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	Document Title:	MANAGEMENT OF CHEMOTHERAPY SPILLS

PURPOSE:

1. To afford personal and environmental protection to workforce members involved in administering and preparing chemotherapy agents; caring for patients receiving chemotherapy agents; and/or handling chemotherapy agents.
2. To notify concerned departments of the procedures to be followed in protecting employees, patients and the environment from the potential hazards in managing chemotherapy drug.

LEVEL:

All Physicians, Nurse, Pharmacists and other Healthcare Professionals


DEFINITION OF TERMS:

Chemotherapy- or anti-neoplastic agents are agents or drugs, excluding hormonal agents, that are intended to treat malignancies. This means that they are toxic to the cells they are targeted for. The cells will no longer be able to divide and grow. In principle, then arresting any further cancer growth. Since they act on cells, they also affect normal cells, resulting in the undesirable side effects, for example alopecia and low blood counts.

Exposure- refers to any contact with chemotherapy agents that may carry some health risk. Four potential routes of exposure to chemotherapy agents are inhalation, ingestion, injection and absorption (through skin and eyes).

Hazard Assessment- is a tool used by the employee to evaluate a risk in order to determine necessary protection measures.

Personal Protective Equipment (PPE) is used for hazardous drug handling, which includes gowns, gloves, face and eye protection, N95 respirator and shoe covers.


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Small Spills (less than or equal to 100ml)- is defined as any incident resulting in a chemotherapy spill of quantities less than or equaling 100ml or 100cc. Proper clean-up procedures shall be followed as outlined in this policy.

Large Spills (more than 100ml)- is defined as any incident resulting in a chemotherapy spill of quantities more than 100ml or 100cc. Management of large spills will be coordinated through Environment Health & Safety.

POLICY:

1. All prospective employees shall be informed that they may be required to work with antineoplastics. Note that this and the recommendations that follow apply to temporary staff as well as permanent staff. Supervisory staff shall review the procedures with their personnel. The toxic nature of antineoplastics shall be described to personnel in balanced terms. The rationale for each anti-neoplastic procedure or change in procedure shall be given. It shall be noted that the procedures governing the handling of antineoplastics in the institution shall be followed, and that adherence to these procedures shall be monitored, and that noncompliance may result in disciplinary action.
2. Under the US Environment Protection Agency/Resource Conservation and Recovery Act (USEPA/RCRA), hazardous waste is a specific category of wastes that shall be managed following a strict set of regulatory requirements. Of the large list of hazardous wastes, several were identified specifically as antineoplastic drugs; however, a number of drug formulations exhibit hazardous waste characteristics. Any drugs, including chemotherapy drugs utilized in this facility, meeting the criteria for hazardous drugs or with hazardous waste characteristics, shall be managed according to the Occupational Safety and Health Administration (OSHA) standards, the Hazard Communication Standards, the Occupational Exposure to Hazardous Chemicals in Laboratories Standards and OSHA's Controlling Occupational Exposure to Hazardous Drug Guidelines.

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- 2.1. Only those drugs determined to be hazardous agents shall require management.
- 2.2. All other chemotherapy agents not identified as hazardous agents shall be handled and disposed of as "simple" (i.e. not hazardous as identified by USEPA/RCRA standards) chemotherapy agents.
3. Proper and timely medical treatment for acute antineoplastic exposures shall be provided.
4. All workforce members shall receive appropriate instruction on the management of chemotherapy agents, overall protection of workforce members and care of the patient receiving chemotherapy agents according to job expectations.

DOCUMENTATION:


New Policy

DISSEMINATION:


1. RMC Hospital Communicator
2. Conducting hospital wide continuing education to all healthcare professionals.

REFERENCES:

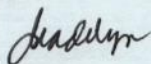

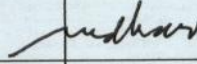



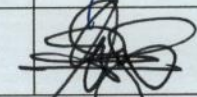
1. ASHP Guidelines on Handling Hazardous Drugs,
2. Accreditation Canada Qmentum Standards.
3. Anderson, RW,; Pucket, W.H.; Dana W.J.; Nguyen, T.V.; Thesis, J.C.; and Matney, T.S; " Risk of Handlign Injectable Antineoplastic Agents," Am J Hosp Pharm 39; 1881-7 (Dec) 1982.
4. NIOSH "Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Healthcare Settings" March 2004.


