If the Glove Fits . . .
Part Two of Two

In the July/August OSHA Watch, we looked at when and how to wear latex and vinyl medical gloves. In this issue, we explore latex allergies and discuss the pros and cons of synthetic, non-latex gloves. You’ll learn to make educated decisions about which gloves provide the right protection for the task at hand.

More than 200 types of gloves are available on the market to protect us from a range of hazards including:

- Biological exposures (blood and body fluids)
- Chemotherapy drugs
- Sterilants, such as glutaraldehyde
- Chemicals

Natural rubber latex gloves are generally used for procedures with moderate to high risk of exposure to blood and other potentially infectious materials and when a nonsterile hand covering is indicated. Compared to other types of gloves, latex gloves remain the first choice of many healthcare workers due to their dexterity, tactile sensitivity, durability, comfort and low cost. However, the increase in latex allergies has caused many medical facilities to choose synthetic gloves for some or all of their workers.

Protecting Against Biological Exposures: Latex Gloves Persist Despite Problems

Over the last decade, latex allergies have become a serious medical problem for a growing number of patients and a disabling occupational disease among healthcare workers.

With healthcare workers wearing gloves more often, and for longer periods of time, incidents of skin reactions have increased dramatically. Although only 1-6% of the general public is allergic to latex, 10 to 17% of U.S. healthcare workers have some level of latex sensitivity.

As healthcare workers become increasingly vocal about the dangers

Call to Action: Flu Shots for Healthcare Workers

Only 36% of healthcare workers get annual flu shots, despite strong recommendations from the Centers for Disease Control and Prevention (CDC) and major medical and nursing groups.

Unvaccinated healthcare workers can spread the flu virus to their patients, which can be devastating for those at high risk for influenza-related complications.

An example of this type of tragedy occurred in a nursing home where only one of 10 healthcare workers had received a flu shot. During the flu season, 65 residents developed the
of latex allergies, medical facilities are re-examining what was once a blind commitment to latex gloves. Many are switching from traditional latex gloves to synthetic, powder-free, and low-protein alternatives. The trend is a step toward protecting healthcare workers whose allergies may spell an end to their careers—or even their lives.

OSHA allows both latex and synthetic gloves to be used for barrier protection against bloodborne pathogens, but requires employers to provide latex-free gloves to employees with latex allergies.

**How Latex Allergies Occur**
People become sensitized to latex mostly through repeated skin or mucous membrane contact, or by inhaling aerosolized glove allergens from powdered gloves, so avoid touching your eyes, nose, or mouth while wearing latex gloves or immediately upon removing them.

**Signs and Symptoms of Latex Allergies**
Allergic reactions to latex range from skin disease to asthma and anaphylaxis. Patients may demonstrate severe reactions to latex when gloves contact their internal tissues and organs.

—See If the Glove Fits, page 3

---

### Types of Glove Reactions

<table>
<thead>
<tr>
<th>Type of Reaction</th>
<th>Signs and Symptoms</th>
<th>Causes and Cures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritant Contact Dermatitis</td>
<td>• Localized reaction only on gloved hands.</td>
<td>• Frequent hand washing with harsh detergents or antiseptics such as iodophors, chlorhexidine, PCMX, triclosan and alcohol-based products.</td>
</tr>
<tr>
<td>• Non-allergic</td>
<td>• Burning,itchy,dry,cracked skin often with crusty hard bumps, sores and horizontal cracks.</td>
<td>• Glove powder, which abrades skin.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Glove chemicals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Friction from paper towels, glove application and removal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Using too hot water to wash hands.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wearing gloves for too long keeps skin wet leaving it more susceptible to injury.</td>
</tr>
<tr>
<td>Allergic Contact Dermatitis</td>
<td>• Non-localized reaction can extend up the forearm. Red, swollen area with bumps, sores and horizontal cracks, appearing several hours after glove contact. May persist for many days.</td>
<td>• Repeated exposure to chemicals used in latex manufacturing.</td>
</tr>
<tr>
<td>• Type IV delayed hypersensitivity</td>
<td></td>
<td>• Switch to a synthetic glove.</td>
</tr>
<tr>
<td>• Cell mediated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chemical allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex Allergy:</td>
<td>• Within minutes of exposure, inflamed itchy redness, watery eyes, runny nose and asthma-like symptoms. Severe reactions include skin rashes, facial swelling, breathlessness, and rarely, anaphylactic shock.</td>
<td>• Repeated exposure to latex protein allergens bound to powder and suspended in the air, settled on objects, or transferred by touch.</td>
</tr>
<tr>
<td>• Type I immediate hypersensitivity</td>
<td></td>
<td>• Use powder-free, low-protein or synthetic gloves.</td>
</tr>
<tr>
<td>• IgE-mediated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Protein allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Ozone is created by electrical equipment such as generators, UV or florescent light, and x-ray equipment.*
If the Glove Fits—from page 2

during a gynecological or dental exam or during surgery.

