Birmingham Children's Hospital NHS
NHS Foundation Trust

PROCEDURE FOR THE MANAGEMENT OF BODY WASTE AND CLINICAL SAMPLES FROM PATIENTS RECEIVING CYTOTOXIC DRUGS

Version:	2.1
Ratified by:	Head of Chemotherapy (HoC) / Lead cancer clinician (LCC) / Lead cancer nurse (LCN)
Date ratified:	Reviewed by Chemo Working Group April 2016
Name of originator/author:	Nigel Ballantine (now retired)
Name of responsible committee for updating	Chemotherapy Working Group (CWG)
Review date:	Document to be reviewed not more than every 3 years – repeat review not later than April 2019
Target audience:	Nursing and support staff within the Haematology Oncology Specialty

Contents

1 Introduction

Much attention has been paid over the years to the potential hazards associated with contact with chemotherapy drugs during administration. Little attention has been paid to the issues surrounding the management of body waste from patients receiving chemotherapy treatment.

This is probably due to the fact that most patients with cancer are adults who will usually be continent and able to anticipate vomiting. In the case of young children who are not potty trained and do not recognise that nausea may precede vomiting, parents and/or nursing staff will dispose of body waste. In doing so, it is important to recognise that chemo-therapeutic drugs and their metabolites may be excreted in urine and faeces both during treatment and for some days after the administration of treatment is completed. Drug may also be present in vomit, saliva and tears.

2 Purpose

Recognising the duty of all staff under the Health & Safety at Work Act 1974 to ensure the safety of other staff and the public, the following offers what is hopefully a 'common-sense' approach to the issues in the absence of any published guidelines.

3 Duties

3.1 Duties within the Organisation

The lead officer for this document is identified on the title page.

3.2 Identification of Stakeholders

The following stakeholders have been identified within BCH: The Chemotherapy Working Group (CWG); the Blood, Stem Cell and Cancer Specialty Groups; nursing and support staff within the Haematology Oncology specialty.

Outside BCH: The West Midlands Children's Cancer Network Group; Cancer Network Drug & Therapeutics Committee.

4 Method for development

4.1 Consultation and Communication with Stakeholders

The policy was drafted by Nigel Ballantine (Chair, CWG) and reviewed by the stakeholders previously identified. Comments and suggestions were incorporated until a final version was agreed by the CWG and ratified by the Head of Chemotherapy (HoC) and Lead Cancer Clinician (LCC).

4.2 The policy was reviewed as still accurate & valid by the Chemotherapy Working Group July 2012, and subsequently re-issued.
The policy was reviewed and minor amendments made and agreed by the CWG April 2016 and subsequently reissued.

5 Content

5.1 Identification:

All in-patients who are receiving chemotherapy, or who have received chemotherapy within the previous seven days require identification to ensure safe handling of body fluids. On Ward 15 all body waste from all patients should be treated as cytotoxic as the majority of patients will have had chemotherapy within this time frame. Patients on outlying wards receiving chemotherapy are identified by the IV Chemotherapy Team and education for the ward staff is completed and any specialist equipment provided. They are supported by the Chemotherapy team and/or senior staff from ward 15 throughout their care.

5.2 Clinical samples:

5.2.1. Any clinical sample consisting of fluid (e.g. blood, urine, ascitic or pleuritic fluid, CSF, saliva, BAL) or faeces taken from a patient identified as in 5.1. above, should be considered as being potentially contaminated with chemotherapy drugs and/or their metabolites.

5.2.2. The risk from tissue samples is probably less, but unquantified.

5.2.3. Since the volumes of clinical samples will generally be small (less than 10ml.) the amount of cytotoxic drug present will also be small.

5.2.4. Standard techniques for taking samples, which aim to avoid or reduce the risk of contamination of the sample or contact by healthcare staff, will also protect against contact with cytotoxic drugs or metabolites.

5.2.5. All staff taking or handling clinical samples from patients should wear gloves and apron.

5.2.6. ALL clinical samples obtained should be placed and sealed into the appropriate container AT ONCE. If for practical purposes this is impossible, the samples should be transferred and sealed at the earliest opportunity.

5.2.7. Advice has been received from the laboratories regarding the identification of clinical samples from patients who are currently, or have recently, received chemotherapy. That advice is that such clinical samples sent to the hospital or an external laboratory would

not be handled differently from routine samples, even if identified. It is therefore not proposed to identify such samples.

5.2.8. Any spillage of clinical samples should be managed according to the appropriate policy. REMEMBER: Other policies may also apply such those relating to blood or infected samples.

