

**MASSACHUSETTS
GENERAL HOSPITAL
PROCEDURAL SERVICES
HAZARDOUS DRUG SAFETY IN PROCEDURAL AREAS**

Purpose: The purpose of this policy is to ensure those handling and administering hazardous medications and waste at Massachusetts General Hospital (MGH) in the operating room, interventional radiology, and other procedural areas understand and practice proper and safe administration of all hazardous medications and promote a safe environment for patients as well as employees.

Policy Statement:

1. Hazardous medications must be handled and administered per this policy to minimize the potential for occupational exposures and to ensure compliance with the Joint Commission Medication Management Standards and United States Pharmacopeia (USP) 800.
 - a. Refer to the “Hazardous Medication (Hazmed) Handling and Administration at MGH” Policy in the Medication Manual for an overview of risk categories and waste disposal for Hazmeds at MGH.
2. MGH is committed to safety of its employees and personnel who work in areas where exposure to hazardous medication may exist. Individuals who handle or administer hazardous drug or hazardous waste should be required to complete in Healthstream the “*Annual Hazardous Drug Program and Medical Surveillance Attestation*” to ensure full understanding of the policies for safe hazardous medication handling and opportunities for medical surveillance.
3. Hazardous medications must be administered safely using protective medical devices and techniques as described in this policy, as well as any unit or site-specific procedures related to handling hazardous medications.
4. A “Chemotherapy Spill Kit”, yellow hazardous disposable bins, and N95 respirators must be readily available where there is antineoplastic chemotherapy administered.
 - a. A hazardous drug cart with these items and additional personal protective equipment (PPE) will be located throughout the OR suite.

Procedure/Guidelines:

1. When hazardous medications are brought from the pharmacy to the clinical area, they must be placed in a segregated area that denotes it is a hazardous medication until the medication is ready for administration in the procedural suite.
2. While administering antineoplastic chemotherapy (high risk hazardous drugs), the following Personal Protective Equipment (PPE) must be worn:
 - a. 2 pairs of chemotherapy gloves, tested to ASTM standard D6978, or its successor.
 - b. A chemotherapy gown, disposable and shown to resist permeability (level 4 preferred) to hazardous drugs
 - c. Face shield and/or goggles: When there is a risk for spills or splashes of hazardous drugs or hazardous waste materials
 - d. Surgical masks do not provide respiratory protection from drug exposure and must not be used when respiratory protection from hazardous drug exposure is required.
 - i. A surgical N95 respirator provides the respiratory protection for an N95 respirator. For those unable to be fit to an N95, a PAPR can be used for respiratory protection.

3. Place a “Caution – Chemotherapy in Use” sign on the door of the OR or Procedural suite when administering antineoplastic chemotherapy.
4. All antineoplastic chemotherapy drug waste and supplies must be disposed of in a yellow waste bucket.
5. All PPE worn while handling hazardous drugs and hazardous drug waste must be removed and discarded prior to leaving the OR to reduce exposure and contamination in other parts of the operating room suite.

Procedures that utilize antineoplastic chemotherapy include, but are not limited to:

1. Hyperthermic Intraperitoneal Chemotherapy (HIPEC)
 - a. Utilizes Mitomycin
2. Cystoscopy Bladder
 - a. Utilizes Mitomycin
3. Vocal cord injection
 - a. Utilizes Bevacizumab
 - i. Supplied as a laryngeal syringe to apply to vocal fold(s) via injection. Not for IV use.
4. Intrathecal Instillation
 - a. Utilizes Cytarabine and Methotrexate
5. Trans arterial Chemotherapy Embolization (TACE)
 - a. Utilizes Bleomycin
6. Keloid Scars Injection
 - a. Utilizes 5-Fluorouracil topical and intralesional

**Approved By: Procedural Services-Regulatory and Policy
Subcommittee**

March 2019