

**Dragon, Karen E. (CDC/NIOSH/EID)**

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**From:** kimberly.lipscomb@dbhds.virginia.gov  
**Sent:** Wednesday, September 28, 2011 12:14 PM  
**To:** NIOSH Docket Office (CDC)  
**Subject:** 190 - NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2012: Proposed Additions and Deletions to the NIOSH Hazardous Drug List Comments

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**Comments**

Thank you for the opportunity to comment on the proposed additions to the NIOSH Hazardous Drug List. In many cases, we at Central Virginia Training Center " a state facility for the developmentally disabled - would find ourselves unable to administer much needed medications to our medically compromised patients. We have approximately 60 people who are administered their medications via G tubes. In addition, many other of our approximately 385 patients are unable to swallow tablets and capsules whole, and they must be crushed and administered in a vehicle such as applesauce. Several of the drugs on your proposed list are unavailable in a liquid form: clonazepam, simvastatin, tetracycline, and ziprasidone. Those that are available in liquid form would be much more costly and would also be prohibitive due to the storage necessary for liquids and the large number of patients we have on these medications, such as carbamazepine for seizures. I would like to understand the scientific reasons for these medications being placed on a hazardous drug list. It would be helpful to understand why one drug is chosen over another drug from the same class. For instance why clonazepam and not lorazepam, simvastatin and not pravastatin, paroxetine and not citalopram? Are these to follow on another list? Please consider carefully before adding these medications to your hazardous drug List.