5.3 Body waste:

5.3.1. All staff handling body waste from patients identified as in 5.1. above should wear gloves and a plastic apron as a minimum, but for optimum safety it is recommended that PPE as for preparation of Chemotherapy (gloves, armlets, safety glasses and plastic apron) are worn.

5.3.2. All body waste, including but not limited to urine, faeces and vomit, should be disposed of as soon as possible to avoid the risk of any spillage.

5.3.3. Where this is not possible, for example if there is a need to retain the sample for clinical testing, the sample should be stored in an appropriate area away from the routine 'traffic' of the ward.

5.3.4. When a sample from a patient identified as in 5.1. above is stored, the sample does not require labeling as potentially containing cytotoxic drug and/or metabolites as the laboratories have identified that they will not handle these samples any differently. As with all body waste samples appropriate PPE should be worn.

5.3.5. Any testing required should be done as soon as possible to minimise the period of storage and the sample disposed of in the correct manner once testing has been done.

5.3.6. Any spillage during storage or disposal should be managed according the appropriate policy. REMEMBER: Other policies may also apply such as those relating to blood or infected samples.

5.4 Parents on the ward:

5.4.1 In caring for their child on the ward parents should be required, as a responsibility under the Health & Safety at Work Act 1974, to follow the same procedures as set out for staff in 5.3 above when handling bedpans, vomit or wet and/or soiled nappies or clothing.

5.5 Parents and carers at home:

5.5.1 Parents and carers should be advised to wear gloves and a plastic apron when managing body waste from a treated child. This will include nappy changing, managing 'accidents' and clearing up after a child has been sick. The gloves and apron can be normal household items that should be washed and dried after each use or

disposable gloves can be used if preferred.

5.5.2 All body waste should be disposed of as soon as possible to avoid the risk of any spillage.

5.5.3 Any spillage during cleaning up or disposal should be managed according the 'Spillage' policy.

5.5.4 Depending on the circumstances the body waste and any materials used to clean up should be disposed of:

- **Either** down the toilet,

- **Or** in the household waste bin making sure that a double layer of plastic bags (for example, a kitchen bin liner within a dustbin liner) is used. These should be put in the dustbin or other receptacle kept outside the home.

5.5.5 If any clothing, bed-linen or other fabric material becomes contaminated it should be washed as soon as possible on a cycle appropriate to the fabric being washed. The washing machine should NOT be run on a 'half-load' setting since this reduces the amount of water used.

6 References

The Cytotoxics Handbook, 4th edition, 2002, Edited by Michael Allwood, Andrew Stanley and Patricia Wright

7 Approval, Dissemination and Implementation

7.1 Approval of document

This document has been approved by the CWG and ratified by the HoC, LCC and LCN.

7.2 Dissemination

A paper copy will be placed in the policy files within the Haematology Oncology Specialty.

Electronic copies will be provided via the Trust Intranet in the Oncology department and Trust policies folders.

7.3 Implementation

The policy is currently in use within the Haematology Specialty. This document brings the policy into Trust-approved format.

8 Monitoring Compliance With and the Effectiveness of the policy

8.1 Process for Monitoring Compliance and Effectiveness

Routine audit of clinical areas

8.2 Standards/Key Performance Indicators

- Appropriate use of personal protective equipment (PPE) by both staff and carers.
- Appropriate storage of retained samples.
- Standard Infection Prevention and Control Precautions

9 Associated Documentation

Procedure for the management of spillage of cytotoxic drugs

Policy for the use of personal protective equipment when handling chemotherapy, spillage of chemotherapy and body waste from patients receiving chemotherapy.

Standard Infection prevention and Control Precautions Policy

Appendix 1 - Version Control Sheet

Version	Date	Author	Comment (Identify any significant changes to the procedural document)
2.0	July 2012	J.Hawkins	Discussed at Chemo Working Group meeting on 21st June. No revisions required. Amend review dates and re-issue
2.1	April 2016	Amendments by Hannah Craig	Discussed at Chemo Working Group meeting on 28th April 2016. Minor amendments made, agreed by group. Amend review dates and re-issue

Appendix 2 - Plan for Dissemination of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Procedure for the management of body waste and clinical samples from patients receiving cytotoxic drugs		
Date finalised:	April 2016	**Dissemination lead: Print name and contact details:** Hannah Craig/Heather Petts	BCH email Ext: 9600/8680
Previous document already being used?	**Yes** (Please delete as appropriate)		
If yes, in what format and where?	Paper copies in policy files in key clinical areas within the Specialty		
Proposed action to retrieve out-of-date copies of the document:	Review of all policy files		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
HaemOnc Policy files	HC	P	
Trust policies 'p' drive	HC/HP	E	

Dissemination Record – to be used once document is approved.

Date put on register / library of procedural documents		**Date due to be reviewed**	April 2019

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**