There are three types of reactions to latex gloves: irritant contact dermatitis, allergic contact dermatitis, and urticaria (also known as Type I immediate hypersensitivity or IgE/histamine-mediated allergy). (See table on page 2)

Who Is at Risk?

Exactly how many persons are at risk or already suffer from latex allergies is not known, but the general prevalence figure is approximately 10% of high-risk healthcare workers using powdered latex gloves.

The more prolonged the exposure to latex, the more likely a person will develop a latex allergy. Persons with a history of other allergic reactions are at even greater risk of becoming sensitized to latex.

There is no treatment for latex allergies except complete avoidance of latex. Staff must never wear powdered latex gloves in the vicinity of sensitized patients or colleagues, nor provide care for allergic patients using latex gloves or latex-containing medical devices.

Creating a Safe Workplace

The first step many healthcare facilities take to control latex allergies is to eradicate all powdered exam gloves. Gloves that are powdered with cornstarch make it easier for a person to put them on and take them off. But, this is a high price to pay for convenience considering that powder picks up the latex allergen and becomes airborne. At this point, a nasty cycle begins with patients and workers alike inhaling allergens. Those who are already sensitive to latex show symptoms, while others are more likely to become sensitized.

The powder-free approach does not, however, address patient exposure or sensitized employee exposure, so some facilities are taking the plunge to a latex-free environment. This is easier said than done, however, since latex is found in many items, not just gloves. (See table above)

For high-risk people or those with known latex allergies switch to synthetic gloves. If synthetic glove use throughout the entire facility is impractical, use low-allergen, powder-free gloves in other areas. Be sure workers always use non-latex gloves for housekeeping and other activities that don’t involve contact with infectious materials.

If powdered gloves are used some-

(Editor’s Note: If you are allergic to latex, your employer is required by OSHA to provide non-latex synthetic gloves at no charge to you. Anyone with a Type I latex allergy should definitely avoid contact with all latex-containing items.)

If the Glove Fits, page 4
where in your facility, frequently vacuum these areas contaminated with latex dust (upholstery, carpets, ventilation ducts, and plenums) and change the vacuum bags after cleaning and always have epinephrine and resuscitation equipment available in the event of an allergic reaction.

By removing latex from the workplace, latex allergy sufferers will have less skin and respiratory symptoms. In fact, the Food and Drug Administration (FDA) is considering reclassifying latex gloves from Class I to Class II medical devices. This would require more stringent reporting when allergic reactions occur.

In September 1998, the FDA began requiring manufacturers to put allergy warnings on products or packing that contain latex. Some states recently considered banning or limiting the use of latex products.

Some facilities have been reticent to convert to synthetic gloves because of their cost, and the loss of tactile sensitivity. Technology to develop new and better synthetic gloves continues to bring us products that might soon be able to match latex’s sensitivity and durability.

The Cost of Synthetic Gloves

Besides safeguarding patients and staff, switching to synthetic gloves may also save your workplace money. Granted, synthetics are more expensive when only glove costs are considered, but this soon changes when potential disability costs are calculated. Occupationally induced allergies are compensable under law. Workers compensation laws vary by state, but you can expect to pay from $150,000 to $1 million to cover a single employee who proves a disability claim. Other costs to consider are increased sick leave, decreased job productivity, and medical care costs for disabled employees. Finally, the risk of serious allergic reactions in patients cannot be overlooked.

Synthetics Aren’t the Holy Grail

Even with synthetic gloves, the user still needs to pay attention to the chemical composition of the glove, because dangerous Type IV reactions are possible. However, Type I natural latex allergy doesn’t occur with synthetics and these gloves are required for those with known Type I hypersensitivity, or those who can’t find a suitable latex glove because of Type IV allergy.