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5. OSHA standards: Hazard Communication Standard (29 CFR 1910.1200); Occupational Exposure to Hazardous Chemicals in Laboratories (29 CFR 1910.1450).
6. OSHA technical manual guidelines "Controlling Occupational Exposure to Hazardous Drugs.
7. The University of Texas, M.D. Anderson Hospital and Tumor Institute of Houston, Department of Pharmacy. Aseptic techniques in the Preparation of Antineoplastic Agents, 1-1986.
8. U.S. Department of Health and Human Services, Public Health Service and National Institutes of Health, Recommendations For The Safe Handling Of Parenteral Antineoplastic Drugs, 1982
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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		7/10/22

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PURPOSE:

To discuss the processes involved in the management of chemotherapy spills.

SCOPE:

Applies to all Pharmacy Division staff of Dr. Pablo O. Torre Memorial Hospital


PERSON RESPONSIBLE:

Physicians, Nurse, Pharmacists

PROCEDURE:

1. MEDICATION PREPARATION:


- 1.1. All areas involved in administering chemotherapy agents will have a specific designated work area for the preparation of intravenous chemotherapy agent infusion systems, injections, and oral products. As many steps as possible involving the preparation of these agents will be carried out in the designated work area.
- 1.2. The designated work area will have spill kits available and spill procedures posted.
- 1.3. Eating, drinking, smoking, chewing of gum or cosmetic application is prohibited in the area where chemotherapy agents are handled.
- 1.4. The designated work area for the preparation of infusion systems, injections, and oral chemotherapy agents shall:
 - 1.4.1. Be kept clean of excess supplies and materials
 - 1.4.2. Be used **ONLY** for chemotherapy agents
 - 1.4.3. Have a biohazard receptacle for disposal of all contaminated supplies
 - 1.4.4. The container must be replaced once it is $\frac{3}{4}$ full
 - 1.4.5. Have a plastic-backed absorbent drape or mats
 - 1.4.6. Have absorbent drape or mat exchanged whenever spillage occurs.

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- 1.5. All absorbent drapes or mats used on work surface are to be discarded into biohazard receptacle, regardless of overt contamination.

2. PERSONAL PROTECTIVE EQUIPMENT (PPE):


- 2.1. Protective garments consisting of gowns, gloves, N95 respirator/masks, eye protection and shoe covers will be worn according to the task being performed with a chemotherapy agent or waste matter discharged from the body of a patient receiving a chemotherapy agent. Proper PPE should be worn if there is any potential for hazardous drug related tasks such as spill clean-up.
- 2.2. Face and eye protection, especially face shield and safety glasses or goggles, are required when splashing is possible. Goggles or safety glasses are preferable to face shields. (Face shields shall protect splashes to the face but may not prevent liquids from entering the eyes.
- 2.3. Gloves will be disposable, powder-free, labeled and tested for use with chemotherapy drugs and made of latex or nitrile. Use two pairs, with the outer covering the gown cuff whenever there is risk of exposure to hazardous drugs.
- 2.4. A properly fitted approved N-95 respirator shall be worn whenever there is a risk of aerosols being produced. If necessary, request the assistance of the Central Supply Section (CSS) with respirator selection. Surgical masks do not provide adequate protection.
- 2.5. Gowns shall be disposable, non-absorbent and made of polyethylene-coated polypropylene material, closed front, long sleeves and elastic or knit closed cuffs.
- 2.6. Potential exposures can occur during the following procedures and require the use of gloves, gowns and eye protection:
 - 2.6.1. Drug admixing/preparation
 - 2.6.2. Hanging/Connecting agent to infusion system
 - 2.6.3. Loading a pump
 - 2.6.4. Administration of the agent

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- 2.6.5. Changing the intravenous tubing
- 2.6.6. Attaching small volume pump (e.g. Travenol Infusor, auto syringe, etc)
- 2.6.7. Removing the tubing from a patient
- 2.6.8. Disconnecting from infusion system
- 2.6.9. Disposing of the infusion system/syringe
- 2.6.10. Management of patient excreta and cleansing of equipment (e.g. bedpan, urinal, etc)

