

Several organizations have safety guidelines regarding handling of hazardous drugs. That said, only Washington and California have enforceable laws that regulate these practices. This article shares the experiences of three states—Washington, Michigan, and North Carolina—in advancing legislative and regulatory efforts. It also offers guidance to nurses seeking to improve the way hazardous drugs are handled and how and where to begin.

#### AT A GLANCE

- Safety guidelines for handling of hazardous drugs exist but are rarely enforced from a regulatory standpoint.
- Federal agencies recognize National Institute for Occupational Safety and Health recommendations but defer regulation to state governments; a few states have succeeded in giving these recommendations the force of law.
- Counsel is given to those looking to be active in legislative and regulatory efforts in their states.

#### KEYWORDS

hazardous drugs; safe handling; guidelines; adverse effects; exposure

#### DIGITAL OBJECT IDENTIFIER

10.1188/17.CJON.254-256

# Hazardous Drugs

## Legislative and regulatory efforts to improve safe handling

AnnMarie L. Walton, PhD, MPH, RN, OCN®, CHES, Seth Eisenberg, RN, OCN®, BMTCN®, and Christopher R. Friese, PhD, RN, AOCN®, FAAN

When pharmacists, nurses, and other healthcare workers are occupationally exposed to antineoplastic drugs, they are at risk for a range of toxic effects, including, but not limited to, adverse reproductive outcomes (Connor & McDiarmid, 2006). To address those risks, several organizations have issued safety guidelines regarding the handling of hazardous drugs. The American Society of Hospital Pharmacists (now the American Society of Health-System Pharmacists [ASHP]) has published recommendations on safe handling since 1983 (Stolar, Power, & Viele, 1983) and released its most recent revision in 2006 (ASHP, 2006). The Oncology Nursing Society (ONS) first published guidelines in 1984 and has continued to produce publications and courses on the topic (Neuss et al., 2013; Polovich, 2011; Polovich, Olsen, & LeFebvre, 2014). The Occupational Safety and Health Administration published its first guidelines in 1986 and then updated them in 1996 and 1999, and gave guidance as recently as 2016 (<http://bit.ly/2n21nPF>). The National Institute for Occupational Safety and Health (NIOSH) reviewed the research in this area and issued recommendations for how to handle hazardous drugs in 2004 (Centers for Disease Control and Prevention, 2004). A forthcoming update is anticipated by the end of 2017 to include the hundreds of studies done since that time and make recommendations based on a growing body of evidence that adverse effects oc-

cur from occupational exposure to hazardous drugs.

Although federal agencies recognize the NIOSH recommendations, they defer regulation to state governments. In a few states during the past decade, nurses and other advocates have successfully fought for safe-handling legislation that gives the NIOSH recommendations the force of law. Washington was the first to act, enacting a law in 2011 that covers all medications defined as hazardous by NIOSH (Washington State Department of Labor and Industries, 2016). California passed a similar law in 2013, which covers antineoplastic drugs only (California State Legislature, 2013). North Carolina passed a safe-handling law in 2014, but the rule-making process was unsuccessful, and that state's law is not enforceable (North Carolina General Assembly, 2014). Safe-handling bills are advancing in the legislatures of Michigan and New Jersey.

In the brief case studies that follow, the authors present three examples of states moving recommendations into policy.

### Washington: Implementing a Hazardous Drug Law

In 2010, investigative reporter Carol Smith had been researching the dangers of hazardous drugs and met an advocate named Chelsea Crump (Smith, 2010). Chelsea recounted how her mother, Sue Crump, had been diagnosed with cancer after working as a pharmacist for many years with minimal protection from hazardous drugs. While Sue received treatment for her cancer, Chelsea noted that the nurses were