University of Mississippi Medical Center

Student Employee Health

HAZADOUS 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				
Today's Date	Day	Month		Year
Name	Last	First	M.I.	ID#
MR #		Date of Birth		
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?		MONTH	YEAR	
What shift do you usually work? How long is the shift?				
SHIFT	NO. OF HOURS	SHIFT	NO. OF HOURS	
Day		Night		
Evening		Weekends		

Employee Name: _____ MR #: _____

REPRODUCTIVE HISTORY		
Please check appropriate responses as it pertains to the past year		
Difficulty conceiving a child?	☐ Yes	☐ No
Consulted physician for reproductive problems?	☐ Yes	☐ No
Miscarriage of a child?	☐ Yes	☐ No
Stillbirth of a child?	☐ Yes	☐ No
A child with a birth defect, chromosomal abnormality, or other congenital issue?	☐ Yes	☐ No
Menstrual irregularities (varies by more than 7 days)	☐ Yes	☐ No
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?			
Weeks:	Months:	Years:	

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:

Symptoms	Never	< 1-2 Times per Month	1-2 Times per Month	Almost Daily
Abdominal pain				
Anorexia				
Bruising				
Constipation				
Diarrhea				
Dizziness				
Esophagitis				
Facial flushing				
Fever				

Continued:

Employee Name: _____ MR #: _____

Hair loss				
Headache				
Malaise				
Nausea				
Nose bleed				
Respiratory				
Skin rash				
Sore throat				
Vomiting				
Wheezing				
Other (Specify):				
Weight loss (unplanned)	☐ Yes ☐ No If yes, how many lbs? _____			

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:

Employee Name: _____ MR #: _____

PERSONAL PROTECTION SECTION						
Please check the most appropriate answer as it applies to handling hazardous drugs.						
	Always	**Often**	**Sometimes**	**Rarely**	**Never**	**Not Provided by Employer**
I wear disposable gloves						
I wear double gloves						
I change my gloves according to the guidelines on my unit						
I wear disposable gowns						
I wear eye protection (goggles)						
I wear a protective mask						
I wear disposable booties						
I wear disposable hair covers						
When preparing hazardous drugs, I use a biological safety cabinet or an isolator						
When preparing hazardous drugs, I use a CSTD						
When administering hazardous drugs, I use a CSTD						
When disposing of administered doses, I wear the required PPE						
When cleaning a hazardous drug spill, I wear the appropriate PPE						
I know where HD spill kits are located						
I know where the closest eyewash station is located in reference to the work space						
NOTE: Hazardous drugs as defined by NIOSH 2016 or subsequent updates						

Adapted from: National Institute of Occupational Safety and Health (NIOSH). Employment Hazardous Drug Exposure Questionnaire (unpublished). 2010

Employee Signature: _____ Date: _____

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