

personnel, shipping and receiving personnel, waste handlers, maintenance, housekeeping, and laundry workers, and workers in veterinary practices who may come into contact with drugs or drug waste. Health care workers may be exposed to hazardous drugs when they compound, administer, or dispose of hazardous drugs, clean up spills, or touch surfaces that are contaminated with these drugs. These activities frequently create aerosols or generate dust, thus increasing the risk of exposure [NIOSH 2004]. Skin absorption and inhalation are the most likely routes of exposure for a health care worker. However, ingestion (from hand to mouth) or injection through a needle stick or sharps injury is possible.

When other types of controls, such as engineering controls and the use of personal protective equipment do not eliminate exposure to hazardous drugs, alternative duty or re-assignment away from the potential hazard is a type of administrative control that will help protect the workers and their offspring from the potential adverse reproductive effects of hazardous drugs [Saiki *et al.* 1994; ACOEM 1996; HSE 2003].

NIOSH seeks to obtain materials, including published and unpublished reports and research findings, to evaluate mechanisms for alternative duty and administrative controls and possible reproductive health risks of occupational exposure to hazardous drugs. Examples of requested information include, but are not limited to, the following:

(1) Trends in production and use of hazardous drugs over the past 10 years.

(2) Descriptions of procedures with a potential for exposure to hazardous drugs.

(3) Identification of industries or occupations in which exposures to hazardous drugs may occur.

(4) Case reports or other health data that investigate possible adverse reproductive health effects in workers exposed to hazardous drugs or related animal data (published or peer-reviewed data are preferred).

(5) Descriptions of work practices and engineering controls, including costs and effectiveness of control measures being taken, to reduce or prevent workplace exposure to these drugs.

(6) Educational materials for worker safety or training on the safe handling of hazardous drugs.

(7) Guidelines and/or recommendations for alternative duty/temporary reassignment policies in the health care or other industries where exposures cannot be controlled

by conventional methods (engineering controls *etc.*).

(8) Data pertaining to the need for alternative duty to limit occupational exposures to hazardous drugs for couples who are trying to conceive, and women who are pregnant or breastfeeding.

(9) Data pertaining to the feasibility of these types of recommendations, including actual or projected costs of alternative duty/temporary reassignment strategies considered.

NIOSH will use this information to determine the need for developing recommendations for alternative duty/temporary reassignment for individuals who may be at reproductive risk and/or whose fetus or offspring may be at risk from exposure to these drugs.

References:

ACOEM (American College of Occupational and Environmental Medicine) [1996]. Committee report: ACOEM reproductive hazard management guidelines. *JOEM* 38(1):83–90.

ASHP [2006]. ASHP guidelines on handling hazardous drugs. *Am J Health-Syst Pharm* 63:1172–1193.

BLS [2007]. National Industry-Specific Occupational Employment and Wage Estimates from BLS, May 2007 [[http://www.bls.gov/oes/current/naics2_62.htm#\(1\)](http://www.bls.gov/oes/current/naics2_62.htm#(1))].

Briggs GG, Freeman RK, and Yaffee SJ ed. *Drugs in Pregnancy and Lactation*, 7th ed. Lippincott, Williams and Wilkins. Philadelphia, 2005.

Dranitsaris G, Johnston M, Poirier S, Schueller T, Milliken D, Green E, Zanke B [2005]. Are health care providers who work with cancer drugs at an increased risk for toxic events? A systematic review and meta-analysis of the literature. *J Oncol Pharm Practice* 11:69–78.

HSE (Health and Safety Executive) [2003]. HSE Leaflet. New and expectant mothers at work; a guide to health professionals. Available at: <http://www.hse.gov.uk/pubns/indg373hp.pdf>.

McInnes S, Schilsky RL [1996]. Infertility following cancer chemotherapy. In: Chabner BA, Longo DL, eds. *Cancer Chemotherapy and Biotherapy: Principles and Practice*. 2nd ed. Philadelphia, PA: Lippincott-Raven, pp. 31–44.

NIOSH [2004]. NIOSH Alert: preventing occupational exposures to antineoplastic and other hazardous drugs in health care settings. Cincinnati, OH: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2004–165.

OSHA [1999]. Categorization of drugs as hazardous. In: OSHA technical manual, TED 1–0.15A, Sec VI, Chapter II. Washington, DC: U.S. Department of Labor, Occupational Safety and Health Administration [http://www.osha.gov/dts/osta/otm/otm_vi/otm_vi_2.html#2].

Saiki CL, Gold EB, Schenker MB [1994]. Workplace policy on hazards to reproductive health. In: Gold EB, Laskey BL, Schenker MB, eds. *Occupational Medicine: State of the Art Reviews*. Vol 9. Philadelphia, PA: Hanley & Belfus, Inc, pp. 541–549.

Timpe EM, Motl SE [2004]. Environmental exposure of health care workers to category D and X medications. *Am J Health-Syst Pharm* 61:1556–1561.

