

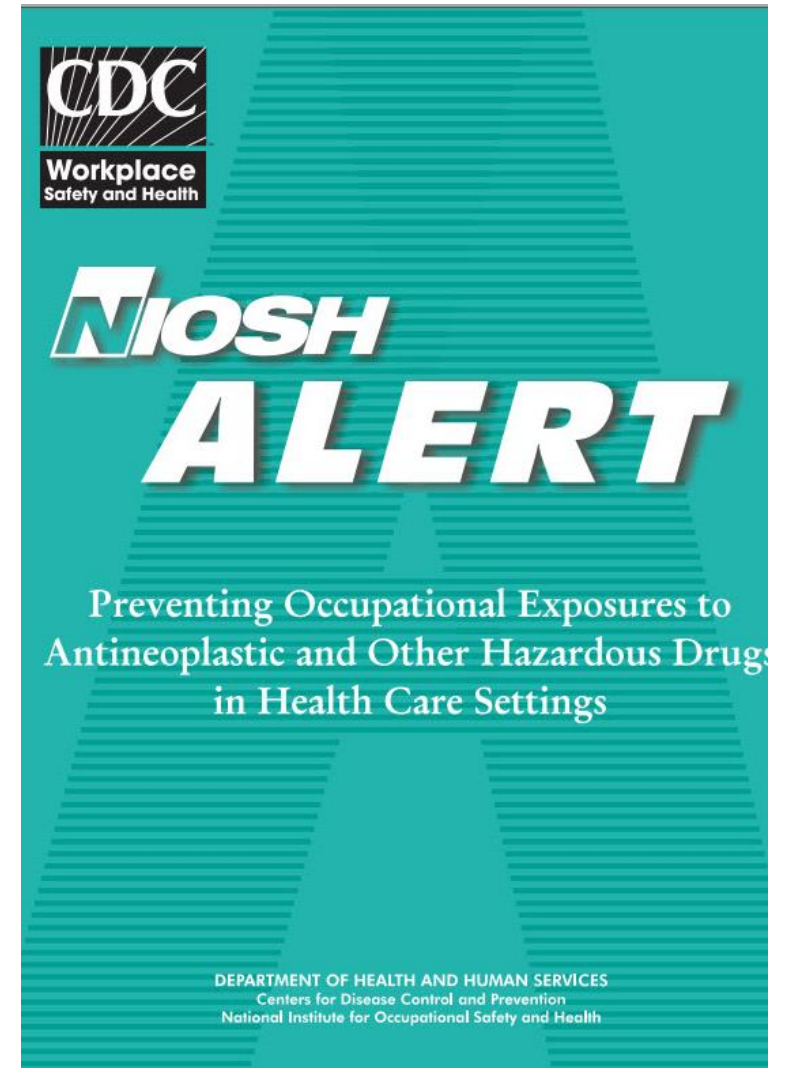
HAZARDOUS DRUG SAFETY:

HOW EUROPE CAN BENEFIT FROM LESSONS LEARNED IN THE U.S.



Seth Eisenberg RN OCN BMTCN

March 2025





HAZARDOUS DRUG DEFINITION

Defined by the **National Institute for Occupational Safety and Health** (NIOSH) as having any of the following:

- Carcinogenicity.
- Genotoxicity.
- Teratogenicity.
- Reproductive toxicity.
- Organ toxicity at low doses.
- Structure and toxicity that mimics existing hazardous drugs.



CONSEQUENCES OF EXPOSURE

Lightheadedness

Headache

Dizziness

Hair Loss

Abdominal pain

Nausea and vomiting

Skin or mucous membrane reactions

Nasal sores

Contact dermatitis and eczema

- Menstrual cycle changes
- Infertility
- Spontaneous abortions
- Premature labor
- Congenital abnormalities
- Low-birth weight infants
- Learning disabilities in offspring of women who were exposed

Many chemotherapy drugs are also known or suspected carcinogens.

MANY HDs ARE CARCINOGENIC

Known Carcinogens

- Arsenic Trioxide
- Busulfan
- Chlorambucil
- Cyclophosphamide
- Melphalan
- Thiotepa

Suspected Carcinogens

- Azacitidine
- Carmustine (BCNU)
- Cisplatin
- Doxorubicin
- Etoposide
- **Ganciclovir**
- Mitomycin
- Nitrogen mustard
- Procarbazine

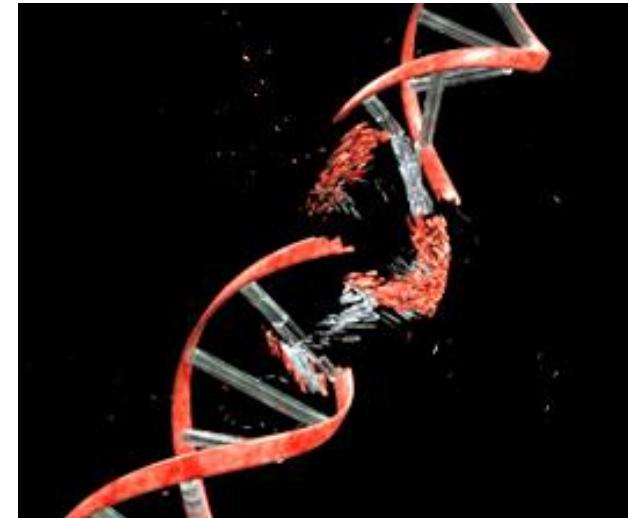
Cancers

- Leukemia
- Lymphoma
- Breast Cancer
- Colorectal Cancer



CHROMOSOMAL DAMAGE

- Most HDs alter DNA by damaging chromosomes, rendering them unable to reproduce.
- **Meta review of 17 studies demonstrated a significant association between hazardous drug exposure and increased chromosomal abnormalities ($P < .001$).**





CHROMOSOMAL DAMAGE

> [Am J Ind Med.](#) 1999 Jul;36(1):159-65.
doi: 10.1002/(sici)1097-0274(199907)36:1<159::aid-ajim23>3.0.co;2-k.

