

# Glutaraldehyde Use Survey

*This survey, developed by Jamie Tessler for the Sustainable Hospitals Program at the University of Massachusetts–Lowell, can be used to identify where glutaraldehyde is being used in the facility, improve work practices or protection, and monitor possible health effects. It can be adapted to incorporate glutaraldehyde substitutes.*

Date: \_\_\_\_\_

Facility: \_\_\_\_\_

Interviewer: \_\_\_\_\_

## General Information

1. Clinical Area where disinfection is performed: \_\_\_\_\_
2. Room Number where glutaraldehyde is used: \_\_\_\_\_
3. Are patients examined (or undergo procedures) in this room? \_\_\_\_\_
4. Name of employee(s) who performs disinfection activities (Optional) \_\_\_\_\_
5. Commercial product name (and % glutaraldehyde, if known): \_\_\_\_\_

## Health Effects

6. Noticeable odor when using this product?: Yes \_\_\_\_ No \_\_\_\_
  7. If you answered “Yes” to #4, is the Odor Strong \_\_\_\_ or Weak \_\_\_\_ ?
- Any symptoms or health complaints associated with working with this product?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, please describe: \_\_\_\_\_

## Please describe the following procedures:

8. Name of device(s) disinfected in this area: \_\_\_\_\_
9. What type of container is used for the glutaraldehyde solution? (Check box that applies to your situation.)  
☐ Open Bin (describe Bin type or brand if available) \_\_\_\_\_  
☐ Open Bin with Lid (describe Bin type or brand if available) \_\_\_\_\_  
Are Lids kept on ☐ most of the time? ☐ some of the time?  
☐ Enclosed System (list name brand and model if available) \_\_\_\_\_
10. Is this device routinely pre-cleaned before it enters the glutaraldehyde solution? (If yes, please list the name of the pre-cleaning solution utilized). \_\_\_\_\_
11. Length of time device is soaked in glutaraldehyde solution: \_\_\_\_\_
12. Method of retrieving device from glutaraldehyde solution (e.g. remove with gloved hand , tongs, etc): \_\_\_\_\_
13. Type of gloves worn, if any (brand and material): \_\_\_\_\_
14. Type of protective gear worn, if any (e.g., goggles, face shield, apron): \_\_\_\_\_
15. How often this procedure is performed (specify daily, weekly, or other): \_\_\_\_\_
16. Where do you dispose of the spent glutaraldehyde solution? \_\_\_\_\_
17. How do you dispose of the glutaraldehyde? \_\_\_\_\_
18. How much glutaraldehyde is disposed of per week? \_\_\_\_\_ Per month? \_\_\_\_\_
19. How do you refill the soaking bin or system with glutaraldehyde? (check box)  
☐ pour from bottle  
☐ pour from bottle with funnel  
☐ pour with special glutaraldehyde spout  
☐ other (please describe): \_\_\_\_\_

Source: Sustainable Hospitals Program, [www.sustainablehospitals.org](http://www.sustainablehospitals.org).