Safe Handling: Implementing Hazardous Drug Precautions

Ann Marie L. Walton, RN, MPH, OCN®, CHES, Susan Mason, RN, MSN, OCN®, Michele Busshart, RN, OCN®, Angela D. Spruill, RN, BSN, OCN®, Summer Cheek, RN, BSN, OCN®, Ashley Lane, RN, BSN, Kathy Sabo, RN, BSN, CPHON®, ATC, and Amanda Taylor, RN, BSN, CPHON®

Occupational exposure to chemotherapy is a significant and ubiquitous danger to oncology nurses. The Oncology Clinical Nurse III/IV leadership group at the University of North Carolina Hospitals embarked on the challenge of a comprehensive standards review regarding personal protective equipment necessary when handling waste after hazardous drug administration. This review led to practice improvements in education, the use of chemotherapy-rated gloves when handling hazardous waste, and changes in the disposal options available to staff. A discharge teaching pamphlet on safe handling for the caregivers of patients receiving hazardous drugs was created and piloted.

Policy Review

After reviewing the policy on the handling of bodily fluids after hazardous drug administration with NIOSH (2004), as well as recommendations from the Oncology Nursing Society (ONS) (Polovich, 2003) and Association of Pediatric Hematology/Oncology Nurses (APHON) (Kline, Echtenkamp, Rae-Zahradni, & Wills, 2007), UNCH policy was found to be in compliance except for two nurse practice areas: (a) use of double chemotherapy gloves for bodily fluids for the administration of chemotherapy or hazardous drugs, and (b) disposal of trace waste, tubing, plastic-backed absorbent pads, and materials used during chemotherapy administration. Trace waste should be disposed of in biohazard trash for incineration, as well as sharps containers for syringes with traces of chemotherapy. The Oncology CN III/IV leadership group reinforced this part of the policy with reeducation.