Note: Oral medications in solid pill form only require double gloves

- 2.7. Gloves, mask, shoe covers and gown will be worn when appropriate and/or when splash exposure is anticipated while performing spill clean up involving a chemotherapy agent.
- 2.8. Gloves are to be removed when the task involving chemotherapy agents is complete, after thirty (30) minutes of use or if the gloves become torn or punctured.
- 2.9. Extreme care shall be taken to avoid puncturing or tearing gloves.
- 2.10. Gowns worn during the handling of chemotherapy agents shall be changed out at least every four (4) hours or sooner if visibly contaminated or damaged.
- 2.11. All workforce members handling or spiking the chemotherapy agents above eye level will be required to wear goggles. It is recommended to conduct spiking flat on a counter top, over protective barrier.
- 2.12. Gowns are not to be worn:
 - 2.12.1. For longer than a 4-hour shift.
 - 2.12.2. After overt contamination occurs.
 - 2.12.3. After being torn or punctured.
 - 2.12.4. Outside of the immediate work area.
- 2.13. Disposable protective garments are to be discarded in the biohazard receptacles regardless of the amount of contamination.

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- 2.14. Donning appropriate eye protection should prevent potential eye exposure. If eye contact occurs, immediately flush the eye with water or saline for fifteen (15) minutes continuously.
- 2.15. When removing protective garments, contact with skin or clothing to outside surface of the garments should be avoided.
- 2.16. Protective garments are to be discarded in biohazard receptacles, regardless of overt contamination.

3. CONTAMINATION OF PPE

- 3.1. If a chemotherapy agent comes in contact with the glove or the glove is punctured or torn:
 - 3.1.1. Remove both gloves immediately.
 - 3.1.2. Wash hands thoroughly with soap and water. Refer to hand Hygiene policy and procedure. If contamination of skin is suspected, the affected area shall be washed for 15 minutes and seek medical attention if necessary.
 - 3.1.3. Apply new gloves before proceeding with task.
- 3.2. If the protective gown becomes contaminated with a chemotherapy agent, excreta from a patient receiving chemotherapy or if it becomes punctured or torn, it should be removed immediately, disposed of in biohazard receptacle and new gown applied.


4. SMALL SPILLS (100ml or Less)

- 4.1. If spill is on a non-carpeted surface, locate a spill kit available in the area and additional supplies (soap, water, a 10% bleach solution and absorbent material) and follow the steps below:
 - 4.1.1. Take out contents of the spill kit. Display the sign that warns other about the spill. Don the Chemo gown, shoe covers, respirator, eye protection and both pairs of gloves (large gloves first).
 - 4.1.2. Contain spill by laying the Chemosorb pads over the spill. The pads will absorb the liquid and transform it into a gel to assist with disposal.

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Caution: Chemosorb gel is extremely slippery when wet. Avoid skin and eye contact and do not inhale.

- 4.1.3. Cuff both yellow biohazard bags and place on the floor adjacent to spill site.
- 4.1.4. Detach scoop from scraper and use both to pick up the Chemosorb gel, being careful not to contaminate gloves. Place the gel in one (1) of the waste bags. If there is any broken glass, use the scoop to place it in sharps container.
- 4.1.5. Use absorbent pad, soap and water to pick up any remaining gel. Place the absorbent pad in the same bag.
- 4.1.6. During the clean up, use only one (1) hand to directly clean the spill area and exposed surfaces.
- 4.1.7. Use the other hand to touch non-contaminated areas and supplies.
- 4.1.8. Using the contaminated hand, wipe the area with soap dampened absorbent pad using an inward, circular motion, cleaning from least contaminated to the most contaminated areas. Use water dampened absorbent pad to rinse the area.
- 4.1.9. Repeat this process three (3) times.
- 4.1.10. Spray a 10% bleach solution, on absorbent pad and, using the same inward, circular motion, use to clean area. Discard contaminated absorbent pad in yellow bag.
- 4.1.11. Allow the area to air dry for 15 minutes.
- 4.1.12. Following the clean-up for all spills, remove outer gloves first, then gown and shoe cover prior to leaving the spill area and place in yellow bag. Seal the yellow bag, place it inside of the second yellow bag and seal it.
- 4.1.13. Keep inner gloves, N95 respirator/mask and goggles on until contaminated materials are placed in the yellow bag. Place the bag in the designated soiled area.

