



## Use of Cytotoxic Drugs In Operating Theatre Procedure

Procedure Number

CHC-CYT-010

Version Nos:

4

### 1. Purpose

This Procedure outlines the process for ensuring that Cytotoxic drugs are used and managed safely in the West Coast District Health Board (WCDHB) Grey Hospital Operating Theatre (OR) to enable patients and staff to be protected from accidental exposure to Cytotoxic agents and equipment.

### 2. Application

This Procedure is to be followed by all clinical staff throughout the WCDHB.

### 3. Definitions

For the purposes of this Procedure:

**Cytotoxic medications** is taken to mean toxic compounds known to have carcinogenic, mutagenic and/or teratogenic potential.

**Oncology Nurse Specialist** is an oncology trained nurse who is available to act as a resource for medical and nursing staff regarding the administration and management of Cytotoxic medications.

### 4. Responsibilities

For the purposes of this Procedure:

all **Clinical Staff** are required to abide by the requirements of this Procedure.

### 5. Resources Required

This Procedure requires:

- i) Nitrile gloves and Impermeable Gown

### 6. Process

1.00 All equipment required for the Cytotoxic drug therapy is to be assembled prior to the procedure.

Equipment required is to include:

- i) Purple Cytotoxic sharps container;
- ii) Cytotoxic spill kit;
- iii) Purple Cytotoxic rubbish bag.

1.01 The Scrub and Circulating Nurse is to check the patient's notes to ascertain the correct patient details (name, NHI, drug, dose, drug expiry date).

1.02 The syringe containing the Cytotoxic Drug is to be transported from the Pharmacy to the OR by an Orderly or the Specialist who is to perform the procedure. The syringe is to be sealed inside a plastic bag that is placed inside a labelled click-clack container.

1.03 The syringe is to remain inside the sealed plastic bag until it is required by the Specialist.

1.04 The staff member who is to open the plastic bag is to wear disposable gloves.



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- 1.05 Wherever possible disposable equipment is to be utilised throughout the procedure.
- 1.06 At the completion of the procedure, the syringe and other disposable equipment is to be placed into the purple Cytotoxic sharps container which is then to be sealed ready for the Orderlies to dispose of.
- 1.07 Disposable drapes, gloves, spears, and swabs are to be discarded into the purple Cytotoxic rubbish bag. The rubbish bag is then immediately securely sealed and placed with other OR rubbish for disposal.
- 1.08 Reusable drapes and gowns are placed into a white linen bag for washing by the CHC Laundry.
- 1.09 Reusable instruments and bowls are to be sent to CSSD as per the normal processes.
- 1.10 The patient is to be identified as having received Cytotoxic treatment through the use of a purple Cytotoxic label.

### 7. Precautions And Considerations

- ➔ The syringe containing the Cytotoxic Drug is to be sealed inside a plastic bag that is placed inside a labelled click-clack container for transportation from the Pharmacy to the OR
- ➔ The syringe is to remain inside the sealed plastic bag until it is required by the Specialist.
- ➔ Wherever possible disposable equipment is to be utilised throughout the procedure.
- ➔ Patient is to be identified as having received Cytotoxic treatment through the use of a purple Cytotoxic label.

### 8. References

The Cytotoxics Handbook, 1997, 3<sup>rd</sup> Edition, Radcliffe Medical Press.

Canterbury DHB Policy and Procedure Manual, Christchurch Hospital VolF Fluid and Medication Management Section 15

### 9. Related Documents

WCDHB Oncology/Cytotoxic Procedures

<b>Revision History</b>	<b>Version:</b>	4
	<b>Developed By:</b>	Oncology Nurse Specialist
	<b>Authorised By:</b>	Chief Medical Advisor/GM - Operations
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