TITLE:	HAZARDOUS DRUGS – ASSESSMENT	POLICY 12.02

Authority: WAC 296-62-500

PURPOSE:

This policy describes steps taken to assess occupational exposure when dealing with hazardous drugs.
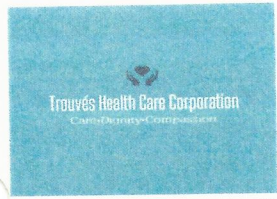
SCOPE:

All Employees

POLICY:

The Personal Care director/Director of Nursing (PCD/DON) will conduct a hazard assessment for all known hazardous drugs for which occupational exposure is reasonably determined to exist. Occupational exposure includes any potential contact an employee may experience with a hazardous drug during the course of their duties through inhalation, skin, ingestion or injection.

PROCEDURE:

Hazard assessments will be conducted for each new hazardous drug introduced to the workplace or when a potential change to occupational exposure occurs such as through a new handling method. Assessments for hazardous drugs will details safe handling methods and these assessments will be kept with the list of hazardous drugs.

Drug hazard assessments will consider the following:

1. Personal protective equipment – (PPE)
2. Engineering controls
   a. Ventilated cabinets
   b. Closed-system drug transfer devices
   c. Glove bags
   d. Needleless systems
3. Physical layout of work areas

4. Types of hazardous drugs being handled
5. Volume, frequency, packaging, and form of hazardous drugs handled (tablets, coated versus uncoated, powder versus liquid)
6. Equipment maintenance
7. Decontamination and cleaning
8. Waste handling
9. Potential hazardous drug exposure during work operations, such as drug preparation and administration
10. Spill response

Employees will follow all standard operating procedures and policies for chemical hazards in the workplace and follow appropriate precautions when handling all known hazardous drugs, which require:

a. Exam gloves will be used when handling and distributing all drugs. Gloves will be changed, and hands washed, between each resident
b. All known hazardous drugs will, to the extent possible, be kept in their original form
    i. (e.g. no crushing or splitting)
c. All known hazardous drugs, if splitting or crushing is required, shall be split or crushed in a closed system
d. There will be no eating or drinking in areas of hazardous drug storage, preparation or administration
e. All known hazardous drugs will be disposed of according to manufacturer specifications, and in accordance with State and Federal regulations, utilizing universal handling precautions

The PCD/DON will, with each known hazardous drug, determine the appropriate level or precaution. Such determination will be made based on:

1. The hazardous properties of the drug
2. Handling and preparation methods
3. Manufacturer recommended disposal methods

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All potentially contaminated clothing and laundry of patients will be treated following standard universal precautions outlined in the "Blood borne Pathogens Policy" elsewhere in the Accident Prevention Program.

As a standard operating procedure all routine chemotherapy drug preparations will be conducted in an appropriate ventilated cabinet. Non-routine chemotherapy drug preparation will be conducted outside of a ventilated cabinet provided: there is a clinical need for the patient; compounding services are not readily available, and such preparation/administration is best for the patient if performed locally. Such determinations will be made and documented on a case-by-case basis by the PCD/DON.

Receiving, Storage and Transport

All drugs, hazardous or not, will be received and transported in closed containers. Any drugs brought to community staff outside of closed containers will be treated as hazardous drug spills and disposed of accordingly. When receiving and transporting all drugs, universal precautions as noted above will be followed.

EXCEPTIONS:
No exceptions to this policy may be granted without the prior written approval of the Director.

SUPERCEDES:
None