

Boiano, James M. (CDC/NIOSH/DSHEFS)

From: Jonathan D. Katz, M.D. [Jonathan.Katz@Yale.edu]
Sent: Monday, March 03, 2008 11:54 AM
To: Boiano, James M. (CDC/NIOSH/DSHEFS)
Cc: 'Donald E. Martin M.D.'; 'Hall, Steven'; 'Charles Otto'
Subject: NIOSH Study

Dear Jim:

I have received final word from the Board of Directors of the American Society of Anesthesiologists (ASA) of the organization's willingness to participate in the proposed NIOSH Hazard Surveillance Survey of Health Care Workers.

We do have one limitation regarding the manner in which we can participate. Administrative procedures do not permit releasing members' e-mail addresses to a third party. Therefore, the only way that we could facilitate delivery of the questionnaires to randomly selected ASA members is to act as a conduit in which your message and questionnaire is relayed out from our office.

We also have some questions and concerns about the study that we submit for your consideration prior to your planned organizational meeting this spring.

- 1) In your initial contact with ASA (e-mail to Janice Plack 10/25/07) you mention revising the Employee Core Module. I would appreciate a copy of that revised module.
- 2) We would like to suggest edits to a number of questions that we believe in their current form might provide misleading data:

Employee Core Module - (from the draft that I received in November)

- 21) We question the relevance of many of the questions under "Job Demands". Does "my job requires me to be creative" or "People I work with are friendly" pertain to Hazard Surveillance?
- 21) e) "I get to do...." Change to "I do....." --- "get to" adds a value judgment
 - f) "I have an opportunity...." Change to "I can..." "Opportunity"= value judgment
- 54) This question is a bit confusing. Required- sometimes? all of the time? These will elicit different answers.
- 83- 84) Will be revised for the web version?

Management Survey :

A33: 2nd response) : "Number of lost work-days" should be revised to "Number of lost work-hours" - not all work days are of the same length,

C6, D7, E7, F7) : these questions deal with air sampling. These would have more meaning if specifics were elicited about the type(s) of sampling as well as how many samples over what time frame

E9) Requires a possible response of "Not Used",

Module F: Surgical Smoke

15- 17) These questions do not account for differences in type of procedure and distance from the plume which would have significant impact on the level of protection that is appropriate.

Module G: Anesthetic Gases (Those who administer)

2) "When have you received formal training at this facility.....?" In many cases, such training would have occurred during residency and not at the current facility.

27) - 29) It is unclear what useful information will be derived from these questions. We are not aware of any current practice standards that mandate wearing "respirators" while administering anesthetic gases. Furthermore, we are unaware of any literature that recommends their routine use or of any facility where this practice occurs.

Module H: Anesthetic Gases (Bystanders who do not administer)

19- 21) As in G 27- 29 there is an assumption that protection other than a surgical mask is required. However, except in extraordinary situations, such as airborne infectious disease, surgical masks are all that are recommended.

Module I: Waste Anesthetic Gases (Post Anesthesia Care and Surgical Recovery)

10-13) As in G 27- 29 and H 19- 21, the implication is that respiratory protection is recommended in the PACU. We not aware of any literature to support such an assumption or any such recommendation.

Thank you for your attention to these concerns. I look forward to the meeting you are planning for this spring and reports of progress in your study.

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