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4.1.14. Once the contaminated materials are contained and discarded, remove the inner gloves and respirator and dispose of in biohazard receptacle.


4.1.15. Wash hands thoroughly.

5. If spill kits are not available in the immediate area, follow the steps below to clean up the spill:

- 5.1. Double glove, apply gown, eye protection, N95 respirator/mask and shoe cover.
- 5.2. Place absorbent pads over the spill area to absorb the bulk of the spill and place the used pads in a waste bag (i.e. biohazard bag, Ziploc, etc).
- 5.3. Dampen absorbent pad with warm water and small amounts of soap then wipe down the contaminated area starting from the outer area of the spill, then working inward to the center of the spill. The used absorbent pad should be placed into the waste bag.
- 5.4. Spray a bleach solution, on absorbent pad and wipe the spill area. Discard the contaminated towels in waste bag.
- 5.5. Allow area to air dry for fifteen (15) minutes. If necessary, have the Housekeeping mop the area for a final cleaning.
- 5.6. Following the clean-up for all spills, remove outer gloves first, then gown and shoe covers prior to leaving the spill area and place in waste bag. Seal the bag, place it inside of a second plastic bag and seal it.
- 5.7. Keep inner gloves, N95 respirator/mask and goggles on until all contaminated materials are sealed in the waste bag. Place the bag in the designated soiled area.
- 5.8. Once the contaminated materials are contained and discarded, remove the inner gloves and respirator/mask and dispose in the biohazard receptacle.
- 5.9. Wash hands thoroughly.

6. LARGE SPILLS (>100cc)


- 6.1. Cordon off the area to prevent spread or further contamination.
- 6.2. Contain spill with disposable absorbent material (i.e. absorbent pads, etc).

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- 6.3. Contact the housekeeping to coordinate the clean-up, removal and disposal of contaminated material.


REFERENCES:

1. ASHP Guidelines on Handling Hazardous Drugs,
2. Accreditation Canada Qmentum Standards.
3. Anderson, RW,; Pucket, W.H.; Dana W.J,; Nguyen, T.V.; Thesis, J.C,; and Matney, T.S; "Risk of Handlign Injectable Antineoplastic Agents," Am J Hosp Pharm 39; 1881-7 (Dec) 1982.
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SMALL SPILLS	
KEY TASKS	PERSON RESPONSIBLE
1. Locates a spill kit available in the area and additional supplies (soap, water, a 10% bleach solution and absorbent material)	Pharmacist/ Health care worker (e.g. Nurse or Physician administering the chemotherapy)
2. Takes out the contents of the spill kit and displays the sign that warns other about the spill	
3. Dons the chemo gown, shoe covers, respirator, eye protection and both pairs of gloves (large gloves first)	
4. Contains spill by laying the Chemosorb pads over the spill	
5. Cuffs both yellow biohazard bags and place on the floor adjacent to spill site	
6. Detaches scoop from scraper and use both to pick up the Chemosorb gel, being careful not to contaminate gloves	
7. Uses absorbent pad, soap and water to pick up any remaining gel	
8. Uses only one (1) hand to directly clean the spill area and exposed surfaces during the clean up	
9. Uses the other hand to touch non-contaminated areas and supplies	
10. Wipes the area with soap dampened absorbent pad using an inward, circular motion, cleaning from least contaminated to the most contaminated areas	

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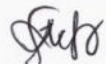





using the contaminated hand	
11. Repeats the process three (3) times	Pharmacist/ Health care worker (e.g. Nurse or Physician administering the chemotherapy)
12. Sprays a 10% bleach solution, on absorbent pad and, using the same inward, circular motion, use to clean area	
13. Discards contaminated absorbent pad in yellow bag	
14. Allows the area to air dry for 15 minutes	
15. Removes outer gloves first, then gown and shoe cover prior to leaving the spill area and place in yellow bag. Seal the yellow bag, place it inside of the second yellow bag and seal it	
16. Places the bag in the designated soiled area	
17. Removes the inner gloves and respirator and dispose of in biohazard receptacle	
18. Washes hands thoroughly	