Cancer mortality among women employed in health care occupations in 24 U.S. states, 1984-1993

[S A Petralia](#)¹, [M Dosemeci](#), [E F Adams](#), [S H Zahm](#)
Seth Eisenberg, Oncology Nursing Lecturer, USA. Brussels March7th, 2025

Affiliations + expand

PMID: 10361602 DOI: [10.1002/\(sici\)1097-0274\(199907\)36:1<159::aid-ajim23>3.0.co;2-k](#)

FULL TEXT LINKS

[WILEY](#) [Full Text Article](#)

ACTIONS

[“ Cite](#)

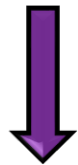
[Collections](#)

- **Exposed female nurses had a 30% increase in mortality from leukemia and liver cancer, and an increased incidence of ovarian and breast cancer.**

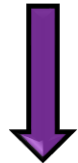


BRIEF GENEALOGY OF CHEMOTHERAPY

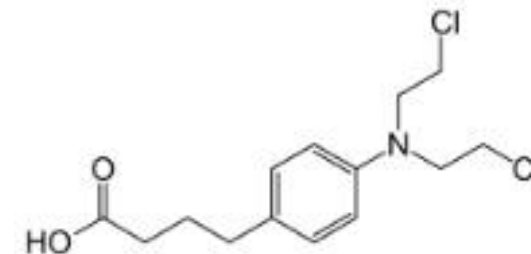
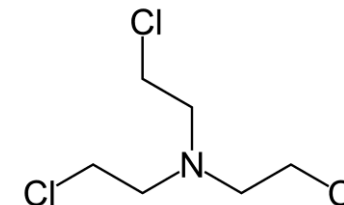
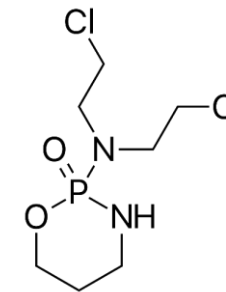
Cyclophosphamide (born 1958),
son of...



Nitrogen mustard (born 1949),
son of...



Mustard gas (born July 12, 1917)



ABSORPTION OF HAZARDOUS DRUGS

- Dermatologic contact is the **primary** source of absorption.
- Inhalation of aerosols can occur under specific circumstances (e.g., compounding vials under pressure).





NIOSH RISK VARIABLES

- Specific drug toxicity (reproductive, cytotoxic, carcinogenic).
- Drug formulation (tablets, capsules, powders, liquids, etc.).
- Exposure route (ingestion, dermal absorption, inhalation).
- Workplace activity (compounding, administering, spill management).

Managing Hazardous Drug Exposures: Information for Healthcare Settings





QUESTION:

Would you consider handling these drugs differently if they were labelled like this?





THESE DANGERS ARE NOT NEW

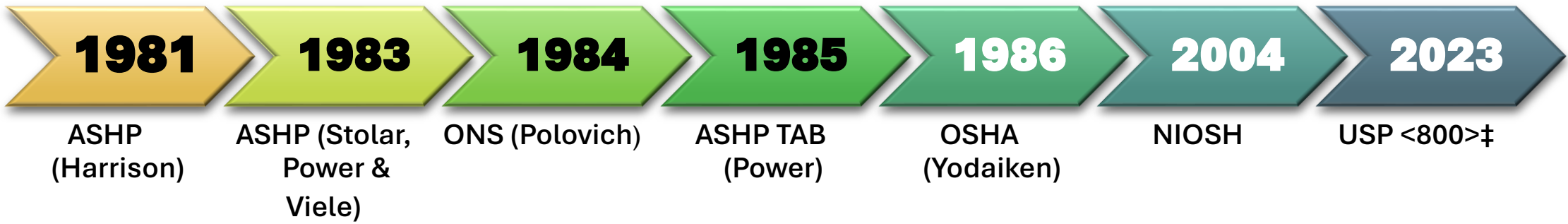
- 1978: First identification that exposure to chemotherapy can lead to secondary malignancies.
- 1979: Positive urine mutagenicity (Ames Test) in nurses and pharmacists handling chemotherapy.





TIMELINE OF GUIDELINES AND STANDARDS IN THE U.S.

1979: Positive urine mutagenicity (Ames Test) in nurses and pharmacists handling chemotherapy.





U.S. AND EUROPE PRACTICES: SAME AND DIFFERENT

In the U.S.:

- Compounding or spiking HDs at the bedside is prohibited.
- Monoclonal antibodies are often handled differently than HDs.*
- Nurses are dependent upon the pharmacy for compounded medications.

*** Depends on organization and specific drug.**



PROFESSIONAL ORGANIZATIONS



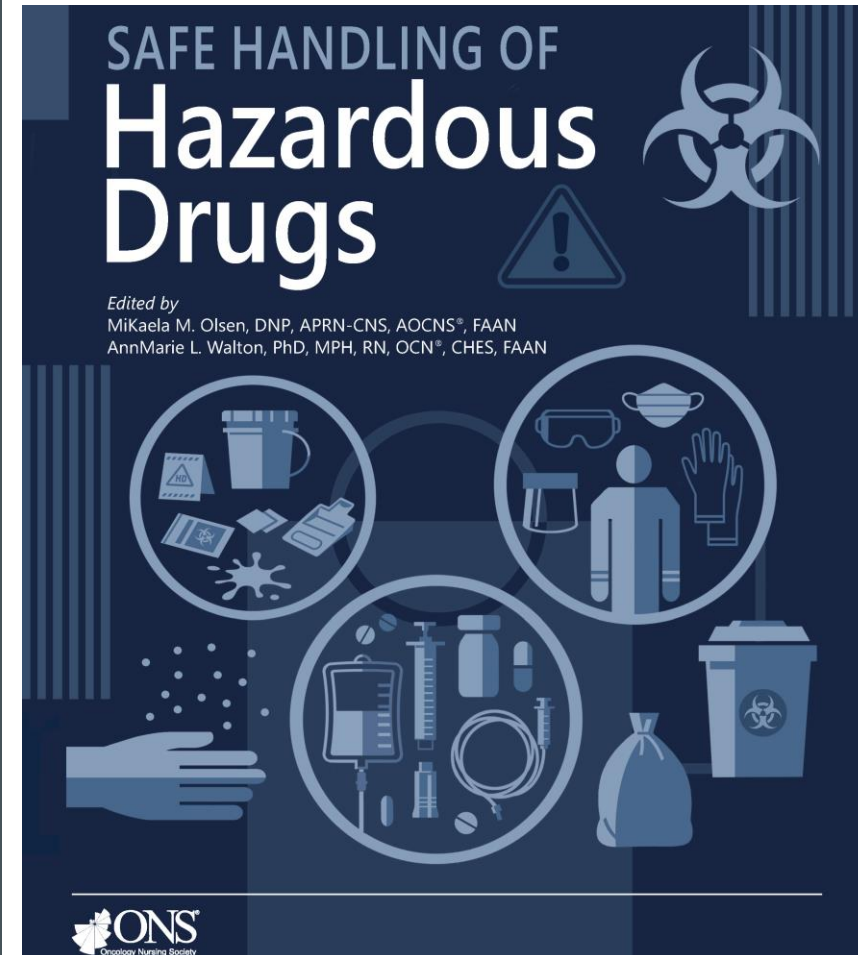
American Society of Health-System Pharmacists (ASHP)



