

<p>MODULE</p> <p>J</p>	<p><i>This module is directed toward housekeeping or environmental services staff who perform any of the following:</i></p> <ul style="list-style-type: none"> • <i>Clean floors, countertops, sinks, toilets, etc.,</i> • <i>Clean up spills of anti-cancer drugs (also known as chemo-therapeutic drugs or antineoplastic agents), chemicals, or cleaning products, or</i> • <i>Empty/clean containers or trash bins that have items contaminated with blood, urine, feces, vomit, anti-cancer drugs, or chemicals in them.</i>
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1. During your career (including all jobs at this and other facilities), how long have you been performing any of the housekeeping activities as described above?
 - 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. Have you ever received formal training at this facility on health and safety procedures related to your work?
 - Yes
 - No **Skip to Question 5.**

3. When did you receive this health and safety training at this facility? **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

4. Which of the following topics were covered during this health and safety training:
 - a. Safe mixing and use of cleaning products?
 - Yes
 - No

 - b. Safe clean-up procedures for spills of anti-cancer drugs, concentrated cleaning products, or other chemicals?
 - Yes
 - No

 - c. Safe handling of containers or trash bins containing items contaminated with blood, urine, feces, vomit, anti-cancer drugs or chemicals?
 - Yes
 - No

5. Have you ever seen written policies or standard procedures at this facility that address:

- a. Safe mixing and use of cleaning products? Yes No

- b. Safe clean-up procedures for spills of anti-cancer drugs, concentrated cleaning products, or other chemicals? Yes No

- c. Safe handling of containers or trash bins containing items contaminated with blood, urine, feces, vomit, anti-cancer drugs or chemicals? Yes No

6. During the **past 7 calendar days**, how many days did you perform any of the housekeeping or environmental services activities described above?

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

7. At any time in the **past 7 calendar days** did you clean floors, countertops, sinks, toilets, etc. at this facility?

- Yes
- No



Skip to Question 12.

8. During the past 7 calendar days, which of the following cleaning products did you use at this facility? **Please ✓ all that apply.**

- Ammonia
- Chlorine bleach (e.g. Clorox®)
- Strong detergent
- Wax stripper
- Toilet bowl cleaner
- Quaternary ammonium compounds (e.g. Oasis®, Staphene®, BTC100®, BioQuat®, Sentinel®)
- Phenols (e.g. WexCide®, MicroBakII®, Megacide®, Novigard®, Sporidicin®)

- Alcohols (e.g. ethanol, isopropanol)
- Aldehydes (e.g. glutaraldehyde, formaldehyde)
- Iodine (e.g. Povidone®, BacFlush®, Dusan Foam®)
- Oxidizers such as hydrogen peroxide (e.g. H₂Orange®, Actril®, B-Cap®, Bioside HS®) or peracetic acid (Peraclean®)
- Other:

1. _____

2. _____

- Don't Know

9. During the past 7 calendar days, what was the total number of times you **mixed** these cleaning products with water (i.e., diluted the concentrate) at this facility?

- 1-5 times
- 6-10 times
- 11-20 times
- 21-50 times
- More than 50 times

10. During the past 7 calendar days, what was the total amount of time you spent actually using cleaning products?

- Less than 1 hour
- 1-5 hours
- 6-10 hours
- 11-20 hours
- 20 or more hours

11. How does the total amount of time you spent actually using cleaning products 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

12. During the past 7 calendar days, how many spills of the following type did you personally clean up?	No spills	1-2 spills	3-5 spills	More than 5 spills
a. Spills of anti-cancer drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spills of concentrated cleaning products..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spills of other chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Spills of bodily fluids (blood, urine, feces, or vomit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How does the number of spills you cleaned-up 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

14. At any time during the **past 7 calendar days**, did you empty/clean containers or trash bins that had items contaminated with blood, urine, feces, vomit, anti-cancer drugs or chemicals in them?
- Yes
 - No  **Skip to Question 17.**

15. During the past 7 calendar days, what was the total number of times you emptied/cleaned containers that had items contaminated with blood, urine, feces, vomit, anti-cancer drugs or chemicals in them?
- 1 time
 - 2-5 times
 - 6-10 times
 - 11-20 times
 - 21-50 times
 - More than 50 times

16. How does the number of times you emptied/cleaned containers that had items contaminated with blood, urine, feces, vomit, anti-cancer drugs or chemicals in them 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

The following questions pertain to the use of personal protective equipment (PPE) in your job at this facility during the past 7 calendar days.

17. During the past 7 calendar days, did you **ever wear respiratory protection, other than a surgical mask**?
- Yes
 - No  **Skip to Question 19.**

18. During the past week, did you wear **respiratory protection, not including a surgical mask**, while:

- a. Mixing cleaning products?
 - Yes, always
 - Yes, sometimes
 - No

- b. Cleaning up spills of anti-cancer drugs, concentrated cleaning products or other chemicals?
 - Yes, always
 - Yes, sometimes
 - No



During the past 7 calendar days, if you ALWAYS wore respiratory protection, not including a surgical mask, while mixing cleaning products and cleaning up spills, skip to Question 20.

19. What were your reasons for **not always** wearing **respiratory protection**?

Please ✓ all that apply.

- 1. Potential for exposure to biological or chemical agents is insignificant
- 2. Exposure to biological or chemical agents 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. Other (Please specify): _____

19A. 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**.

Most important reason

20. During the past 7 calendar days, did you **ever** wear a **water resistant protective gown or outer garment**?

- Yes
- No



Skip to Question 22.

21.	During the past week, did you wear a water resistant protective gown or outer garment while:	Always	Sometimes	Never
a.	Mixing cleaning products?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Cleaning up spills of anti-cancer drugs, concentrated cleaning products or other chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Handling containers or trash bins that had items contaminated with blood, urine, feces, vomit, anti-cancer drugs or chemicals in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 **During the past 7 calendar days, if you ALWAYS wore a water resistant gown or outer garment while performing all 3 of the above activities, skip to Question 23.**

22. What were your reasons for **not always** wearing a **water resistant protective gown or outer garment**?
- Please ✓ all that apply.**
- 1. Potential for exposure to biological or chemical agents is insignificant
 - 2. Exposure to biological or chemical agents 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. Other (Please specify): _____

22A. 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 a **water resistant protective gown or garment**.

Most important reason

23. During the past week, did you **ever** wear **water resistant protective gloves** (e.g., latex or nitrile)?

Yes
 No  **Skip to Question 25**

24. During the past week, did you wear **water resistant protective gloves** while:

	Always	Sometimes	Never
a. Mixing cleaning products?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cleaning up spills of anti-cancer drugs, concentrated cleaning products or other chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Handling containers or trash bins that had items contaminated with blood, urine, feces, vomit, anti-cancer drugs or chemicals in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 **During the past 7 calendar days, if you ALWAYS wore water resistant protective gloves while performing all 3 of the above activities, skip to Question 26.**

25. What were your reasons for **not always** wearing **water resistant protective gloves**?

Please ✓ all that apply.

- 1. Potential for exposure to biological or chemical agents is insignificant
- 2. Exposure to biological or chemical agents 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. Other (Please specify): _____

25A. 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 **water resistant protective gloves**. Most important reason

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