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LARGE SPILLS	
KEY TASKS	PERSON RESPONSIBLE
1. Isolates/ cordons off the area to prevent the spread or further contamination	Pharmacist/ Healthcare worker (e.g. Nurse or Physician administering the chemotherapy)
2. Contains the spill with disposable absorbent material	
3. Contacts the housekeeping to coordinate the clean-up, removal and disposal of contaminated material	

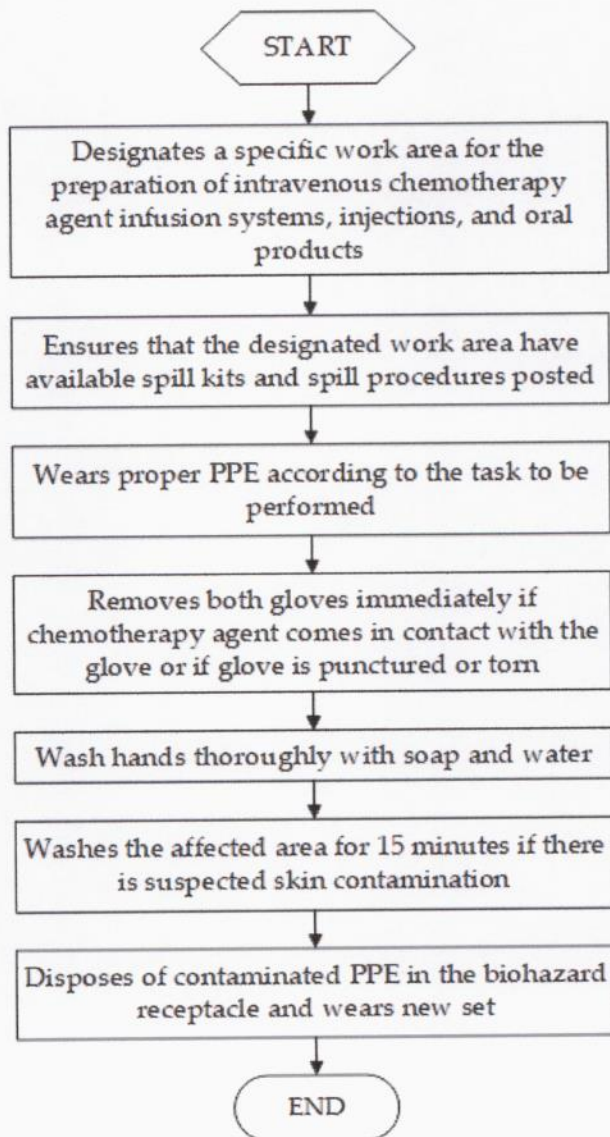
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FLOWCHART