Oncology Nursing Society (ONS)



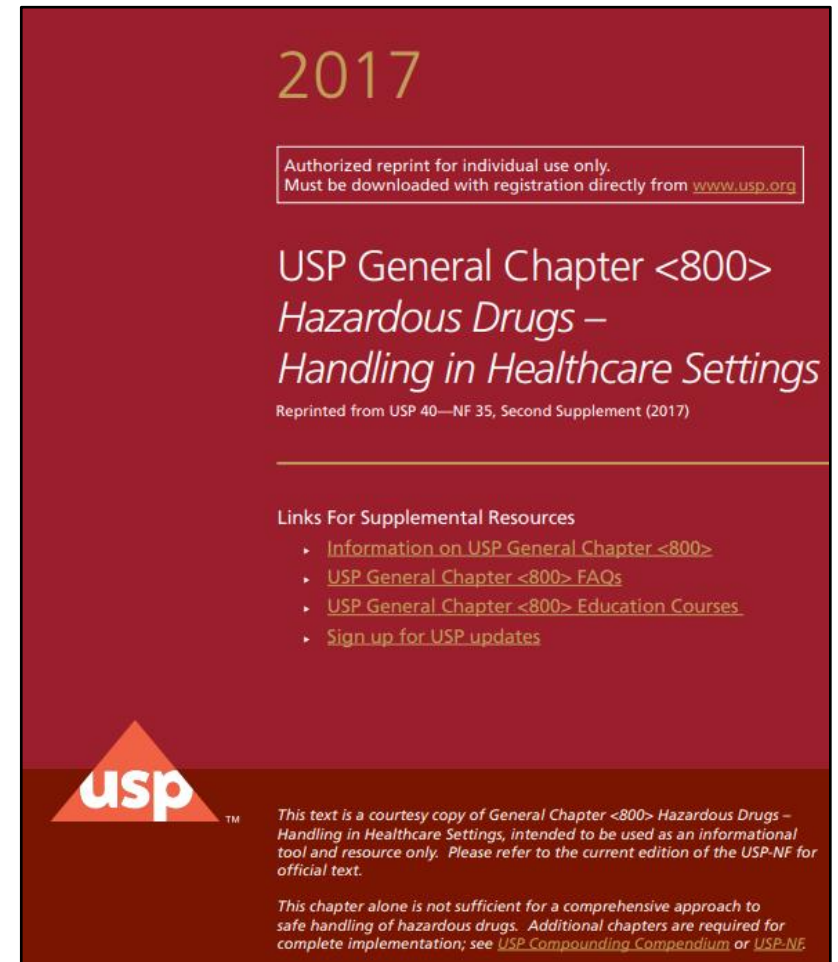
Infusion Nursing Society (INS)





UNITED STATES PHARMACOPEIA (USP)

- Mission of USP is to improve global health and ensure quality and safety of medications.
- Published chapters with numbers less than <1000> are **standards**:
 - <795> non-sterile compounding
 - <797> sterile compounding
 - <800> hazardous drugs (2016)
 - Original implementation date of 2019 but delayed until 2023.





USP <800> HIGHLIGHTS

- Utilizes evidence from **studies, scientific information, guidelines**, and experts to define standards from compounding to administration and disposal.
- Defines requirements for the type and use of Personal Protective Equipment (PPE).
- Requires all employees to have access to the organization's HD list.



USP <800> HIGHLIGHTS

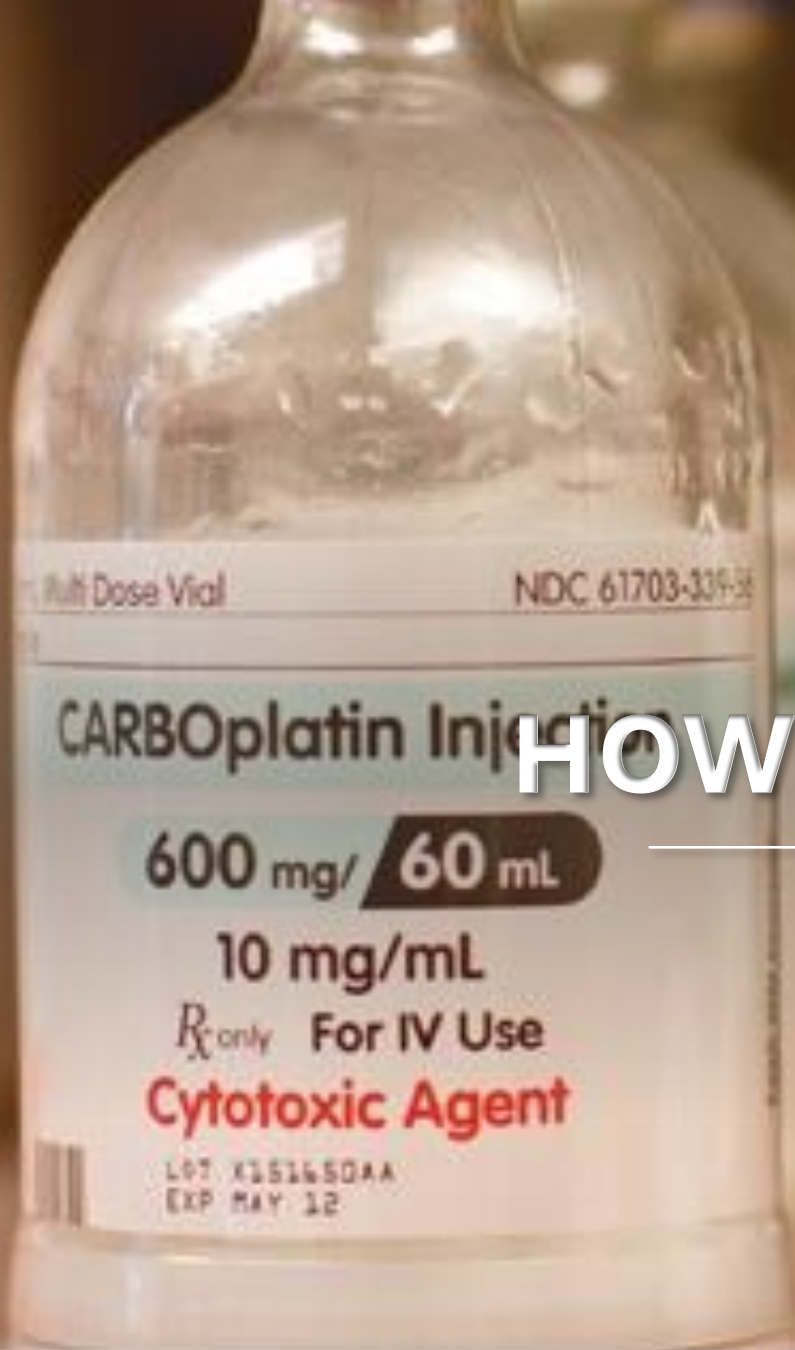
- Provides expectations for staff education.
 - On hire and PRIOR to any handling activities
 - Annually (must be documented)
- Requires an **acknowledgement of risk** for all staff who may be potentially exposed to HDs.
- Requires the use of Closed System Transfer Devices (CSTDs) for HD administration.

