

COMMUNITY LIVING DURHAM NORTH

ADMINISTRATION AND SAFE HANDLING OF HAZARDOUS DRUGS

Policy No: C-5 (Human Resources)

Effective Date: Dec. 17, 2013

Rationale:

To ensure the health and safety of everyone who works at Community Living Durham North.

Policy Statement:

COMMUNITY LIVING DURHAM NORTH is committed to providing a safe work environment for staff. CLDN will make every reasonable effort to ensure compliance with the measures and procedures prescribed by the *Occupational Health and Safety Act*, its regulations and other relevant legislation concerning the administration and safe handling of Hazardous Drugs.

While all prescription medication needs to be handled with care, most are not considered hazardous, and even within the hazardous category there is huge variation in the degree of actual risk posed by different medications. Therefore, the challenge is in knowing which drugs are present in the workplace, identifying those that are hazardous, determining the nature and degree of the risk that each poses, and implementing protocols that are appropriate in each specific case.

Therefore, staff teams are required to notify their manager of every new prescribed medication, and that manager shall in turn alert the entire management team. Management will then conduct the necessary research and implement the protocols necessary in order to protect the staff and supported people who may be exposed to a particular drug. And, management will do this in consultation with the Joint Health and Safety Committee and/or the certified Health and Safety representatives.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
for the Board of Directors

COMMUNITY LIVING DURHAM NORTH

ADMINISTRATION AND SAFE HANDLING OF HAZARDOUS DRUGS

Procedure No: C-5-1  
**Antineoplastic Drugs**

Effective Date: Dec. 17, 2013

- The etymology of this term is Anti = against or opposing and Neoplasia = new growth serving no physiologic function (e.g. a tumor). Cytotoxic is a term sometimes used synonymously (Cyto = cell; Toxic = poison).
- Many of these drugs are used to treat cancers and in general terms they top the list of hazardous drugs for the simple reason that agents designed to target malignant cells might also affect normal cells, in the patient and/or in caregivers who are exposed to the agent.
- Some or all of the safety protocols (one through five) that are listed below might well be necessary when an antineoplastic drug is brought into the workplace, but that will depend on the particular drug. The degree of risk associated with handling drugs varies widely even within this category. And antineoplastics are not used exclusively to treat cancer. Some antineoplastic drugs are used by transplant patients and one – Methotrexate – is used for rheumatoid arthritis. In its liquid form, this drug is injected once per week. It is drawn into a syringe from a sealed vial, and injected subcutaneously. Prolonged use can have a detrimental effect on the patient’s liver, but a care-giver is at very little risk. He or she would wear gloves, but otherwise the most relevant precautions are to be found in Policy/Procedure C-9-8 *Safe Use and Disposal of “Sharps.”*
- On the other hand, nothing said here is meant to discount the risk associated with hazardous drugs; indeed, it is believed that prolonged and careless contact with some hazardous drugs can cause skin rashes, infertility, miscarriage, birth defects and possibly leukemia and other cancers. When a hazardous drug of this kind is in the workplace, it is obviously important for employees to inform their manager if they are pregnant or suspect they might be pregnant.

Procedure No: C-5-2  
**Hazardous Drugs**

Effective Date: Dec. 17, 2013

- Beyond antineoplastics, there are many other categories of hazardous drugs, including:
  - Antivirals (e.g. Zidovudine)
  - Anaesthetics (e.g. halogenated agents, enflurane, halothane, etc.)
  - Steroids, hormones
  - Aerosolized drugs such as pentamidine and ribavirin
  - Products that can cause allergic skin and/or respiratory reactions.

- Again, some of these drugs pose significant risk to caregivers who are handling them, others are much less hazardous. Included in the steroid category, for example, is cortisone cream. A care-giver applying the cream would wear gloves, and wash his or her hands before and after the procedure, but use of an N95 mask would not be necessary.
- In identifying hazardous drugs and determining what special precautions need to be taken in connection with them, we will refer to product information resources such as Material Safety Data Sheets, drug product monographs, and other professional and government resources. The U.S. National Institute for Occupational Safety and Health (NIOSH) publishes and maintains one authoritative inventory of hazardous drugs: the *NIOSH List of Antineoplastic and Other Hazardous Drugs in Health Settings, 2010*.

Procedure No: C-5-3

Effective Date: Dec. 17, 2013

**Procedures to be Used in the Handling of Hazardous Drugs**

- The following represents the full range of special precautions likely to be necessary in a program operated by CLDN. As stated above, not all of the protocols will be employed in the case of every hazardous drug. The specific protocol will be developed as each drug is identified and about to be brought into the workplace. It will be committed to writing and case specific instruction provided to all staff in the program area concerned.
- Note that nitrile gloves, non-impervious gowns, N95 masks, eye glasses, etc. which appear repeatedly in the following protocols are referred to collectively as *Personal Protective Equipment* or PPE.

Procedure No: 1

**Hazardous Drug Administration and Storage**

- The hazardous drug will be labelled as such.
- The hazardous drug will be stored in a separate blister pack in a separate container from all other medications.
- Staff must wash hands in preparation of administering a hazardous drug.
- Staff must put on Nitrile gloves.
- Staff will administer the medication as prescribed.
- Staff will remove gloves and dispose immediately into the waste bin provided.
- Staff will wash and sanitize hands.

Procedure No: 2

**Handling/Cleaning of Bodily Fluids (vomit, urine, feces, blood)**

- Staff must wear Nitrile gloves.
- Staff must wear a non-impervious gown.
- Staff must wear a N95 mask.
- Staff must wear eye glasses when there is a risk of splashing.
- Staff must dispose of all Personal Protective Equipment into the waste bin provided.
- Staff must wash hands after removing their protective equipment.

Procedure No: 3

**Laundry Practices**

- Staff must wear Nitrile gloves when handling soiled or wet laundry and/or linens.
- All laundry will be washed separately from other people's laundry in the home.
- Bedding should be shaken as little as possible to prevent the release of contaminated particles.
- Heavily soiled laundry should be contained in a double bag if not washed immediately. Heavily soiled clothing or bedding may be washed twice but this is not mandatory.
- Immediately after use, Nitrile gloves will be disposed of into the waste bin provided.
- Staff must wash hands before and after removal of protective equipment.

Procedure No: 4

**Assistance with Personal Care**

- Staff must wear Nitrile gloves and non-impervious gowns when handling incontinence products and after possible contact with bodily fluids.
- Staff must wear N95 mask.
- Staff must wear eye glasses or goggles when there is a risk of splashing.
- Staff will encourage people to use the toilet if possible.
- Staff will put toilet seat down prior to flushing urine and/or feces.
- Staff will dispose of all incontinence products into the waste bin provided.
- Staff will ensure people's personal urinals are kept in a separate location from other people's equipment.
- Staff will sanitize urinals and storage areas after each use.
- Staff will ensure that the lid of the urinal is kept shut when not in use.
- Staff will remove protective equipment and dispose of it into the waste bin provided.
- Staff must wash hands before and after removal of protective equipment.

Procedure No: 5

**Sanitation of Contaminated Surfaces**

- Staff must wear Nitrile gloves.
- When cleaning staff will start with the cleanest areas and finish with the most contaminated areas using Clorox Bleach or Lysol Wipes or any other approved disinfectant on the master agency wide cleaning list.
- Staff will start with the sink and counter, then clean the tub/shower, then finish with the toilet.
- Staff will remove protective equipment and dispose of it into the waste bin provided.
- Staff must wash hands before and after removal of protective equipment.

Approved by: \_\_\_\_\_  
Executive Director

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