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leading quality in community services

Cytotoxic Medication Management in the Community

PRACTICE GUIDELINES

COMPETENCIES

- 8 / 10 Communication
- 9 / 10 Critical Thinking & Decision Making
- 7 / 10 Accountability
- 6 / 10 Teamwork & Collaboration
- 6/ 10 Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Providers to ensure the safety of both staff and clients in care and administration of cytotoxic medications within the community.
- Ensure that provisions are in place to protect staff and to monitor compliance.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support
- To ensure the safety of staff who are engaged in the administration and management of cytotoxic medications.
- To ensure adequate clinical governance processes are in place to effectively manage and provide supervision over cytotoxic medication management for clients in the community.

BACKGROUND

- Cytotoxic and other hazardous medications, due to their potential for workplace health and safety risks to staff, other clients and visitors, are identified and managed according to SafeWork requirements and other relevant guidelines.
- Under the Work Health and Safety Act 2011 (WHS Act), "a Person Conducting a Business or Undertaking (PCBU) must ensure, so far as is reasonably practicable, the health and safety of workers and provide and maintain a work environment without risks to their health and safety".
- "Hazardous" is a broad term and cytotoxic drugs are ONE category of hazardous drugs which must be identified and managed with the required precautions. However, all hazardous drugs have the potential to cause adverse health effects of varying severity and consideration of the need for handling precautions is undertaken.
- It is the responsibility of a drug's manufacturer to determine if a drug is a hazardous cytotoxic or may be hazardous due to other potential risks of harm to those handling it. In the community, the main cytotoxic and hazardous agents used may

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carry a low-level risk for staff responsible for assistance with medication administration, personal care, laundering and cleaning, and a low risk also to other clients and visitors.

- Examples of Cytotoxic Medications that may be used in the community:
  - Methotrexate (Methoblastin, DBL Methotrexate)
  - Azathioprine (Imuran, Thioprine, Azapin, Azamun, APO-Azathioprine)
  - Hydroxyurea (Hydrea)
  - Fluorouracil (Efudix Cream)
- Examples of hazardous medications:
  - Dutasteride (Avodart, Duodart)
  - Finasteride (Proscar, Finasta, APO-Finasteride)
  - Tamoxifen (Genox, Nolvadex, Tamoxen, Tamosin)
  - Anastrazole (Arimadex, Anastrol)
  - Mycophenolate (CellCept, Ceptolate, Cellplant, Imulate, APO-Mycophenolate)
  - Lenalidomide (Revlimid)
  - Leflunamide (Arava)
  - Thalidomide (Thalomid)

DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a service user's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance
- palliative care
- respite care

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to- day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

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Competent means having been trained and assessed by a registered nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

Hazardous drug: a drug which displays one or more of the following characteristics in humans and/or animals:

- Carcinogenicity: cancer causing agents – carcinogens
- Genotoxicity and/or mutagenicity: agents that cause a change or mutation in genetic material (genotoxic effects are not always caused by mutation therefore genotoxic agents are not always mutagens, however mutagenic agents are always genotoxic) – genotoxic agents and/or mutagens
- Teratogenic: agents that cause foetal malformation or defects in foetal development or other developmental toxicity - teratogens
- Reproductive toxicity or fertility impairment
- Serious organ toxicity or adverse health effects at low doses in experimental animal models or treated clients, e.g. hypersensitivity reactions
- The structure and toxicity profiles of new drugs that mimic existing drugs determined hazardous by the five previous criteria.

Antineoplastic (anti-cancer): agents used to control or kill cancer cells; includes cytotoxic, hormonal, immune-system-modifying (immunomodifier), some antiviral, biological and molecular targeted therapies.

Immunomodifier: an agent that interacts in some way with the immune system either to stimulate it to recognise and attack cancer cells or to inhibit the production of abnormal immune system cells or molecules present as a result of cancer; includes immunosupressants.

Targeted therapies: agents that block the growth and spread of cancer by interfering with specific molecules involved in tumour growth and progression.