USP <800> ENFORCEMENT

- State Board of Pharmacy
- A designated state agency (e.g., Department of Health)
- The Federal Drug Administration (FDA)
- Medicare (CMS)
- The Joint Commission Hospital Accreditation (TJC)



HOW EXPOSURE OCCURS



IT STARTS IN THE PHARMACY



COMPOUNDING WITH NEEDLES

- Puncturing a vial releases drug into the primary engineering control (PEC) and in the cleanroom.



IT STARTS IN THE PHARMACY

- Compounding with a needle results in aerosolization and droplet contamination.
- IV bags or tubing can become contaminated on the outside which can then contaminate the patient care areas.



SIZE MATTERS

- Large bore needles tend to drip.



COMPOUNDING WITH NEEDLES

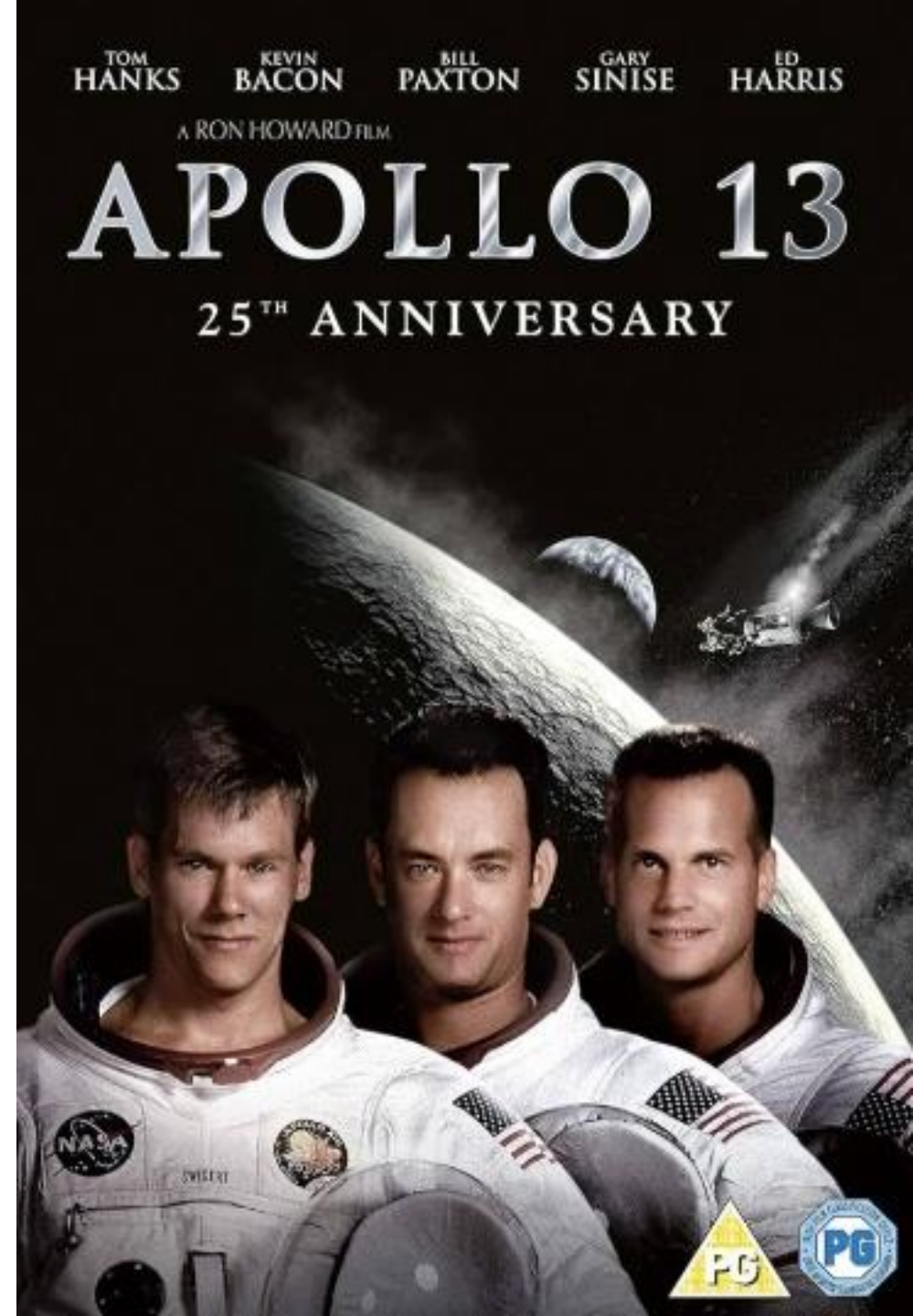
- Modern needles and syringes were designed in the late 19th century for subcutaneous injections, **100 years before the first hazardous drug guidelines.**





“HOUSTON, WE HAVE A PROBLEM!”

