CHEMOTHERAPY: PROCEDURE FOR MITOMYCIN INTRAVESICAL THERAPY

POLICY/PURPOSE:
The purpose of the standard operating procedure is to state the policy, responsibility, and procedure for the safe handling of chemotherapeutic agents.

A. All employees handling chemotherapeutic agents must be thoroughly familiar with the procedures for preparation, administration, and disposal of chemotherapeutic agents and their contaminants.

1. Immediate supervisors will ensure that all high-risk employees (This includes nurses who administer chemotherapy, pharmacy staff who prepare chemotherapy and other exposed employees) report for the appropriate examinations.
2. AH employees acutely exposed to an antineoplastic drug will be examined and treated by Employee Health.
   a) Employee will initiate the Automated Safety Incident Surveillance Tracking System (ASISTS) report for Federal Employees Notice of Traumatic Injury and Claim of Continuation of Pay/Compensation and forward to immediate supervisor for completion.
   b) Supervisor will complete the Report of Accident information in ASISTS.
   c) Spill kits will be maintained on units administering chemotherapy.

RESPONSIBILITY:
All Nursing personnel are responsible for adhering to guidelines for the safe administration and disposal of chemotherapeutic agents.

PERSONAL PROTECTIVE EQUIPMENT (PPE):
A. All employees handling chemotherapeutic drugs will wear personal protective clothing to include but not limited to: gloves, disposable gown, and in some circumstances eye protection.
1. Double latex non-powdered gloves (double nitrile gloves for latex allergy) should be worn no longer than 30 minutes and changed immediately if contaminated. Disposable long sleeved gowns, closed-front with tight fitting cuffs may be worn for 30 minutes or less. These are obtained from Sterile Processing Department (SPS), and will be worn by the staff during administration of all chemotherapy drugs.
2. Double gloves will be worn when handling emesis, urine, stool and contaminated linens of patients receiving antineoplastic drugs during treatment and the 48 hours post drug administration. Gowns are worn as needed.
3. All personnel will wash their hands immediately after completion of any procedures in which antineoplastic drugs have been used.
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B. As appropriate, all chemotherapy medications will be delivered and/or maintained in bags labeled "chemotherapy".

C. Used syringes, needles, vials, bottles, gloves, disposable gowns, IV bags, and IV tubing will be disposed of in a yellow "Sharp-Safe" container provided by Environmental Management Services marked "Chemotherapy Biohazard". Used containers will be placed in the soiled utility room on the inpatient units.

D. Outpatient documentation should be made in the progress note indicating drug, fluids, and dose. Safety concerns regarding chemotherapy will be documented in the progress note as part of the patient/family education.

PROCEDURE:

Prior to Patient Coming to G.U. Clinic:
Physician must order and call pharmacy to order required medications. Pharmacy will deliver it to G.U. Clinic.

GU Clinic Important information:
1. Prior to patient coming to G.U. Clinic, call and confirm with Pharmacy order of "Chemotherapy Agent", and that it will be delivered to the G.U. Clinic.
2. Have Chux pads disposable gloves (nitrile gloves for latex allergy) Mitomycin, foley, Kelly clamp.
3. Place Chux pads under patient.
4. Using full Chemotherapy protection (see PPE) provider/nurse, will instill chemo into bladder
5. Using full Chemotherapy protection.
6. Have patient move from side to side to move chemo around in bladder for 15-30 minutes.
7. According to Physician's orders remove Kelly clamp and drain urine from bladder
8. Dispose of all equipment used into Yellow Chemo Waste Container for appropriate disposal.
9. Instruct patient to wash genitalia area and hands with soap and water after each voiding.
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11. Instruct patient to double flush toilet after each voiding. If any urine spills on toilet or floor, clean thoroughly with disinfectant. Encourage patient to use designated bathroom. He should sit to void, and clean bathroom after, for family use.
12. Instruct patient to report any gross hematuria, dysuria or contact dermatitis symptoms.

In the event of a contamination:
A. Remove gloves and gown immediately. Immediately wash contaminated skin surface with soap and water. After notifying supervisor, proceed to the Employee Health Unit.

B. In the event of eye exposure, flood the affected eye with water or saline for a minimum of 15-30 minutes. During and following emergency medical treatment, prolonged irrigation for 1-2 hours has proved to be beneficial. Emergency eyewash solution should be available in all preparation and administration areas where eye wash stations are not available.

C. Records will be maintained as a part of the employee health record.

D. Employees will report all spills, exposures, or unsafe conditions to their supervisors, Facilities’ Safety Manager, and Facilities Management to initiate the cleanup actions described in the Facilities Management policy. During non-administrative hours, nursing personnel will be responsible for cleaning up spillage as outlined in the Procedure Manual. Protective apparel must be worn when cleaning spills of cytotoxic agents that includes: gown, gloves, goggles, and boots.

E. As applicable, SBAR reporting between nurses and nursing units will include type of chemotherapy given, date and time chemotherapy completed.
REFERENCE:
A. Chemotherapy and Biotherapy Guidelines and Recommendations for Practice (2009)