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You are free to create a different Hazardous Drug Program to fit the needs of your facility (including using a tiered approach) as long as your program meets the requirements defined in WAC 296-62-500 Hazardous Drugs.

This document’s purpose is only to provide general guidance.  It is not a definitive interpretation for how to comply with DOSH requirements. Consult the actual DOSH standard in its entirety to understand all specific compliance requirements.

**</DIV>Hazardous Drug Control Program**

***[Facility Name]*** is committed to the safety and protection of our staff and understand special attention must be paid to those who administer, receive or otherwise come into contact with hazardous drugs in accordance with **WAC 296-62-500.** To ensure all affected employees know about information concerning the dangers of all hazardous drugs used by ***[Facility Name]***, the following Hazardous Drug Control Program (HDCP) has been established.

***[Facility Name]*** will participate in the Hazardous Drug~~s~~ Control Program. This written program will be a part of the orientation program for affected staff members, updated annually and made available at the ***[location]*** at all times for review by any staff.

**List of Hazardous Drugs**

A comprehensive list of all known hazardous drugs with occupational exposure will be maintained by the ***[Director of Nursing or Health Services]*** and kept ***[location]***.

Any drug identified as hazardous by the National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control (CDC) or any drug that meets at least one of the following six criteria is addressed by this program:

* Carcinogenicity
* Teratogenicity or developmental toxicity
* Reproductive toxicity in humans
* Organ toxicity at low doses in humans or animals
* Genotoxicity
* New drugs that mimic existing hazardous drugs in structure and toxicity

Drug hazard information may be sourced from any one or a combination of the following:

* Product labels
* Package inserts
* Material Safety Data Sheets (MSDS)
* Special health warnings
* Other such reliable sources

All drugs brought into the community for administration to residents by employees will be checked against this list.Any known hazardous drug not currently on the list will be added by the ***[Director of Nursing or Health Services]***. The master list will be routinely reviewed, on a monthly basis at minimum.

**Drug Hazard Assessment**

The ***[Director of Nursing or Health Services]*** will conduct a hazard assessment for all known hazardous drugs for which occupational exposure is reasonably determined to exist.Occupational exposure includes any potential contact an employee may experience with a hazardous drug during the course of their duties through inhalation, skin, ingestion or injection.

Hazard assessments will be conducted for each new hazardous drug introduced to the workplace or when a potential change to occupational exposure occurs such as through a new handling method. Assessments for hazardous drugs will detail safe handling methods and these assessments will be kept with the list of hazardous drugs.

Drug hazard assessments will consider the following:

* Personal protective equipment(PPE)
* Engineering controls
  + Ventilated cabinets
  + Closed-system drug transfer devices
  + Glove bags
  + Needleless systems
* Physical layout of work areas
* Types of hazardous drugs being handled
* Volume, frequency, packaging, and form of hazardous drugs handled (tablets, coated versus uncoated, powder versus liquid)
* Equipment maintenance
* Decontamination and cleaning
* Waste handling
* Potential hazardous drug exposures during work operations, such as drug preparation and administration
* Spill response

Potential for hazardous drug contact occurs in the following areas:

**[Describe areas drugs are received, distributed, altered, disposed of, or may reasonably spill: e.g. Hazardous drugs are dispensed from the medication cart throughout the building.]**

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**Hazardous Drug Procedures**

***[Facility Name]*** employees will follow all standard operating procedures and policies for chemical hazards in the workplace and follow appropriate precautions when handling all known hazardous drugs, which requires:

* Exam gloves will be used when handling and distributing all drugs. Gloves will be changed, and hands washed, between each resident
* All known hazardous drugs will, to the extent possible, be kept in their original form (e.g. no crushing or splitting)
* All known hazardous drugs, if splitting or crushing is required, shall be split or crushed in a closed system
* There will be no eating or drinking in areas of hazardous drug storage, preparation or administration
* All known hazardous drugs will be disposed of according to manufacturer specifications, and in accordance with State and Federal regulations, utilizing universal handling precautions.

The ***[Director of Nursing or Health Services]*** will, with each known hazardous drug, determine the appropriate level of precaution. Such determination will be made based on:

* The hazardous properties of the drug
* Handling and preparation methods
* Manufacturer recommended disposal methods

All potentially contaminated clothing and laundry of patients will be treated following standard universal precautions outlined in the “Bloodborne Pathogens Policy” elsewhere in the Accident Prevention Program.

As a standard operating procedure all routine chemotherapy drug preparation will be conducted in an appropriate ventilated cabinet. Non-routine chemotherapy drug preparation may be conducted outside of a ventilated cabinet provided: there is a clinical need for the patient, compounding services are not readily available, and such preparation/administration is best for the patient if performed locally. Such determinations will be made and documented on a case-by-case basis by the ***[Director of Nursing or Health Services]***.

**Receiving, Storage and Transport**

All drugs, hazardous or not, will be received and transported in closed containers. Any drugs brought to community staff outside of closed containers will be treated as hazardous drug spills and disposed of accordingly. When receiving and transporting all drugs, universal precautions as noted above will be followed.

**Precaution/Hazard Levels**

***[Facility Name]*** will work with pharmacies to alert the facility if a drug is on the NIOSH Hazardous Drugs List. Preferably the pharmacy will alert the facility to which list the drug is on (1, 2, or 3). This alert will be on (check all that apply):

\_\_ Medication packaging

\_\_ Packaging insert

\_\_ MAR or eMAR

The **[Director of Nursing or Health Services]** will check all drugs coming into the facility against the list to ensure proper alerting and will label all hazardous drugs prior to storing or distributing. Hazard levels for labeling purposes are as follows:

*Green/No Label/Universal Precaution* – these drugs will be received, transported, handled, administered, and disposed of following normal precautions.