- Wipe testing studies have repeatedly shown environmental contamination in settings where HDs are **compounded and administered**.
- Don't take my word for it.



PARTIAL LIST OF SURFACE WIPE TESTING STUDIES

Falck	1979	Fleury-Souverain	2014	Crul	2020
Hirst	1984	Power	2014	Friese	2020
Everson	1985	Rampal	2014	Hori	2020
Monteith	1987	Friese	2015	Huff	2020
Sessink	1992	Hon	2015	Palamini	2020
Ensslin	1994	Rampal	2015	Soubieux	2020
Sessink	1997	Yuki	2015	Walton	2020
Bos	1998	Connor	2016	Yu	2020
Labuhn	1998	Polovich	2016	Bláhová	2021
Mason	2000	Redic	2016	Eisenberg et al	2021
Rai	2000	Bohlandt	2017	Labrèche	2021
Anderson	2001	Roland	2017	Kåredal	2022
Nygren	2002	Baniasadi	2018	Leso	2022
Mason	2003	Chauchat	2018	Miyazawa	2022
Connor	2005	Dugheri	2018	Sottani	2022
Fransman	2005	Koller	2018	Eisenberg	2023
Hedmer	2005	Fleury-Souverain	2018	Hon	2023
Power	2005	Power	2018	Maeda	2023
Touzin	2008	Rampal	2019	Marchal	2023
Schierl	2010	Friese	2019	Nda	2023
Hama	2012	Hon	2020	Pirot	2023
Hedmer	2012	Rampal	2020	Tanigawa	2023
Naito	2012	Yuki	2020	Villa	2023
Friese	2013	Connor	2021	Sessink	2024
Hon	2013	Polovich	2021		
Schreiber	2013	Redic	2021		
Yuki	2013	Bohlandt	2022		



EXPOSURE DURING CHEMOTHERAPY ADMINISTRATION

HOW EXPOSURE OCCURS

- Spiking and unspiking IV bags/bottles at the bedside.



HOW EXPOSURE OCCURS

- Priming of tubing at the bedside.



HOW EXPOSURE OCCURS

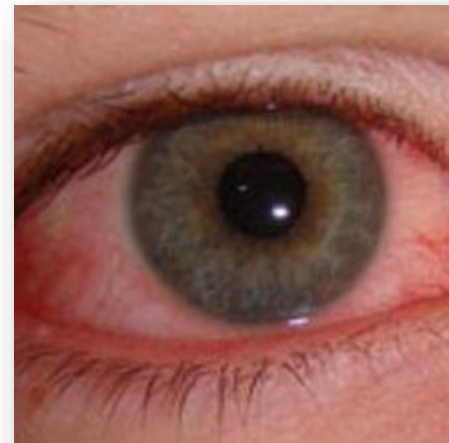
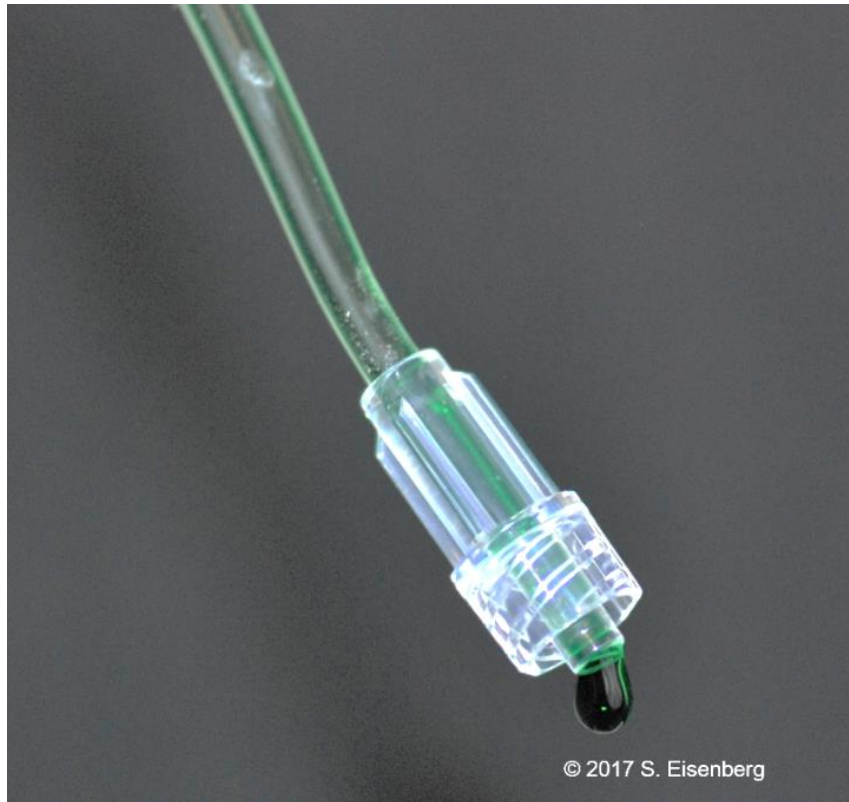
- Connecting and disconnecting.