Cytotoxic: an agent capable of disrupting the growth and function of both healthy and diseased cells and can be carcinogenic, genotoxic, mutagenic, teratogenic or hazardous to cells in any way. Commonly used in referring to antineoplastic drugs that selectively damage or destroy dividing cells.

Biohazard: an infectious agent or hazardous biological material that presents a risk to the health of humans or the environment.

Carcinogenicity: ability or tendency to induce cancer.

Teratogenicity: ability to disturb the development of an embryo or foetus. Teratogens can halt a pregnancy or produce a congenital malformation (birth defect).

Developmental toxicity: toxicity resulting in adverse effects induced during pregnancy, or as a result of parental exposure, that can be manifested at any point in the life span of the organism.

Reproductive toxicity: any effect of agents that would interfere with reproductive ability or capacity (fertility), including effects on lactation.

Genotoxicity: toxicity resulting in heritable (passed on to progeny/offspring) changes in the genetic material in germ cells, namely spermatocytes or oocytes via chemical interaction with DNA and/or non-DNA targets. Genotoxins include substances that are mutagenic; substances that induce transmissible changes in DNA structure involving a single gene or a group of genes.

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- As required in workplace safety legislation and relevant state/territory guidelines, the Provider has procedures in place to enable identification and management of risks from cytotoxic drugs, and to inform and consult staff in the process.
- Recommendations are:
    - The Provider keeps a Cytotoxic Drug Register, together with the corresponding Material Safety Data Sheets for agents used, and carries out cytotoxic drug risk assessment.
    - Appropriate management strategies are utilised at the Centre to minimise risks when handling cytotoxic drugs, bodily fluids, soiled linen or other items from a client who is receiving cytotoxic drugs, irrespective of the level of risk.
    - Where a client receives cytotoxic or hazardous drug treatment as an outpatient in a hospital or clinic, written or printable information detailing the specific management precautions and the length of time these are to remain in place must be provided by the treating hospital or clinic.

Cytotoxic and hazardous medications that may have the potential for safety risks to staff, clients or visitors are required to be identified appropriately with warning labels applied to the dispensed container. The dispensed container may be the original manufacturer's container or a dose administration aid (DAA) where it is suitable for repackaging of the particular medication. The responsibility for such labelling is with the supplying pharmacy in accordance with professional practice standards. Labels used indicate the medication is "CYTOTOXIC" or "HAZARDOUS", depending on the classification and potential risks of the individual medication.

The Provider process for establishing which medications require hazardous medication labelling by the contracted supplying pharmacy (or pharmacies) is through advice from:

- guidelines providing lists of cytotoxic and other hazardous medications (Meditrax 'Guide to Cytotoxic and other Hazardous medication in aged care'), and/or
- the supply pharmacist, and/or
- accredited pharmacist, and/or
- the client's treating hospital or outpatient clinic, and
- as agreed by the Provider has considered this purpose, where relevant guidelines, manufacturer's recommendations, workplace health and safety obligations and practical issues can be considered, and an agreed procedure determined.