*Yellow/Low* – these drugs will be received, transported, handled, administered, and disposed of wearing gloves and using appropriate engineering controls.

*Orange/Moderate* – these drugs require gloves and a gown, eye and face protection (with liquid splash potential) when received, transported, handled, administered and disposed of, in addition to any necessary engineering controls.

*Red/High* – these drugs require double gloves, gown, eye and face protection when received, transported, handled, administered and disposed of, in addition to any necessary engineering controls.

A copy of this hazard key will be kept **[location of hazard key, e.g. med cart, nursing station, or other location]**.

**Spill Response and Clean-up**

All Housekeeping, Maintenance and Nursing staff members are responsible for responding to spills of hazardous drugs. Areas of hazardous drug spills will be restricted until the spill is completely cleaned up and the area decontaminated.

Spills of known hazardous drugs will be cleaned up according to manufacturer specifications, at a minimum this will include:

* Utilizing the labeled universal precautions.
* Utilize dedicated spill response kits.
* All surfaces potentially contaminated by known hazardous drugs during preparation or spills will be cleaned with an appropriate solution following standard operating procedure for general disinfection or as noted by manufacturer recommendations in the hazard analysis.
* Spill response kits should contain, at a minimum:
  + Deactivation - 2% Sodium Hypochlorite solution or equivalent
  + Decontamination – dedicated broom/dustpan/rags
  + Cleaning -Tri or Quadra-valent detergent or equivalent
  + Disinfection – Isopropyl Alcohol 70% or equivalent

Spill response kits are located in **[designated space]**.

**Engineering Controls and Maintenance**

All equipment related to this program will be placed on a routine maintenance program to ensure proper functioning. Routine maintenance will be of a type and frequency that at a minimum meets manufacturer recommendations; additional type and frequency may be added at the discretion of the Administrator. All maintenance will be performed following all control procedures outlined on the hazard assessment form.

[**Describe any engineering controls/equipment in space: e.g. needless systems, IV delivery systems, vented cabinets, etc., which drugs they are required for, and proper maintenance (e.g. cleaning) of that equipment.]**

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**Employee Information and Training**

The ***[Director of Nursing or Health Services]*** is responsible for the employee training program. The procedures for how employees will be informed and trained are as follows:

All employees will receive general training on drug hazards during new hire orientation by the ***[Director of Nursing or Health Services]***. Job-specific drug safety information will be provided by the Department Head during training. Routine refresher training on hazardous drugs will be provided at least once per year.

The ***[Director of Nursing or Health Services]*** will ensure that before starting work, each new employee of ***[Facility Name]*** will attend a health and safety orientation that includes the following:

* An overview of the requirements contained in the Hazardous Drug Control Program
* Hazardous drugs present in the work area with reasonably determined occupational exposure
* Physical and health risks of the hazardous drugs
* The symptoms of exposure
* How to determine the presence or release of hazardous drugs in the work area
* How to reduce or prevent exposure to hazardous drugs through use of control procedures, work practices, and personal protective equipment
* Steps the employer has taken to reduce or prevent exposure to hazardous drugs
* Procedures to follow if employees are exposed to hazardous drugs
* Location of the written hazardous drug control program
* For those tasks or procedures requiring employee use of respiratory protection: employees will receive the necessary training as describe in WAC 296-842-16005, for respiratory protection.
* Those employees that will respond to chemical emergency spills or releases, and will potentially conduct those operations where high levels of exposures to toxic substances could exist or pose a serious danger to employees will receive the appropriate level of training based upon their anticipated duties according to the Emergency Response rule, WAC 296-824-300, Training.

Before introducing a new hazardous drug with reasonably determined occupational exposure into the work area of this employer, each affected employee will be given an orientation as outlined above for the new drug.

All training will be appropriately documented and maintained with other employee training records.

**PROGRAM RESPONSIBILITIES**

***[Director of Nursing or Health Services]*** is the HDCP Administrator responsible for:

* HDCP implementation
* HDCP maintenance, review and updates.
* Ensuring all necessary personal protective equipment (e.g. gloves, gowns, masks) is provided and available in the appropriate sizes.
* Ensuring all necessary engineering controls (e.g. closed system transfer device or controlled area) are properly maintained and used
* Ensuring that employee HDCP training is delivered and documented by an adequate person.

The Program Administrator may delegate, with documentation, any of the above responsibilities to a designated person.

Those employees who are determined to have occupational exposure to hazardous drugs must comply with the procedures and work practices outlined in this HDCP.

**EMPLOYEE EXPOSURE DETERMINATION**

***[Facility Name]*** has determined that all employees in the following jobs may have occupational exposure to hazardous drugs during the normal course of their work:

JOB TITLE DEPARTMENT/LOCATION

*(Example: Clinic staff, Nurses, Physicians, Customer Service/Front Desk personnel, Janitorial Staff )*

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The following is a list of job classifications in which **some** employees at ***[Facility Name]*** may have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE DEPARTMENT/LOCATION TASK/PROCEDURE

*(Example: Customer Service/Front Desk Personnel: handling customer ready drugs; Janitorial Staff: cleaning hazardous drug handling areas, shipping and handlings) Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the HDCP*.

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**Program Review**

***[Facility Name]*** will review and update this program on an annual basis, or when operational procedures change that affect occupational exposure, for effectiveness. This review will include input from management and employees with potential occupational exposure to hazardous drugs.

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