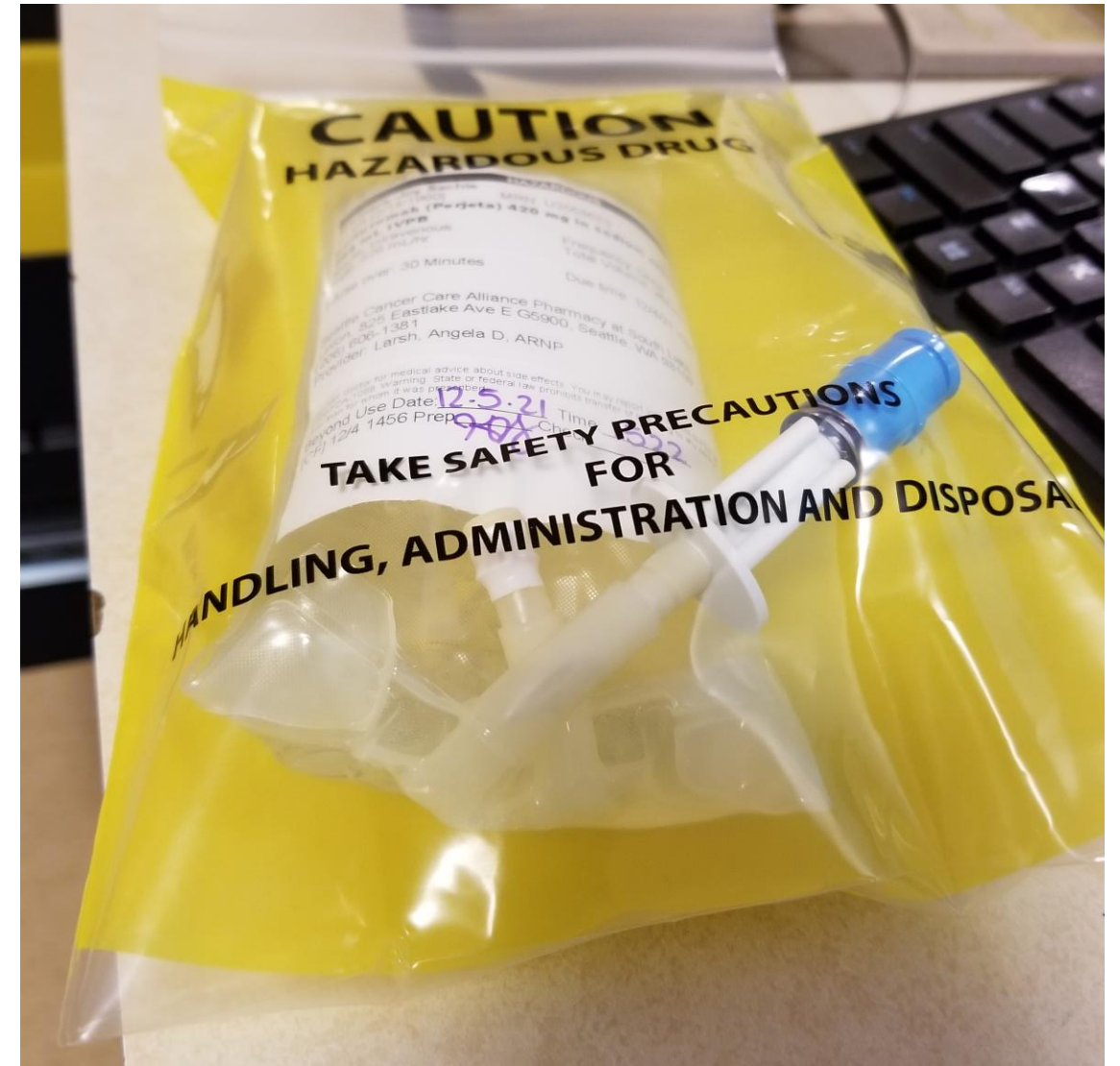
HOW EXPOSURE OCCURS

- Leakage from distal end of tubing after disconnecting from patient.



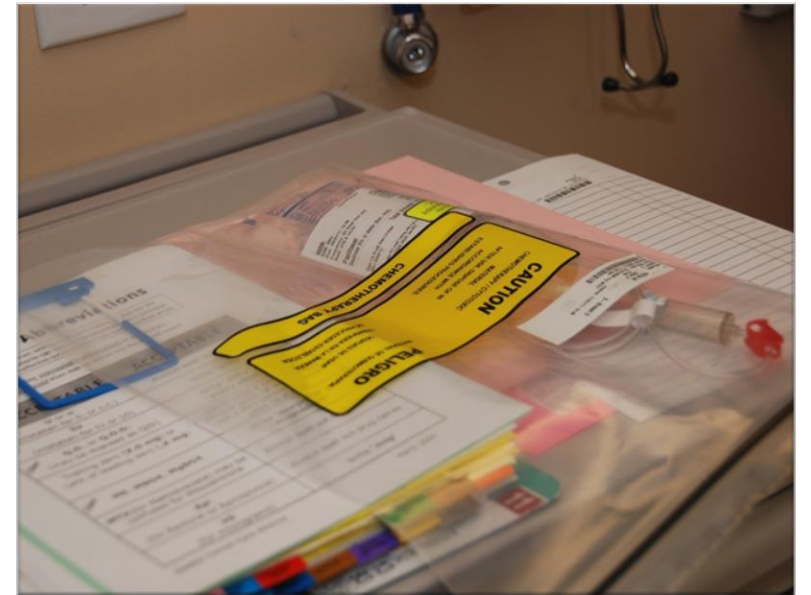
HOW EXPOSURE OCCURS

- Improperly sized transport bags.