If you haven’t tried synthetics in the last few years and still remember that “they smelled bad, they felt like kitchen gloves and they cost too much,” it’s time to reconsider. Five years ago, nitrile was board-like and scratchy, but its now stretchier, more comfortable and has better tactile sensitivity. Polyisoprene can also fool people into thinking it’s latex.

But synthetics aren’t yet indistinguishable from latex. Expect some surgeons to complain about synthetic glove comfort, dexterity, and grip because the fit, feel, and
While workers are not at risk of exposure to toxic drugs from handling medications such as tablets, pills or bottled syrups, they could be at risk from drawing up medications from vials using a syringe or administering aerosolized medications. If your workplace handles hazardous drugs such as chemotherapy or other toxic drugs, workers can be inadvertently exposed. Studies have found toxic drugs in the urine of healthcare workers who prepare or administer hazardous drugs, thus demonstrating that they had been exposed on the job.

Health effects from workplace exposure to chemotherapy drugs include skin rashes, infertility, spontaneous abortions, congenital malformations and possibly leukemia and other cancers.

The health risk varies by the potency and toxicity of the hazardous drug as well as by the extent of how much of the drug was inhaled, ingested or absorbed through the skin. Workers need to be aware that anything that comes in contact with the drugs can contaminate them, including patient wastes and contaminated materials such as syringes, IV bags and waste containers.

Minimize adverse health effects to workers involved in toxic drug handling by following these suggestions:

**Have Written Procedures**

- Your written hazardous drug safety and health plan must contain policies for all phases of hazardous drug handling including receipt and storage; preparation; administration; housekeeping; deactivation and clean-up; disposal of unused drugs, contaminated spills and patient wastes. Include medical surveillance of healthcare workers. (This is included in Quality America’s OSHA Safety Program Manual, Tab 9)
- Formally seek input from employees who handle drugs in developing or updating the plan.
- Keep a written inventory of all hazardous drugs. Review it regularly and update it when necessary.
- Train employees to recognize and protect themselves from hazardous drugs.

**Provide a Safe Drug Preparation Area**

- Restrict access to the drug preparation area to authorized personnel only.
- Keep procedures and Material Safety Data Sheets (MSDS) in the immediate area where hazardous drugs are handled.
- Provide and maintain ventilated safety cabinets (e.g., biological safety hood) to prevent hazardous drugs inside the hood from escaping into the surrounding environment. The hood exhaust should be HEPA-filtered and exhausted to the outdoors (away from air intake locations). Supplement with NIOSH-certified respiratory protection if the hood is not adequate to protect against inhalation exposure. Surgical masks do not provide adequate respiratory protection.

**Provide PPE for Preparing and Administering Drugs**

- Wear a disposable low-lint, low permeability gown with a closed front, long sleeves and elastic or knit closed cuffs. Do not reuse! Disposable sleeve covers can be used to protect the wrist area. Polypropylene-based gown materials aren’t effective against many common antineoplastic drugs. Polyethylene-coated materials provide better protection.
- Wear two pairs of powder-free, disposable chemotherapy gloves, the outer one covering the gown cuff. Do not use PVC gloves!
- Wear a face shield to avoid splash incidents involving eyes, nose, or mouth.
- Wash hands with soap and water immediately before using and after removing gloves, gowns and face shields.

**Provide Safety Devices**

- Use syringes and intravenous (IV) sets with Luer-lock™ fittings.
- Use closed-system, drug-transfer devices, glove bags and needleless systems.
- Dispose of drug-contaminated syringes and needles in chemotherapy sharps containers.
- Handle hazardous wastes and contaminated materials separately from other trash.

— See Toxic Drugs, page 6
Toxic Drugs
—from page 5

Decontaminate Safely
• Decontaminate work areas before and after each activity involving hazardous drugs and at the end of each shift.
• Clean up spills immediately using a hazardous drug spill clean-up kit.
• After preparing a drug, place it in a sealable container such as a plastic bag, for transport out of the hood. Bag gloves (and sleeve covers if used) inside the hood. Seal and wipe clean all waste containers in the hood prior to removal.