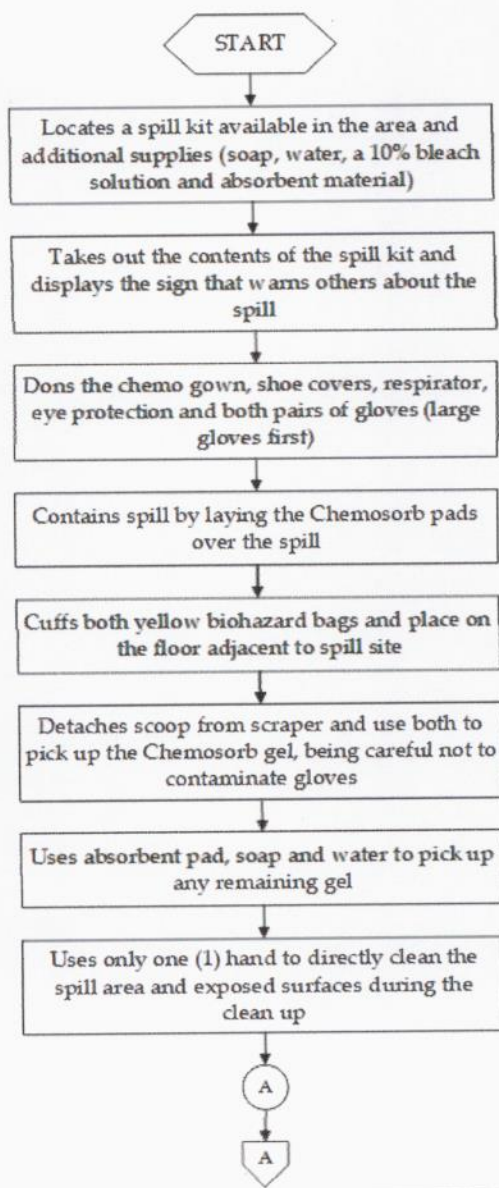
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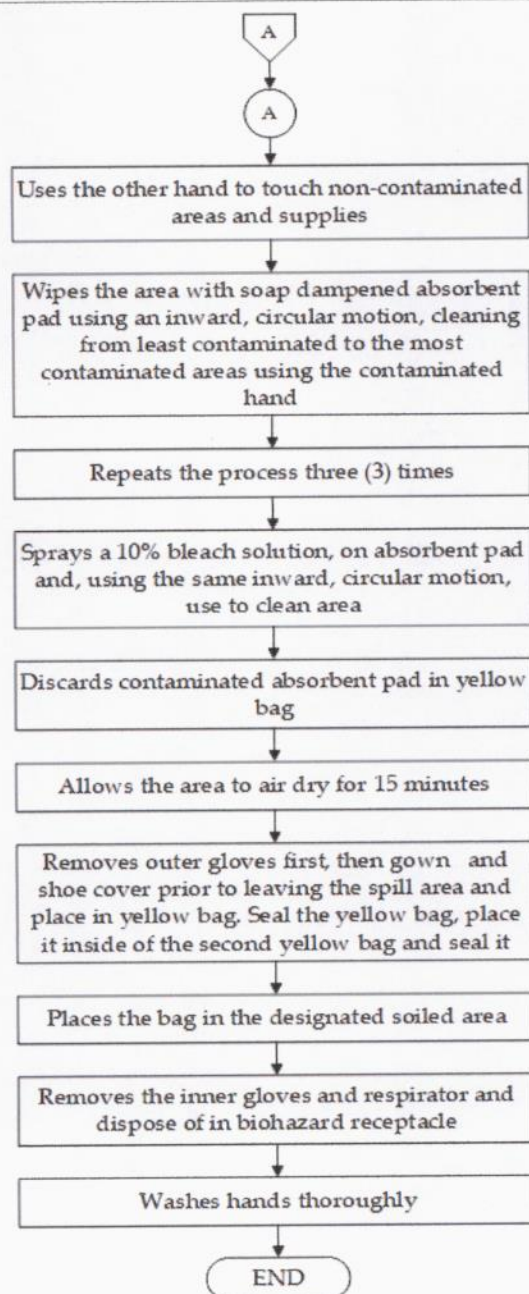
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SMALL SPILL



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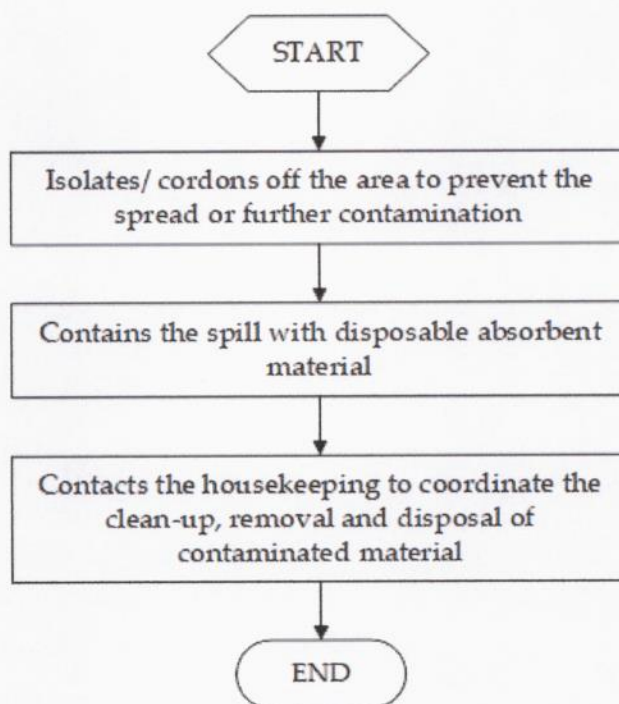
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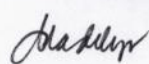
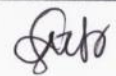




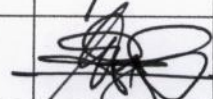
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LARGE SPILL



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