- Where cytotoxic and hazardous medications are dispensed into a DAA, the supplying pharmacy has a responsibility to ensure that no other non-cytotoxic or non-hazardous medications are included in the same pack (that is, a separate DAA is to be used for cytotoxic and hazardous medications).
- Cytotoxic and hazardous medications are to be delivered by the supplying pharmacy packaged in a container or bag separate from any other medication or items and the bag must also be labelled as "CYTOTOXIC" or "HAZARDOUS" as is appropriate for the particular medication(s).
- If on receipt of a cytotoxic or hazardous medication or in the administration process, there is evidence that the medication is damaged or the packaging is broken in any way such that there is risk of powder inhalation or skin contamination, the medication is to be returned to the supplying pharmacy in a sealed container or bag. If however the risk of contamination is likely to be increased by returning the medication to the pharmacy (e.g. leaking container), it is to be disposed of as cytotoxic waste using the spill kit if necessary and a new supply requested from the pharmacy.
- All cytotoxic and hazardous medications are to be handled and administered using a no-touch technique and appropriate personal protective equipment (PPE) utilised as recommended.
- Staff who are pregnant, breastfeeding or planning parenthood may elect to not be involved in the handling and administration of cytotoxic or hazardous medications.
- Staff handling and administering cytotoxic and hazardous medications receive training in procedures required for safe handling and administration, and all staff involved in care procedures and cleaning of clients' rooms, linen, clothing and incontinence aids etc., receive training as to any additional precautions required due to potential risks involved in carrying out these tasks.
- In general, cytotoxic and hazardous medications are to be limited to oral solid dose formulations (tablets or capsules) and topical agents. Oral dose formulations are not to be altered (e.g. tablets crushed, or capsules opened). However, if there is a particular requirement for administration by injection or oral liquids, or for crushing or other altering of oral solid dose formulations, consideration on a case by case basis is to be made by the Provider and only put in place where the potential risks can be managed by the use of additional PPE (that is, face mask, eye goggles and protective gown in addition to disposable gloves), and staff training as necessary. Disposable equipment (e.g. sealed bag) is to be used in the crushing process and medication altered is to be given separately to other altered medication and the equipment used such as the medication cup and plastic spoon are disposed of as cytotoxic waste.

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- As cytotoxic waste is hazardous to human health and the environment, it is a regulated waste and is subject to the requirements of the Protection of the Environment Operations Act 1997 (POEO Act) and the Protection of the Environment Operations (Waste) Regulation 2014 (Waste Regulation).
- The Cancer Institute NSW recommends a standard period of seven days for cytotoxic waste precautions after administration, which is to be observed unless a more specific time period is advised for an individual drug.
- Human waste may be disposed of in the toilet with closed lid using a full flush.
- Other cytotoxic waste is any residual cytotoxic agent that remains following medication administration, and any materials or equipment potentially contaminated with cytotoxic agent are disposed of in a purple cytotoxic waste disposal bin.
- A 'Cytotoxic and Hazardous Medication Spill Kit" is kept for the purpose of minimising risks to staff when cleaning up spills of cytotoxic or hazardous medications (e.g. dropped or 'spat-out' medications), or bodily fluids/materials (e.g. vomit, urine, faeces) that may be contaminated. Staff also receive training in the location, use and upkeep of the spill kit.

Cytotoxic Work Instructions

- Registered Nurse must discuss specific risks associated with the particular cytotoxic medication prescribed, with Manager prior to the first administration, and thereafter whenever there is uncertainty.
- Pregnant nursing staff must NOT administer cytotoxic medication and/or care for clients that are eliminating cytotoxic waste.
- The Registered Nurse must ensure that specific care required during the course of treatment with cytotoxic medication is entered on the care plan, including the period of time that urine or faeces are contaminated.
- Staff must wear personal protective equipment (PPE) as outlined in client's care plan.

Precautions when collecting or handing Cytotoxic Specimens

- All pathology request forms and specimen labels must have a purple cytotoxic sticker attached if client has received cytotoxic medication within 72 hours (7 days if faecal specimen).
- If staff are requested to collect a specimen of urine or faeces, RN to discuss with the GP if the specimen can be delayed till 72 hours (7 days if faecal specimen) post last cytotoxic medication.
- A 'ward urinalysis' is NOT to be done while client is taking cytotoxic medication.

Managing a Cytotoxic & Hazardous Spill (refer to ACIA Guidelines of Infection Control in Community)

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- External ACIA Guidelines 003 – Medication Management in the Community
- External ACIA Guidelines 004 – Administration of Oral Medications in the Community
- External ACIA Guidelines 005 – Administration of Non-Oral Medications and Non Injectable Medications
- External ACIA Guidelines 013 – Communication between Providers and Allied Health Professionals
- External ACIA Guidelines 031- Infection Control in the Community
- External ACIA Guidelines 027 – Clinical Governance in the Community
- Australian Community Industry Standards ACIS

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