**UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS**

**Home Care Services**

**HomeMed • MedEQUIP • Michigan Visiting Care**

**Michigan Visiting Nurses • Wheelchair Seating Service**

**PROCEDURE**

**TITLE:** Safe Handling of Hazardous Medications in the Home

**PROCEDURES:**

A. Adhere to standard precautions.

B. Plastic-backed absorbent pads should be placed on all work surfaces.

C. Use Personal Protective Equipment:
   1. Mandatory: Chemotherapy or double nitrile gloves and poly-coated gowns must be worn for all procedures.
   2. Optional: Eye protection should be worn if risk of splash is present.

D. Wash hands with soap and water, before applying as well as after removal of gloves.

E. Waste Disposal: Chemotherapy bags, unused drug, or any equipment (i.e. syringes, cannulas, tubing) should be placed in puncture-proof hazardous waste container.

F. Spills:
   1. All patients receiving chemotherapy at home shall be sent a chemotherapy spill kit with initial delivery and replaced as needed.
   2. Chemotherapy spills should be cleaned immediately with the use of gloves, gown, goggles, and mask using the spill kit. Plastic-backed absorbent pads shall be used to clean the spill and discarded in hazardous waste container. The area of spill should then be cleaned with soap and water. Hard surfaces can be cleaned with household bleach wipes.
   3. If a spill occurs on the patient/caregiver's clothing or sheets, these articles should be washed separately twice from other articles before adding to regular laundry.

G. Accidental exposures:
   1. Remove contaminated gloves or gown immediately and discard within the bag included in the spill kit.
   2. Wash skin contaminated with chemotherapy with soap and water.
   3. Flood an eye that is accidentally exposed to a chemotherapy agent with water for at least 15 minutes. Seek medical attention immediately. Spills and accidental exposure shall be reported to HomeMed and/or Cancer Center clinicians who will provide information or referral for medical evaluation.

H. Patients/caregivers will be instructed on methods to properly dispose of hazardous waste containers.

I. For the first 48 hours after chemotherapy, safe handling guidelines apply to patient's excretions:
   1. Instruct caregiver/patient to wear disposable gloves when handling urinals, bedpans, emesis basins and changing diapers.

J. Never flush chemotherapeutic agents down commode or drain.

K. Patient and family members/caregivers shall be taught the dangers of exposure to chemotherapeutic agents, especially if children, pregnant or lactating women are in the home.
L. Spill Reporting, Disposal and Follow Up
   1. Report the spill
      a. To the appropriate area Manager and/or Cancer Center clinician.
      b. A Patient Safety Report Form event must be submitted in the event of patient or external
         person direct exposure.
      c. A Work Connections, Illness or Injury Report Form must be submitted in the event of
         direct staff exposure.

   2. Waste Disposal
      a. Dispose of hazardous waste generated on University of Michigan Hospital and Health
      b. Waste generated in the patient’s home is considered household waste and should not be
         transported by UMHHC staff for disposal at a UMHHC facility.

UMHHC/HCS REFERENCES:
1. UMHHC-HCS 200.101 Environment of Care at Home Care Service
2. UMHHC-HCS 200.107 Waste Management Plan
3. UMHHC-HCS 233.002 Distribution Area Operations
4. UMHHC-HCS 233.011 HomeMed Order Delivery
5. UMHHC-HCS 233.037 Safe Handling and Management of Hazardous Drugs
6. UMHHC - Home Chemotherapy Manual

APPROVAL AND REVISIONS:
1. August 1998, update to new format.
2. September 2000, reviewed and updated.
4. October 2004, reviewed; updated references.
5. August 2006, reviewed; updated to include closed-system devices.
6. January 2010, reviewed; disposal of chemotainers changed to reflect current practice.
7. August 2012, reviewed; updated to reflect changes to priming IV tubing.
8. January 2013, reviewed; updated to reflect changes to Personal Protective
   Equipment/Reporting.
9. April 2015, reviewed with minor editorial changes, in section C.
10. December 2015, reviewed with no changes, signatures not required.