PROCEDURE: **Hazardous Drugs (HD): Accidental Exposure (Non-Radioactive)**

Approved:

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Formulated: 5/1991
Implemented: 7/1991
Reviewed: 8/2009
PROCEDURE: **Hazardous Drugs (HD): Accidental Exposure (Non-Radioactive)**

A. **Essential Information**
   1. Accidental exposure to a hazardous drug involves direct contact with skin or mucous membranes and subsequent absorption, injection, inhalation or ingestion. 1,5,6
   2. Acute symptoms associated with exposure include rash, fever, shortness of breath, headache, syncope, nausea and irritation to mucous membranes of the mouth, nose, and eyes. 2,5,6
   3. All splashes or spills are exposures, even without symptoms, and must be immediately treated and reported.
   4. If a hazardous drug spill occurs with accidental exposure, follow guidelines outlined in PRO: Hazardous Drugs Handling Spills and notify Fire Department for spill clean-up if indicated.

B. **Equipment – Supplies for staff assisting with HD exposure rescue:**
   1. Soap: For skin or sharp injury
   2. Flushing solution
      a. Eye exposures: Tap water from eye wash station located on some patient care units, or room temperature 1 liter bag of 0.9 % Sodium Chloride with IV tubing.
      b. Skin or sharp exposures: Tap water.
   3. Commercially available HD spill kit (e.g., Chemotherapy Drug Spill Kit) containing the following supplies if needed:
      a. 2 pairs of disposable utility chemical-protective gloves
      b. Protective gown
      c. Safety glasses (in the event of a splash potential) or sealing goggles (in the event of an inhalation risk)
      d. NIOSH-approved N-95 respirator (for possibility of inhalation), and/or face shield (indicated if there is a possibility of splashing)
      e. Shoe coverings
      f. Leak proof plastic bags that can be sealed
   4. 3-4 disposable absorbent plastic-backed pads (e.g., chux)
   5. Plastic-lined isolation linen bag
   6. Covered double-lined Medical Pathological Waste (MPW) box

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<th>STEPS</th>
<th>KEY POINTS</th>
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<td>1. HD exposure to clothing and/or personal protective equipment (PPE): a. If any PPE becomes contaminated by HD, remove it and place it in leak-proof plastic bag, seal the bag and then place it in a covered double-lined MPW box. b. If personal clothing of staff, patients, and/or visitor becomes contaminated, remove contaminated clothing, place in a plastic bag, seal the bag. Contaminated clothing should be washed separately from other linen/clothing by either taking home or by using CC washing machines available on some floors. c. If Clinical Center (CC) clothing becomes contaminated by HD, remove it and place in plastic-lined isolation linen bag for the Housekeeping service.</td>
<td>1. b. Contaminated clothing and linen should be washed separately using laundry detergent to avoid contamination of other clothes. 5,6 They can then be washed a second time in the regular laundry. c. Disposable scrubs may be obtained from Central Hospital Supply via Visual Supply Catalog.</td>
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| 2. Immediately wash or flush the affected areas as follows 5,6: a. **For eye exposures:** 1) Place individual in position appropriate for treatment. 2) For units with eye wash stations follow manufacturer guidelines. 3) Place absorbent pads under the head and chin. | 2. 3) Assistance from a second person may be
### PRO: Hazardous Drugs

**Accidental Exposure (Non-Radioactive)**

**Approved by NPC February 18, 2010**

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<th>Have a staff member assist by keeping the affected eye open and then gently flood the eye for at least 15 minutes with copious amounts of tap water or liter bag of 0.9% Sodium Chloride with IV tubing.</th>
<th>needed to adequately irrigate the eyes of the affected individual. Both staff members should wear gowns, gloves, goggles, or when necessary, NIOSH-approved N-95 respirator.</th>
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<td><strong>b For other mucus membranes exposures such as the mouth:</strong></td>
<td>1) Scrub brushes may tear the skin and worsen the exposure.</td>
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<td>1) Instruct the individual not to swallow and flush the mouth with copious amounts of tepid water for at least 15 minutes.</td>
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<td><strong>c For sharps or skin exposures:</strong></td>
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<tr>
<td>1) Thoroughly cleanse the affected skin with soap and copious amounts of water. Do not use a scrub brush.</td>
<td>1) Scrub brushes may tear the skin and worsen the exposure.</td>
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### For inhalation exposures:

Move away from the exposure area and close the door. Provide oxygen if exposed individual is having difficulty breathing. For severe coughing, wheezing, or stridor, initiate appropriate clinical emergency response procedure (STAT page, Rapid Response Team (RRT), or Code Blue).

### For accidental ingestion:

Proceed with appropriate treatment measures as directed by Licensed Independent Provider (LIP).

### After initial treatment measures as described above are taken:

- **Employees** should report to Occupational Medical Services (OMS) (106C300) on the 6th floor as soon as possible after the incident. To reach OMS by phone: 301-496-4411 Monday through Friday from 7:30 – 5:00.

- **Visitors:** If visitors require medical attention for HD exposure, call 111 to activate the Code Team.

- **Patients:** Contact the LIP.

### If at any time, emergency medical attention is indicated

Initiate appropriate clinical emergency response procedure (STAT page, RRT, or Code Blue).

### Notify the Nurse Manager or AC for all HD exposures.
8. File a timely report of the staff, patient, or visitor exposure through the Occurrence Reporting System (ORS) regardless of the severity of the accident.

References:


Additional Resources:

- CC Pharmacy: 301-496-2407
- Poison Control: 1-800-222-1222