## Response to "Personal Protective Equipment: Evaluating Usage Among Inpatient and Outpatient Oncology Nurses"

SETH EISENBERG: I read with great interest the recent article entitled "Personal Protective Equipment: Evaluating Usage Among Inpatient and Outpatient Oncology Nurses" by Menonna-Quinn, Polovich, and Marshall (2019). In addition to furthering the body of knowledge regarding personal protective equipment (PPE) usage in the USP <800> era, the Hazardous Drug Handling Questionnaire that was used in the study can help other organizations improve their adherence by gaining a deeper understanding of barriers.

DENISE MENONNA-QUINN: Thank you for the interest in the article. PPE is a hot topic, particularly with the new USP <800> changes occurring at the end of this year.

SE: Although the article reinforced some of the current challenges associated with hazardous drug (HD) safety, I had a few questions that were not completely addressed. What were the hospital's policy requirements regarding PPE usage, specifically the use of a respirator?

DMQ: The hospital policy requires the proper PPE during all phases of chemotherapy preparation and administration. The usage of respirator masks requires healthcare providers to use their judgment if inhalation exposure is a concern.

SE: Did the inpatient and outpatient departments share the same PPE policy?

DMQ: Yes, the inpatient and outpatient departments share the same PPE policies.

SE: What factors may have contributed to the differences between inpatient and outpatient PPE adherence?

DMQ: This is a very good question. I believe that the differences may be related to the following issues in adherence:

- The number of years nursing staff members have been working with chemotherapy
- The volume of patients seen in the outpatient setting
- The common complaints that the gowns are difficult to wear, that they have the potential to cause the nurse to overheat, and that they take more time to use
- Peer pressure is another observation. It has been observed that novice and younger nurses are more astute to the potential effects of exposure and are engaging in PPE usage on a regular basis.

SE: It was stated that closed-system transfer devices (CSTDs) were used "most of the time" by 69% of participants. I find this figure to be startlingly low. Did nurses indicate why they were not using the device? For example, did IV bags or tubing come without a CSTD, requiring nurses to "opt in," or were nurses removing devices at the bedside? I believe this is a salient point because simply having safety equipment in an organization does not always equate with nurses being protected.

DMQ: Yes, this response rate was surprisingly low. However, there were a few factors. One factor was that the study was performed during a transition to a new closed-system device. The second factor is that not all the chemotherapy agents are sent to the nurse with the device in place. Therefore, I agree that this is a perfect example of having all the resources available but not using them.

SE: What type and frequency of HD education did staff receive? It would be good to ascertain whether staff did not understand the dangers of HDs, or if the culture of safety in the institution did not foster PPE and CSTD usage.

DMQ: Education is present and quite vigorous. Each nurse is required to obtain and maintain the Oncology Nursing Society Provider Card. Annual competencies are performed, and the organization promotes safety. However, some individuals involved in day-to-day operations do not fully use the safety measures. On a positive note, since the study has been completed, changes have been made to the safety measures regarding chemotherapy to prepare for the USP <800> requirements. Thank you again for the time and attention to the article.

SE: Thank you.

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The authors take full responsibility for this content. Eisenberg has previously consulted for USP, ICU Medical, and B. Braun Medical, Inc.

### REFERENCE

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