Hazardous Drugs
Hazardous drugs have one or more of the following properties:
• Carcinogenicity
• Teratogenicity (developmental toxicity)
• Reproductive toxicity
• Organ toxicity in low doses
• Genotoxicity

Note: There are too many hazardous drugs to publish here, but a list including antineoplastic drugs is located on the NIOSH Website. See Sources below. Also, check a particular drug's MSDS and label for special health warnings.

Sources:

Selecting Correct Synthetic Gloves

<table>
<thead>
<tr>
<th>Material</th>
<th>Use*</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoprene (e.g., Biogel)</td>
<td>S</td>
<td>• Good strength, puncture resistance, fit and feel.</td>
<td>• More expensive than latex.</td>
</tr>
<tr>
<td>Nitrile</td>
<td>S, E</td>
<td>• Good for working w/ chemo drugs.</td>
<td>• Ozone**, oxygen and UV light can deteriorate.</td>
</tr>
<tr>
<td>Styrene (e.g., Elastryn)</td>
<td>S</td>
<td>• Resistant to glutaraldehyde.</td>
<td>• Ozone**, oxygen and UV light can deteriorate.</td>
</tr>
<tr>
<td>Ethylene (e.g., Tactylon)</td>
<td>S</td>
<td>• Resistant to glutaraldehyde.</td>
<td>• Strong odor.</td>
</tr>
<tr>
<td>Polyurethane</td>
<td>S, E</td>
<td>• Resistant to oil.</td>
<td>• Very expensive.</td>
</tr>
<tr>
<td>Polyisoprene</td>
<td>S, E</td>
<td>• Alternative for use by those allergic to natural rubber latex.</td>
<td>• More expensive than latex.</td>
</tr>
</tbody>
</table>

*S=Surgical; E= Exam

**Ozone is created by electrical equipment such as generators, UV or fluorescent light, and x-ray equipment.

(Editor’s Note: This chart is excerpted from the original. To download the entire chart go to www.quality-america.com and click on Selecting Correct Synthetic Gloves for the Job located under OSHA Watch Resource Center.)

If the Glove Fits
—from page 4

If the Glove Fits
elasticity of the synthetic materials differ from natural rubber latex.

Gloves for Working with Chemicals

No one type of glove is impervious to all chemicals. In fact, some chemicals make certain gloves literally dissolve. For others, a chemical will degrade the barrier effectiveness, but the glove appears to remain intact.

Synthetic gloves differ in their ability to protect from hazardous chemicals. For example, nitrile and chloroprene are resistant to many chemicals and oil-based products, but to be sure, check the material safety data sheet of the chemical and check the glove manufacturing product information sheet to verify its protectiveness.

Longer gloves cover the gown cuff.

Working with Sterilants

When working with glutaraldehyde (e.g., Cidex, Meticide) for more than a few minutes, wear butyl rubber or

— See If The Glove Fits, page 12

www.quality-america.com
Glowing Exit Signs, Dogs at Work, Shingles, and MSDS

**Q:** Do non-electric exit signs (that glow in smoke-filled rooms or in the dark) meet OSHA's requirements?

**A:** Photoluminescent exit signs that meet the National Fire Protection Association's Life Safety Code 101 are acceptable.

**Q:** A sales rep told us that we needed to use safety devices for drawing up meds, because if an OSHA inspector looked in our sharps containers, he would see unsafe needles and cite us.

**A:** Not true. You don’t need to use safety sharps when not working with a potentially infectious substance. In fact, Quality America’s OSHA Safety Program Manual (page 5-22) contains a fill-in-the-blanks chart for you to designate instances where safety sharps are not in use and to state the reason why. This will satisfy the OSHA inspector.

**Q:** Are employers responsible for providing safety devices for contract workers?

**A:** Yes, the employer must provide safety devices to all employees at the worksite if they are at risk of exposure, even if they are contract or per diem workers. This also includes personal protective apparel, training and hepatitis B vaccination, but usually their true employer has given them the vaccination and trained them. Your facility is responsible for making sure that all aspects of the OSHA standard are enforced, so clearly state in the contract who is responsible for what.

**Q:** Is it OK to bring a well-behaved dog who is in heat to work?

**A:** Technically, yes, if the dog is kept out of clinical areas, but survey workers first to be sure they aren’t allergic to dogs. Keep the dog crated in an administrative office where whines and barks won’t be heard by staff or patients. The downside to bringing a pet to work are allergies, “accidents”, and tripping hazards.

