

Spillage of Systemic Anti-Cancer Therapy (SACT) for clinical areas outside pharmacy guidelines

<u>These guidelines are to be read in conjunction with TVCN Policy for the Safe Handling and Administration of Cytotoxic Drugs in Adults with Cancer and TVCN Policy for Home spillage.</u>

Aims

- To identify potential hazards when handling cytotoxic /SACT drugs.
- To reduce the risk of cytotoxic / SACT contamination.
- To reduce the risk of injury to both staff and patients.
- To identify clear and effective guidelines in the event of the spillage of cytotoxic / SACT drugs.
- To provide training and education for all those involved in the administration of SACT agents and those working in areas where cytotoxic drugs are administered.

The potentially harmful effects of exposure to SACT are well documented; exposure can result from ingestion, inhalation and absorption through the skin or direct splashing

All SACT products must be prepared in an aseptic pharmacy and supplied to the clinical setting in syringes, devices or infusion bags for administration to patients. The final product should be heat sealed in a polythene bag and then over-wrapped in a light protective bag. This packaging should not be opened until the chemotherapy is ready to be administered.

Pregnant staff and non SACT trained staff should not be involved in dealing with any spillage of SACT, and should be kept away from the immediate area.

Potential Hazards

- Leakage from a syringe, infusional bag or ambulatory pump.
- Leakage from administration device e.g. octopus bionecter, IV infusion line, Luer-lock attachment.
- Accidental detachment of SACT from infusion device.
- Spillage of SACT after removal of syringe infusional bag or ambulatory pump.
- Accidental removal of cannula whilst infusion in progress.

Education and Training

All staff working in areas where SACT are administered should receive training and education, appropriate to their involvement, within the area's specific orientation programme. This should include: -

- Safe handling techniques to minimise risk
- Individual role involvement
- Location of spillage kit and procedure
- Location of eyewash station.
- Disposal of waste products from patients receiving SACT
- Potential hazards
- Staff and patient safety
- Incident reporting procedures
- All staff to have annual updates and documented in staff training records.

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Incident Reporting

- All incidents of SACT spillage should be reported using own Trust's adverse incident reporting forms, and report to line manager and Lead Chemotherapy/SACT nurse.
- If a member of staff is directly affected by SACT spillage e.g. skin/eye contact they should receive treatment immediately and report to Occupational Health (or A&E out of hours).
- If a patient is directly involved e.g. skin/eye contact the necessary immediate treatment should be given and the patient reviewed by a Doctor experienced in the use of cytotoxic drugs. This should be reported in the medical notes

Spillage kits

All areas involved in the administration of cytotoxic drugs must have a spillage kit available at all times.

Suggested items to include (or as per local policy):

- 2 pairs of disposable nitrile gloves with appropriate CE marking or industrial gloves (>0.45mm) made of neoprene, nitrile or synthetic rubber
- 2 disposable plastic overshoes
- 2 cytotoxic waste bags
- Goggles/visors
- mask
- disposable gown Tyvek, plastic apron >30 microns or 2 disposable armlets
- chemosorb pads, absorbent granules, or paper towels/sheets
- copy of spillage guidelines

This guideline is intended to safeguard patients and staff by defining current best practice for all disciplines involved in SACT.

The handling and administration of SACT drugs are hazardous potentially to the health care professionals involved in their preparation and administration, and to the patients receiving them. While the risks to patients are, in the main, well documented and can be balanced against the clinical benefits, the risks to health care staff are largely theoretical. It is, therefore, prudent with the present state of knowledge to take every reasonable precaution to protect staff from unnecessary exposure.

There are several guidelines for safe handling of hazardous drugs including those published by UK Health and Safety Executive (HSE). This guideline aims to minimise SACT-associated risks by promoting the safe handling and administration of SACT drugs throughout the TVSCN. It should be read in conjunction with other relevant policies available in each individual Trust. The guideline has been written using best current evidence and practice, and will be reviewed as other guidance and evidence becomes available.

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SACT spillage procedure

Small spillage is considered less than 50mls. Large spillage is more than 50mls.

Identify origin of spillage and

- Stop chemo administration
- Reassure patient and explain what is happening.
- Call for help and ask for spillage kit to be brought to avoid spreading spill further.
- Do not leave the spillage unattended.
 PREGNANT / NON SACT TRAINED STAFF SHOULD NOT BE INVOLVED.

 If not already wearing, apply PPE and double glove using nitrile gloves.

Clothing / linen*

- Remove immediately as appropriate.
- Treat as soiled linen.
- Patient clothing to be washed separately on hot wash cycle.

Hard Surface*

- Contain and mop up spillage, Depending on the kit this may involve absorbent granules or chemosorb pad. If unavailable paper towels are an appropriate substitutes.
- Always clean from the outside of the spillage into the centre to avoid spreading the spill.
- Dispose of as cytotoxic waste in purple topped sharps bin or double purple cytotoxic bags.
- Wash surfaces with large amounts of water and dry. Then wash with soapy water and dry.
 Housekeeping staff should NOT be involved in stage.
- Routine cleaning of surface by housekeeping staff.
- Complete an adverse incident form

Skin contact*

- Wash affected skin under cool water for 10 minutes. It may be easier to shower if large spillage involved.
- If oxaliplatin use warm water.
- Observe area for signs of skin injury such as redness, burning and blistering

Eyes*

- Irrigate eyes This can be using an eye wash station or attach an administration set to 500mls saline and use set to irrigate
- Observe eyes for burning, reddening, pain etc.

Staff

- Attend occupational health or A&E/eye casualty.
- Continue observation of site.
- Complete an adverse incident form.

<u>Patients</u>

- · Review by Dr.
 - Continue observation of site
- Document in patient's notes.
- Complete an adverse incident form.

*Refer to SACT safe handling and admin policy

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