under the Hazard Communications Standard. It would also seem that obstetricians may need more education about occupational chemical exposures and NIOSH should utilize any opportunities to do so.

Thank you,

*Sara Markle-Elder*

Government Relations Specialist