
ADVISORY NO. 4.0: MANAGING THE USE OF CYTOTOXIC AGENTS

PURPOSE:

To provide a reasonable measure of safety for personnel, patients and the public, based on known risks and hazards of cytotoxic agents.

EDUCATION:

Staff members who handle parenteral cytotoxic agents will be required to receive certification regarding chemotherapy administration. A statement of clinical competence will be placed in the individual's personnel file. Re-evaluation at appropriate intervals will be required.

PERSONNEL RESTRICTIONS:

Pregnant personnel, those attempting to become pregnant, those suspected of being pregnant, breastfeeding, and immunosuppressed or medically compromised personnel should avoid preparing or administering chemotherapy. Personnel not complying with this policy will not participate in the care of patients receiving antineoplastic agents.

PREPARATION:

- Antineoplastics must be prepared and IV sets primed by the hospital pharmacy and delivered to the unit in a protective container; i.e. Ziplock plastic bag and clearly marked. In the outpatient areas, chemotherapy is prepared by a pharmacist in that area.
- Prior to administration of antineoplastics, verification with the physician's written order must be made of the drug, dosage, re-constitution volume, and route of administration.
- IV Push chemotherapy must be dispensed in no larger than a 35-cc syringe.
- Syringes must never exceed 3/4 full.
- Luer-lock fittings must be in place on all syringes containing chemotherapeutic agents. If luer-lock fittings are unavailable, then connecting sites must be taped.
- All infusion sets and pumps must have luer-lock fittings after July, 1986.

PERSONAL PROTECTION:

- Any materials and drugs needed to treat an extravasation must be available at the bedside during the administration process.
- Surgical latex gloves must be worn when administering chemotherapeutic agents. Vigorous handwashing is required before and after drug administration.
- Closed front, protective gowns, snug fitting at the wrist will be worn for all procedures involving the administration and attendant waste. Surgical mask will be available.
- To absorb leakage, a plastic backed absorbent pad must be placed over the fitting or needle tip to catch any solution that may be discharged.
- The pharmacy will prime all tubing for intravenous piggyback and continuous infusions with normal saline or D5W and send the chemotherapy to the unit with the tubing attached.
- Any exposure or skin puncture with a needle from a cytotoxic agent must be cleansed with vigorous washing and reported to the Administration and Finance (A&F) as soon as possible.
- Nursing assignments will be rotated to avoid prolonged continuous contact with cytotoxic agents.

DISPOSAL:

- Needles must never be clipped or bent from syringes. Used needles and syringes should **not** be recapped but immediately disposed of in a designated puncture proof container.
- All cytotoxic waste (used drug vials, syringes, bags, bottled, tubings, gloves, and gauze) must be disposed of in the designated cytotoxic waste container. This container is clearly labeled.

CAUTION
CHEMOTHERAPY WASTE

- All disposable items coming in contact with cytotoxic agents must be placed in the cytotoxic waste disposal container located in a designated area. The cytotoxic disposal container should be replaced when 3/4 full. Only cytotoxic waste will be discarded in the designated container.
- Gloves, long sleeved jackets, and scrubs or gowns will always be worn by personnel disposing vomitus, excreta, urine or when handling contaminated linen from patients being treated with antineoplastic agents.
- Linens, reusable protective gowns, scrubs or uniforms, etc., potentially may come in contact with antineoplastic drugs or contaminated wastes. These items will be controlled in the same manner as isolation linens. They will be collected in a double-bag system (the exterior bag clearly stating the contents are hazardous), transported to the laundry and handled as isolation linen.

MEDICAL SURVEILLANCE AND PROGRAM COMPLIANCE:

- Medical surveillance and program compliance will be monitored by the Occupational Medicine Division of UC Health.