**Q:** When a patient comes in with shingles, what precautions should employees take?

**A:** It is possible that employees who never received the chickenpox vaccine (i.e., are not immune to the vaccinia virus) could become infected with chickenpox after working in close proximity with the open sores of a patient with shingles. So, only allow vaccinated workers to contact the patient and then require that they wear gowns, gloves and masks. Clean the exam table or any other article that the patient may have had contact with using a hospital-level disinfectant.

**Q:** Do injectible medications such as lidocaine in a multi-dose vial, require an MSDS?

**A:** Yes. To better understand OSHA’s position, consider that MSDS are needed to keep employees safe. Any time an employee has to draw up a med, it could splash in their eyes or on exposed skin (yes, that’s a long shot, but to understand OSHA, you have to play the devil’s advocate!). So, for all meds that are handled by employees, (i.e., drawn up) first check the package insert and look for safety precautions. If any exist, then you need an MSDS. Note that MSDS aren’t needed for meds that are simply handed to patients in bottles or pill form.
Those who have the flu are infectious for about one day before the onset of symptoms and for five days afterwards, even if they aren’t symptomatic. So, preventing infection through widespread immunization is the best way to nip influenza in the bud. The flu vaccine is 70% to 90% effective in preventing influenza infection in healthy people under 65 years of age.

Employers report that flu vaccination is cost effective too. One study reported those who received the influenza vaccine had 25% fewer episodes of respiratory illness, 43% fewer days of sick leave from work due to respiratory illness and 44% fewer visits to physicians’ offices for upper respiratory illness than those who received placebo.

So, encourage staff to get vaccinated by emphasizing to them that the flu virus is easily transmitted and that they put their families and their patients at risk if they aren’t immunized. Get a commitment from upper management to offer a flu vaccination program annually. Consider offering it at no cost or at a reduced cost and make it convenient for staff to be vaccinated. Finally, be sure workers know that the injectable vaccine will not cause influenza.

The result? Your practice will see less flu infection among staff, their families and your patients. You’ll also enjoy less absenteeism due to flu infection.

Sources:
Take “Time Out” Before Surgery

Just like airline pilots go through a safety checklist before takeoff, the entire operating team must take a “time-out” before surgery to double-check that the right patient is on the table, if he’s really to lose a kidney and not a gallbladder—and if so, on which side.

Accrediting agencies, such as Joint Commission on Accreditation of Health Care Organizations (JCAHO), hope the new Universal Protocols will finally put an end to growing reports of wrong-site, wrong-procedure and wrong-patient surgeries. These mix-ups have ranged from removing the wrong organ to drilling into the wrong side of a patient’s skull to a recent case where the wrong patient was given a heart catheterization.

Despite the rushed pace of many ORs, where it’s easy to wheel in the wrong patient or to position X-rays backward, medical errors occur in only a small fraction of the nation’s 70 million annual surgeries.

Lasers Alleviate Carpal Tunnel Syndrome Pain

Carpal Tunnel Syndrome (CTS), an ergonomic disorder stemming from repetitive hand movement is not only painful, but those who suffer with the disorder may lose complete use of their hand(s). For many with CTS, rest and anti-inflammatory medicines can solve the problem, but as many as a half-million Americans undergo CTS surgery every year. Now, low-level laser treatment may provide an alternative in some cases.

Low-level laser therapy uses a gentle beam of light to reduce inflammation and advance healing. The laser beams used are up to 1,000 times weaker than laser beams used in surgery, but are sufficient to travel through tissue and relieve pressure on the carpal tunnel, a narrow channel in the wrist. After low-level laser treatment a few times weekly for several months, some seriously afflicted patients could again use their hands.


One More Reason to Lose the Necktie

Remember Typhoid Mary, the once famous, one-woman epidemic who personally caused at least a dozen outbreaks of typhoid fever in the early 1900s? Although not as catastrophic, physicians’ neckties have now been implicated as germ carriers.

A study at a Queens, N.Y. hospital reports that neckties carry more than lunch stains, and are eight times more likely to harbor pathogens than the ties of hospital workers not normally in contact with patients. Past research points the finger at stethoscopes, pens and white coats as germ carriers as well.

After examining a patient or conducting a procedure, physicians wash their hands, and then often adjust their tie, perhaps recontaminating their hands. Then, on to the next patient where their neckties might brush against patients or their bedding … or get coughed on.