Dated: September 9, 2009.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH–186]

Request for Information on Glutaraldehyde

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public comment period.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) intends to evaluate the scientific data on glutaraldehyde, and develop appropriate communication documents, such as a Criteria Document, which will convey the potential health risks, recommended measures for safe handling, and establish an updated Recommended Exposure Limit (REL) for glutaraldehyde. The current NIOSH REL for glutaraldehyde is 0.2 ppm as a ceiling limit.

NIOSH is requesting information on the following: (1) Published and unpublished reports and findings from *in vitro* and *in vivo* toxicity studies with glutaraldehyde, (2) information on possible health effects observed in workers exposed to glutaraldehyde, (3)

information on workplaces and products in which glutaraldehyde can be found, (4) description of work tasks and scenarios with a potential for exposure to glutaraldehyde, (5) workplace exposure data, and (6) information on control measures (*e.g.*, engineering controls, work practices, personal protective equipment) that are being used in workplaces where potential exposures to glutaraldehyde occur.

Public Comment Period: Comments must be received by December 14, 2009.

ADDRESSES: You may submit comments, identified by docket number NIOSH-186, by any of the following methods:

- **Mail:** NIOSH Docket Office, Robert A. Taft Laboratories, MS-C34, 4676 Columbia Parkway, Cincinnati, OH 45226.

- **Facsimile:** (513) 533-8285.

- **E-mail:** nioshdocket@cdc.gov.

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Cincinnati, Ohio 45226. A complete electronic docket containing all comments submitted will be available on the NIOSH Web page at <http://www.cdc.gov/niosh/docket>, and comments will be available in writing by request. NIOSH includes all comments received without change in the docket, including any personal information provided.

FOR FURTHER INFORMATION CONTACT: T.J. Lentz, NIOSH, Robert A. Taft Laboratories, MS-C32, 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533-8260.

SUPPLEMENTARY INFORMATION:

Glutaraldehyde is also known as glutaral, glutardialdehyde, glutaric aldehyde, pentanedial, and 1,5-pentanedione. It is a colorless, oily liquid with a pungent odor. It is soluble in water, alcohol, and ether; and is often used in a diluted form ranging in strength from 1 to 50%. Glutaraldehyde is used as a cold sterilant to disinfect medical, surgical, and dental equipment. It has also been used as an antimicrobial in water treatment systems, in leather tanning agents, in embalming fluids, as a biocide in metalworking fluids, as a slimicide in paper manufacturing, as a preservative in cosmetics, as a disinfectant in animal housing, and as a tissue fixative.

Occupational exposure may occur by inhalation and dermal contact. Glutaraldehyde can act as an irritant of the eyes, nose, and throat; and can cause contact and/or allergic dermatitis, asthma, and difficulty breathing. The current REL for glutaraldehyde (0.2 ppm

as a ceiling limit) was adopted on the basis of NIOSH comments to the Occupational Safety and Health Administration (OSHA) on the Air Contaminants Standard [54 FR 2329-2984 (1989)]. In 1991, NIOSH published a Current Intelligence Bulletin on aldehydes [DHHS (NIOSH) Publication No. 91-112] which classified acetaldehyde and malonaldehyde as occupational carcinogens and identified glutaraldehyde as a mutagen. Because the carcinogenic potential of related aldehydes had not been adequately evaluated, NIOSH recommended that careful consideration be given to reducing exposures to related aldehydes, including glutaraldehyde. OSHA has no permissible exposure limit (PEL) for glutaraldehyde. The American Conference of Governmental Hygienists (ACGIH) threshold limit value (TLV) for glutaraldehyde is 0.05 ppm as a ceiling limit. In 2001 NIOSH published a brochure about the occupational health effects of glutaraldehyde exposure in hospitals [DHHS (NIOSH) Publication no. 2001-115].

NIOSH seeks to obtain materials, including published and unpublished reports and research findings, to evaluate the possible health risks of occupational exposure to glutaraldehyde. Examples of requested information include, but are not limited to, the following:

- (1) Identification of industries or occupations in which exposures to glutaraldehyde may occur.
- (2) Trends in the production and use of glutaraldehyde.
- (3) Description of work tasks and scenarios with a potential for exposure to glutaraldehyde.
- (4) Workplace exposure measurement data in various types of industries and jobs.
- (5) Case reports or other health information demonstrating potential health effects in workers exposed to glutaraldehyde.
- (6) Research findings from *in vitro* and *in vivo* studies.
- (7) Information on controls (*e.g.*, engineering controls, work practices, PPE) including costs and effectiveness of control measures being taken to minimize worker exposure to glutaraldehyde.
- (8) Educational materials for worker safety and training on the safe handling of glutaraldehyde.
- (9) Data pertaining to the feasibility of establishing a more protective REL for glutaraldehyde including projected costs of control strategies considered.

(10) Names of substitute chemicals or processes being used in place of glutaraldehyde and type of work tasks.

Dated: September 9, 2009.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA-1857-DR; Docket ID FEMA-2008-0018]

New York; Amendment No. 2 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of New York (FEMA-1857-DR), dated September 1, 2009, and related determinations.

DATES: *Effective Date:* September 10, 2009.

FOR FURTHER INFORMATION CONTACT:

Peggy Miller, Disaster Assistance Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3886.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of New York is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of September 1, 2009.

Chenango and Cortland Counties for Public Assistance

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance