

Hazardous Medication PPE Use/Re-Use

Thank you to the many of you who have raised questions about how we can assist in efforts to conserve PPE as we administer and dispose of hazardous medication and body fluids, so that those caring for the suspected/confirmed COVID-19 patients have the PPE they need. While the need to reuse is evident, we strive to maintain your safety during administration and disposal of hazardous medications and body fluids. Recently, the PPE Re-Use recommendations for regular masks, N-95s, disposable face shields and PAPR shields was updated. We will be moving to re-use of masks/face shields for hazardous medications as well. Please see the attached document. Reuse of hazardous medication (blue) gowns has also been suggested, however, at this time our supply of gowns for hazardous medication PPE is sufficient. We will update you if this changes.

Additional guidance for hazardous medication PPE conservation:

- Please review appropriate PPE for clinical scenario and only use PPE per procedure (See Appendix B—PPE for Hazardous Meds).
- Please review the eMAR guidance regarding the hazardous potential. Do not use PPE if the medication is not labeled as a hazardous medication. Use appropriate PPE for hazardous medication: limited exposure and reproductive toxins. For NG/NJ administration, please follow the guidelines for Oral: Risk of spitting, splash, splatter or spray.
- Regular masks and N-95s will be reused per the recent re-use guidelines *when combined with a face shield*. We are working to get Face Shields to all areas. If contamination is suspected, the mask/shield should be discarded.
- RNs should use 1 mask/face shield per day, unless contaminated. Discard into yellow trace hazardous medication container at the end of the shift.
- Do not reuse hazardous medication gowns or gloves.












































In the inpatient setting:

- If a patient is receiving a hazardous medication that requires a mask for administration, the RN should don and reuse an N-95 and face shield. That mask can then be reused with disposal of contaminated body fluids and avoids use of both a regular face mask and a N-95 during the shift.
- If a patient is receiving a hazardous medication that requires a mask for administration but the RN will not be managing contaminated body fluids, the RN should don and reuse a regular mask and face shield.
- Avoid multiple team members emptying urinals, indwelling urinary catheters, and flushing toilets within a shift. If the patient is actively having chemotherapy administered, the RN should dispose of contaminated body fluids.
- Always use a chux per procedure when disposing of contaminated body fluids in the toilet to limit potential for mask/shield contamination
- Encourage the patient/family to measure/dump urine/excreta or only flush the toilet 1-2/shift to limit PPE use/potential for contamination

For more information regarding hazardous medication safe handling practices and duration of precautions, please see the [Hazardous Medication Safe Handling Medical Center Policy](#).

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PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HAZARDOUS MEDICATIONS
 (SEE MEDICAL CENTER POLICY 6.09.04, "HAZARDOUS MEDICATION HANDLING AND ADMINISTRATION, APPENDIX A")

Administration Route/Handling Activity	Nitrile Gloves (1 or 2 pairs)	Chemo Gown	Eye Protection	Mask	Comments
Intravenous			 O R	 + 	Full PPE required to protect against accidental splash, splatter, or spray to the face, skin and clothing, even when using closed-system transfer device(s) or lines primed by pharmacy. Optional: Substitute an N 95 Respirator Mask or a PAPR for the surgical mask if desired.
Intramuscular and Subcutaneous			 O R	 + 	Full PPE required to protect against accidental splash, splatter, or spray to the face, skin and clothing.
*Oral: NO RISK of spitting, splash, splatter or spray		None	None	None	To protect against accidental contamination of skin during medication preparation and administration. Always work over clean hard work surface. Never score or crush tablets, or open capsules.
**Oral: RISK of spitting, splash, splatter or spray			 O R	 + 	Full PPE required to protect against accidental splash, splatter, or spray to the face, skin and clothing, e.g. administration of oral medication to a potentially uncooperative patient, through an enteral feeding tube, or if manipulation of final product (tablet/capsule) required.
Intrathecal			 O R	 + 	Full PPE required to protect against accidental splash, splatter, or spray to the face, skin and clothing.
Intravesicular			 O R	 + 	Full PPE required to protect against accidental splash, splatter, or spray to the face, skin and clothing.
Intraperitoneal			 O R	 + 	Full PPE required to protect against accidental splash, splatter, or spray to the face, skin and clothing.
Inhaled (e.g., Pentamidine and Ribavirin)				 N 95 Respirator Mask or PAPR	For protection from trace medication or metabolites that may be present in body fluids/waste for a minimum of 48 hours (and up to 14 days) following the last dose. Handling open containers warrants use of an N 95 Respirator Mask or PAPR for protection from aerosolized particles.
Body Fluids/Waste Containing trace medication or metabolites (e.g., emesis, urine, stool)				 N 95 Respirator Mask or PAPR	For protection from trace medication or metabolites that may be present in body fluids/waste for a minimum of 48 hours (and up to 14 days) following the last dose. Bodily fluid spills shall be contained, absorbed and disposed of by clinical staff. Hospitality to provide final mop and clean of area.
Spills of Concentrated Hazardous Med Contact EH&S Spill Response Team when greater than 100 mLs				 N 95 Respirator Mask or PAPR	Full PPE protection including N 95 Respirator Mask or PAPR required for all spill cleanups: both medication and trace contaminated body fluids/wastes. Surface Safe alone may be used for spills of less than 10 mLs. Chemotherapy Spill Kit, in addition to Surface Safe, must be used for spills greater than 10 mLs.

*Oral: **NO RISK** of spitting, splash, splatter or spray is likely with a **HAZARDOUS: LIMITED RISK** drug w/ no manipulation of final dosage form.

Oral: **RISK of spitting, splash, splatter or spray is likely with a **HAZARDOUS: LIMITED RISK** drug that has been cut, broken, opened or in liquid form.

HAZARDOUS MEDICATIONS WITHIN THE REPRODUCTIVE TOXIN CATEGORY: PERSONNEL AT REPRODUCTIVE RISK SHOULD WEAR ALL PPE AS DESCRIBED ABOVE FOR HAZARDOUS MEDICATIONS.

PPE for hazardous compounding, please refer to Pharmacy Policy 173.600