About half of clinicians’ neckties carried pathogens, including Staphylococcus aureus and Pseudomonas Aeruginosa, but the researchers didn’t find any superbugs responsible for serious nosocomial infections such as MRSA and VRE.

Is wearing a necktie in the best interest of your patients? On the one hand, neckties are believed to project an aura of professionalism, project competence and increase patients’ confidence. But, unfortunately they’re not usually cleaned as often as other articles of clothing.

— See In the News, page 10

“Time Out” Requirements

Surgeons must “literally sign (initial) an incision site with a marker while a patient is awake and cooperating, if possible,” says JCAHO. “Never use just an ‘X,’” they say, “because it can mean, ‘operate here’ or ‘not here.’ Don’t write ‘Not this knee’ because the ‘Not’ can get smudged.” JCAHO adds that surgeons should never place any mark on a non-operative site.

The entire operating team must stop all other work just before surgery begins, and they should always go through a checklist to ensure the correct patient is on the table. “Everyone—from surgeons, nurses, to anesthesiologists,” JCAHO emphasizes, “must agree what procedure is being done—and on what body part.”

www.quality-america.com
In an ambulatory setting, the chance of transmitting infections to patients via neckties is slim. If, however, your patient population includes immunocompromised patients, switching to bow ties or using tie tacks that hold ties to physicians’ shirts may help. Researchers also suggested that doctors decontaminate ties with a “high quality detergent spray that wouldn’t ruin the tie” or even use a “necktie condom.” (Editor’s Note: Where would one buy such a thing?)

Sources:
1. Archives of Internal Medicine, June 9, 2003.

Physicians Fall Short in Handwashing Study

A new study found only 57% of physicians wash their hands between visits with patients. The study secretly tracked 163 physicians to monitor their handwashing during the day. Physicians also completed a survey about their attitudes on hand hygiene. Internists and medical students were the most diligent about washing their hands, while surgeons and anesthesiologists were the least, the report found.

On days when physicians had a busy workload, they were less likely to wash, but if they thought they were being monitored, they were more likely to wash. If they carried hand-wipe packets with them, or if handrub solutions were at the patient’s bedside, they were more likely to use them, according to the study.


Stiff OSHA Fines Follow Workplace Violence

A California psychiatric hospital was slapped with $54,000 in OSHA fines for safety violations that led to the beating and strangulation death of a physician by a psychiatric patient. The slaying occurred in the patient’s exam room, which California’s Division of Occupational Safety and Health (Cal/OSHA) says was too isolated from other employees who could have been alerted in case of trouble. Hospital staff also failed to follow an unwritten policy that physicians were never to be left alone with “potentially violent patients,” according to the Cal/OSHA report.

Finally, employees continued to wear scarves and jewelry, despite a policy forbidding them; the physician wore a scarf that could have been used to strangle her. The hospital is also facing a wrongful-death lawsuit filed by the physician’s family, claiming the facility failed to provide adequate security.


No Benefit from Antibacterial Soap

Many people use antibacterial soaps and cleaning products, but a recent study questions this practice. Researchers found that infectious symptoms were not affected. Common viral diseases (influenza, respiratory...
syncytial virus and rotavirus) are not affected by antibacterial products and account for a large number of doctor visits.

Data not only show that antibacterial products aren’t a benefit for patients, but that they could be harmful, especially for those with chronic diseases. Finally, it’s not clear whether antibacterial products play a role in promoting antibacterial resistance. The study authors encourage physicians to discourage patients from using antibacterial products at home.


Learn How to Respond to a Plague Outbreak
The Centers for Disease Control and Prevention released a web-based training module that teaches how to deal with plague as a natural disease and as a bioterror attack. A series of eight lessons are available at http://www.bt.cdc.gov/agent/plague/training-module/index.asp.

Flu Mist Price Drops
Last year, only 500,000 of 4 million doses of FluMist spray vaccine were sold, presumably because it cost about $46. This year, MedImmune, FluMist’s manufacturer, has dropped it to a more affordable $23.50.

BioShield Against Bioterror
July 21 marked legislation to encourage development of drugs and vaccines to negate the impact of biological and chemical attacks. The $5.6 billion, ten-year Project BioShield will encourage more research and guarantee a market by stockpiling the new drugs and vaccines to treat or protect people against such diseases as anthrax, smallpox or the plague, or against toxins such as ricin.