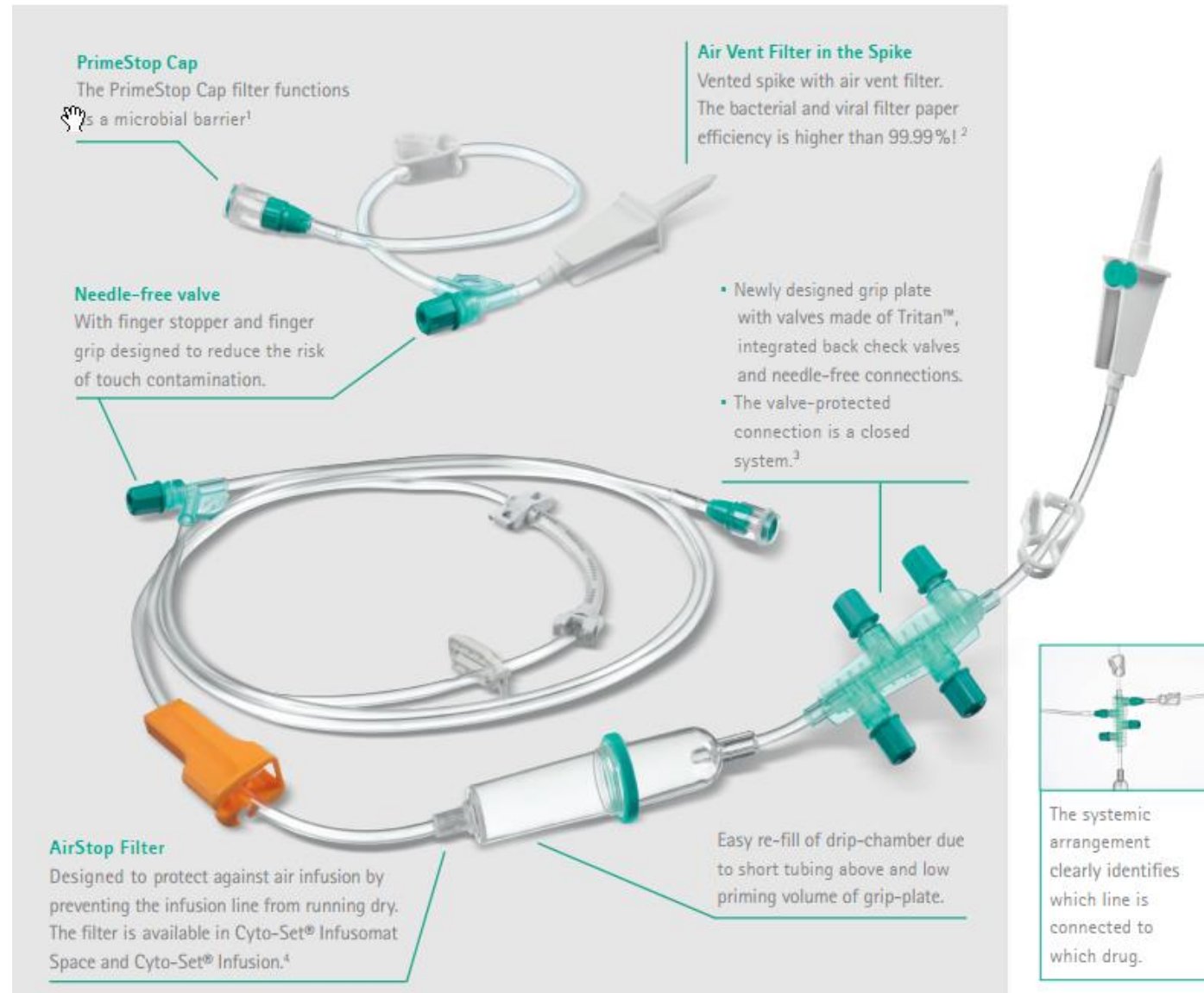
HOW EXPOSURE OCCURS

- Reaching inside of transport bag or placing chemotherapy on unprotected surfaces.



HOW EXPOSURE OCCURS

- The type of tubing set used for administration.



HOW EXPOSURE OCCURS

- Spills before, during and after administration.





A TEAM EFFORT

- Preventing HD exposure takes a multidisciplinary approach.

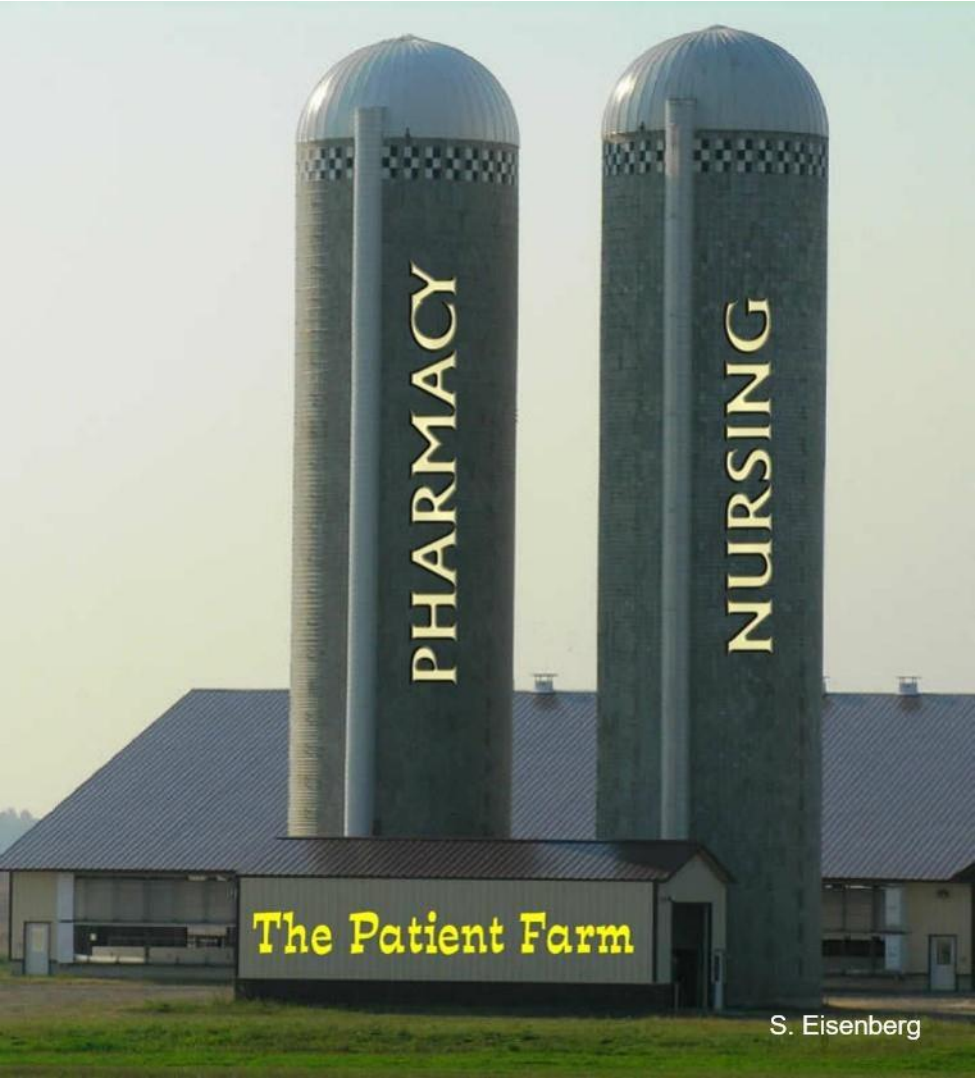


The Hazardous Drug Sandbox





A TEAM EFFORT



SAFETY EQUIPMENT

CLOSED SYSTEM
TRANSFER DEVICES
(CSTDs)

PERSONAL PROTECTIVE
EQUIPMENT (PPE)

