RATIONALE:

Many hazardous drugs are known to have adverse health effects as documented in patients who have received these substances in therapeutic doses. Hazardous drugs are toxic at the cellular level, either binding directly to genetic material or affecting cellular protein synthesis. It is reasonable to suspect that health care workers or others who repeatedly handle or are exposed to hazardous drugs may be at risk. The risk of handling these substances is directly related to the toxicity of the individual hazardous drugs and the degree to which staff are exposed.

POLICY:

Although there are no specific screening techniques which indicate levels of exposure or to predict adverse health effects of exposure to hazardous drugs, it is paramount to take measures to protect the employee's health status. Prevention of exposure is of primary importance and all employees are required to handle hazardous drugs in a safe manner. The following measures are in place to monitor employee health for employees with a significant risk of exposure to hazardous drugs (ie, employees involved in preparation, administration, housekeeping, waste disposal or transport of hazardous drugs):

1. Employees will receive an orientation to current BCCA policies and procedures related to safe handling practices of hazardous drugs.

2. Employees will receive information on the possible risks and necessary precautions to take when handling hazardous drugs.

3. Closed System Drug Transfer Devices (CSDTD) will be available for use for the preparation, administration and disposal of hazardous drugs (except when incompatible or where use of the device will not achieve a closed system).

4. Employees will have access to PHSA Workplace Health for the purpose of a general health interview/risk assessment. It is recommended that newly hired employees who are at risk of exposure undergo an assessment with PHSA Workplace Health after hire to review any questions/concerns related to risk of hazardous drug exposure.

5. On an annual basis, employees are encouraged to arrange a routine medical examination with his/her family physician.

6. For health surveillance purposes, records of preparation and related handling activities must be maintained, as determined necessary by WorkSafe BC regulations.
A. **PERSONAL HYGIENE**

- Eating, drinking, smoking, application of cosmetics and the storage of food is prohibited in any area where hazardous drugs are received, stored, prepared, administered, and disposed.

B. **PREGNANCY**

- Employees must be fully informed of the potential reproductive hazard.

- It is the responsibility of the employee handling hazardous drugs to discuss with their immediate supervisor any desired change in work assignment as a result of their pregnancy, breast-feeding or attempt to reproduce.

C. **ACCIDENTAL EXPOSURE/CONTACT PROCEDURE**

- The employee will take the following measures immediately following accidental contact with hazardous drugs /wastes.

  **Eye Contact**
  
  i) Flush the affected eye(s) with copious amounts of water at an eyewash station or with water or isotonic eyewash designated for that purpose for a minimum of 15 minutes.

  **Skin Contact**
  
  i) Remove any contaminated clothing immediately.
  
  ii) Wash the affected area with soap and water for a minimum of 15 minutes.

  **Skin Punctures**
  
  i) Wash the puncture site thoroughly with soap and running water for 15 minutes.
  
  ii) Allow wound to bleed freely.

  iii) Refer to extravasation policy (BCCA ST Policy III-20)

- The employee must report any accidental contact or skin puncture with hazardous drugs or waste to their immediate supervisor.

- The employee must contact the Workplace Health Call Centre at 1-866-922-9464 to report an injury.
GLOSSARY

**Exposure/contact** - direct contact with a hazardous drug or equipment or material contaminated with a hazardous drug, in any form via skin contact, inhalation, injection (e.g. needle stick) or ingestion.

**Hazardous Drug** - Drug that exhibits one or more of the following characteristics in humans and/or animals: carcinogenicity, teratogenicity or other developmental toxicity, reproductive toxicity, organ toxicity at low doses, genotoxicity and structure and toxicity profiles of new drugs that mimic existing drugs determined hazardous by the five previous criteria. If there is no information found and the drug is primarily used as an antineoplastic agent, it will be deemed as hazardous. If a drug contains living organisms with potential to cause infections in humans it will be considered a hazardous drug and will be designated a biohazardous drug on the Hazardous Drug List. Note: Hazardous drugs have been referred to as “cytotoxic, antineoplastic, hazardous, and/or chemotherapy”. (Refer to Cancer Drug Manual Appendix 5 http://www.bccancer.bc.ca/HPI/DrugDatabase/Appendices/default.htm )

**Bio-hazardous Drug** - A drug containing living organisms with the potential to cause infections in humans. Bio-hazardous drugs are considered hazardous drugs and will be included on the NIOSH HD List or BCCA HD List Addendum. Note: Bio-hazardous drugs may include gene therapy, biologicals, and/or biohazards.

REFERENCES


Canadian Association of Nurses in Oncology (2011) Standards and Competencies for Cancer Chemotherapy Nursing Practice (http://www.canoacio.ca/national_chemotherapy_administration_standards)


Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings. NIOSH ALERT, 2004.

Management of the Administration and/or Handling of Cytotoxic Medications and Waste OCT 2003 VCH Vancouver Community AOA Practice Guidelines

WorkSafe BC OHS Regulation, Part 6: Substance specific requirements: Cytotoxic Drugs and OHS Regulation, Part 6