Steer Clear of Prenatal Portrait Studios
After years of investigating sites with names like Fetal Fotos and Womb with a View, the Food and Drug Administration (FDA) is now warning pregnant women about possible dangers of undergoing ultrasound videos for non-medical reasons.

The keepsake videos from prenatal portrait studios promote using the latest ultrasound technology to produce high-resolution three-dimensional and four-dimensional (moving) images showing the surface anatomy of babies developing in the womb. As fascinating as these sneak previews may be to pregnant women and their families, FDA investigators found that ultrasound was often being performed by untrained, unlicensed technicians and often without a doctor’s supervision. The FDA also notes that some video companies used the ultrasound machine on higher energy exposures for as long as an hour to get pictures.

(Editor’s Note: Ultrasound should always be done at the lowest possible energy output and for the least amount of time to avoid risk to the mother and developing fetus).

While ultrasound has been around for many years, the long-term effects of repeated exposures on fetuses are not fully known. Ultrasound is a form of energy, and even at low levels, it can produce physical effects in tissue, such as jarring vibrations and a rise in temperature. Although there is no evidence that these physical effects can harm a fetus, the FDA says the fact that these effects exist means that prenatal ultrasounds can’t be considered completely innocuous.

FDA’s Take on Keepsake Video Services
Persons who promote, sell or lease ultrasound equipment for making “keepsake” fetal videos should know that the FDA views this as an unapproved use of a medical device. In addition, those who subject individuals to ultrasound exposure using a diagnostic ultrasound device (a prescription device) without a physician’s order may be in violation of state or local laws or regulations regarding use of a prescription medical device.

AIUM’s Stance
The American Institute of Ultrasound in Medicine (AIUM) advocates the responsible use of diagnostic

— See Portrait Studios, page 12
We Want to Hear from You

At Quality America, our phones ring several times a day from OSHA Watch subscribers seeking advice. Being able to call us whenever you face a problem situation, need a reality check, or want an objective second opinion is one of the benefits of your OSHA Watch subscription.

Portrait Studios—from page 11

ultrasound (See box on page 11) and strongly discourages the non-medical use of ultrasound for psychosocial or entertainment purposes. The use of either two, three or four-dimensional ultrasound to only view the fetus, obtain a picture of the fetus or determine the fetal gender without a medical indication is inappropriate and contrary to responsible medical practice.

To report keepsake video operations in your community, the FDA asks that you write to: Diagnostic Devices Branch, Office of Compliance, Center for Devices and Radiological Health, HFZ-322, 2098 Gaither Road, Rockville, MD 20850.

If the Glove Fits—from page 6

nitrile gloves. For shorter exposures, wear polyethylene gloves. Do not use latex gloves. Neoprene or vinyl gloves also do not provide adequate protection against glutaraldehyde and may actually absorb it.

Working with Chemo Drugs

Latex gloves can be used for the preparation of hazardous drugs unless the drug-product manufacturer specifically stipulates that some other glove provides better protection.

Thicker, longer latex gloves that cover the gown cuff are recommended for use with hazardous drugs.

Whatever your question, our team of OSHA experts will happily share our knowledge. We can also pass along how other medical practices have handled the same situation.

So don’t hesitate to contact us! Not only do we enjoy fielding your questions, they help us decide what topics to cover in future OSHA Watch issues. And, your questions provide the basis for our popular “Ask The Expert” section in each issue.

Keep ‘em coming!

Sources:
5. OSHA’s Website: http://www.osha.gov/SLTC/etools/hospital/hazards/glutaraldehyde/glut.html

Coming Next Issue

Look for the November/December 2004 edition of OSHA Watch with all your favorite features, including...

Ask the Expert
In the News
Plus . . .

Injury and Illness Prevention Plan

First Aid Kits
and much more!

OSHA Watch

Published bi-monthly by

Dr. Sheila Dunn, President & CEO
PO Box 8787 • Asheville, NC 28814
1-800-946-9956

www.quality-america.com

Subscription Rates:
1 Year - $79 / 2 Years - $145
3 Years - $199

©2004, Quality America®, Inc. All rights reserved. No part of this publication may be reproduced, stored in any retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopying, recording or otherwise—without the prior written permission of the publisher, Quality America®, Inc.