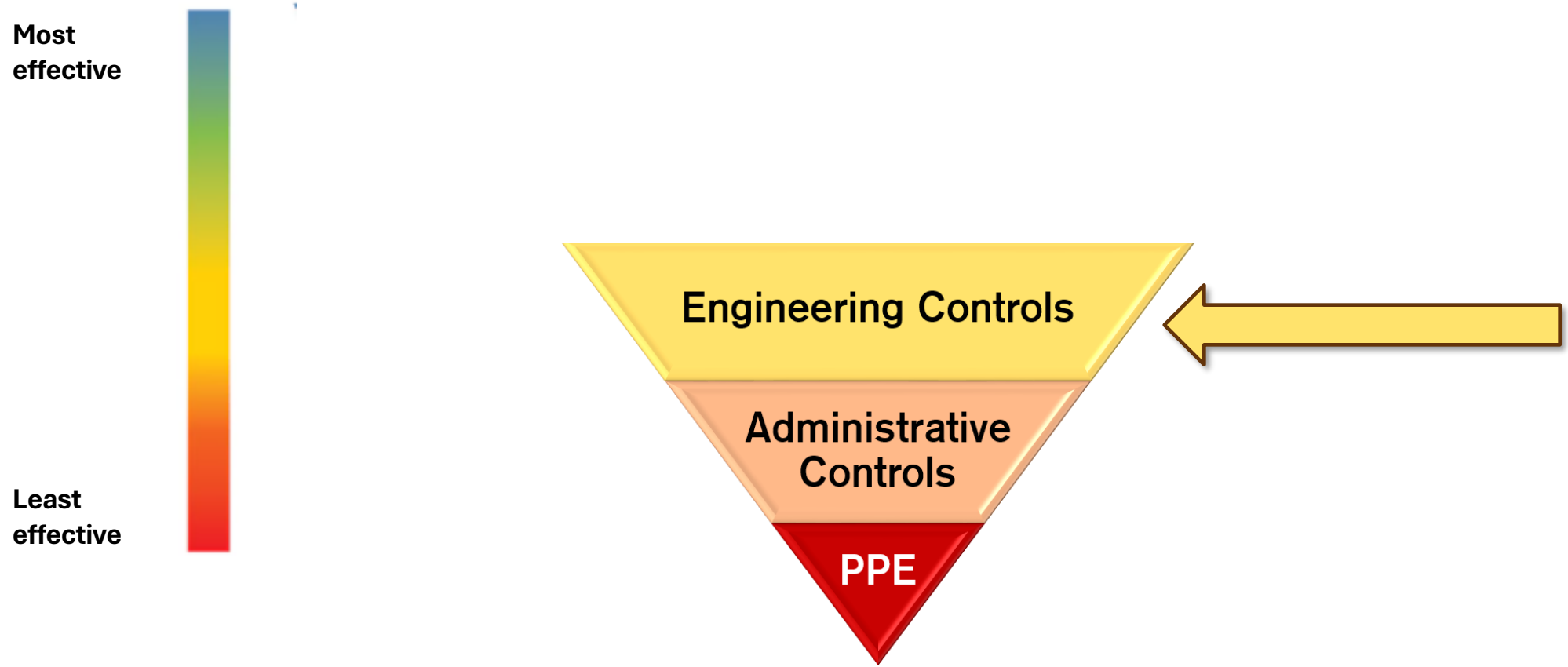
“An ounce (or 28.35g) of prevention is worth a pound (or 2.2kg) of cure.”

Benjamin Franklin



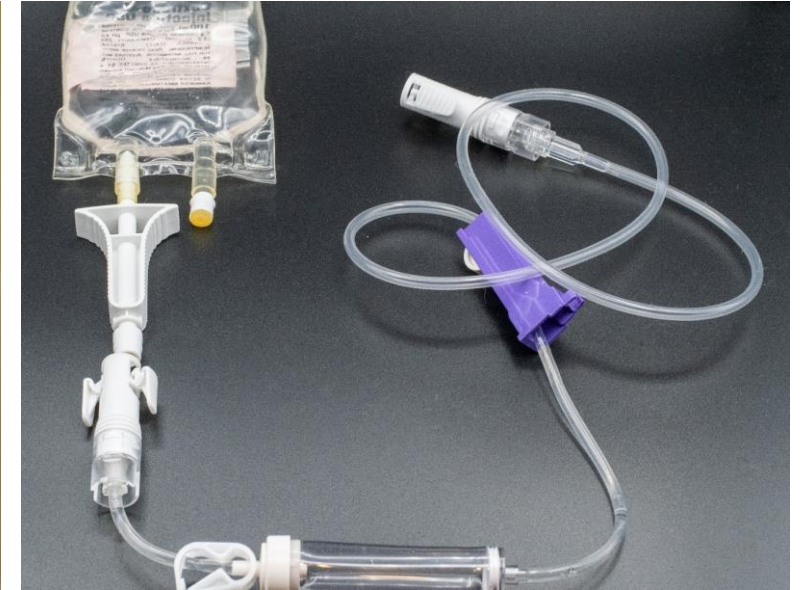
NIOSH HAZARDOUS DRUG HIERARCHY OF CONTROL

Lowering the risk of healthcare worker exposure infographic.



CLOSED SYSTEM TRANSFER DEVICES

USP <800>
recommends CSTDs for
HD compounding and
requires them for
administration.





CLOSED SYSTEM TRANSFER DEVICES (CSTDs)

- Restrict HD liquid or vapor from escaping into the environment.
- The first CSTD was approved in the U.S. for compounding in 1998.
- Initial adoption was slow due in part to **denial of the problem.**





CSTD EVOLUTION

- Eventually other manufacturers produced CSTDs, and improvements were made.
- Since then, more than 25 studies have proven their ability to reduce or eliminate contamination.

Bartel	2018
Brechtelsbauer	2023
Clark & Sessink	2013
Connor	2002
Contractor	2015
Favier	2012
Ferrario	2020
Gourd	2017
Harrison	2006
Jorgenson	2008
Kicenuik	2017
Levin & Sessink	2021
Miyake	2013
Nygren	2008
Picardo	2021
Sessink	2011, 2024
Siderov	2010
Simon	2016
Vyas	2014, 2016
Wick	2003
Zock	2010



THREE CSTD COMPONENTS

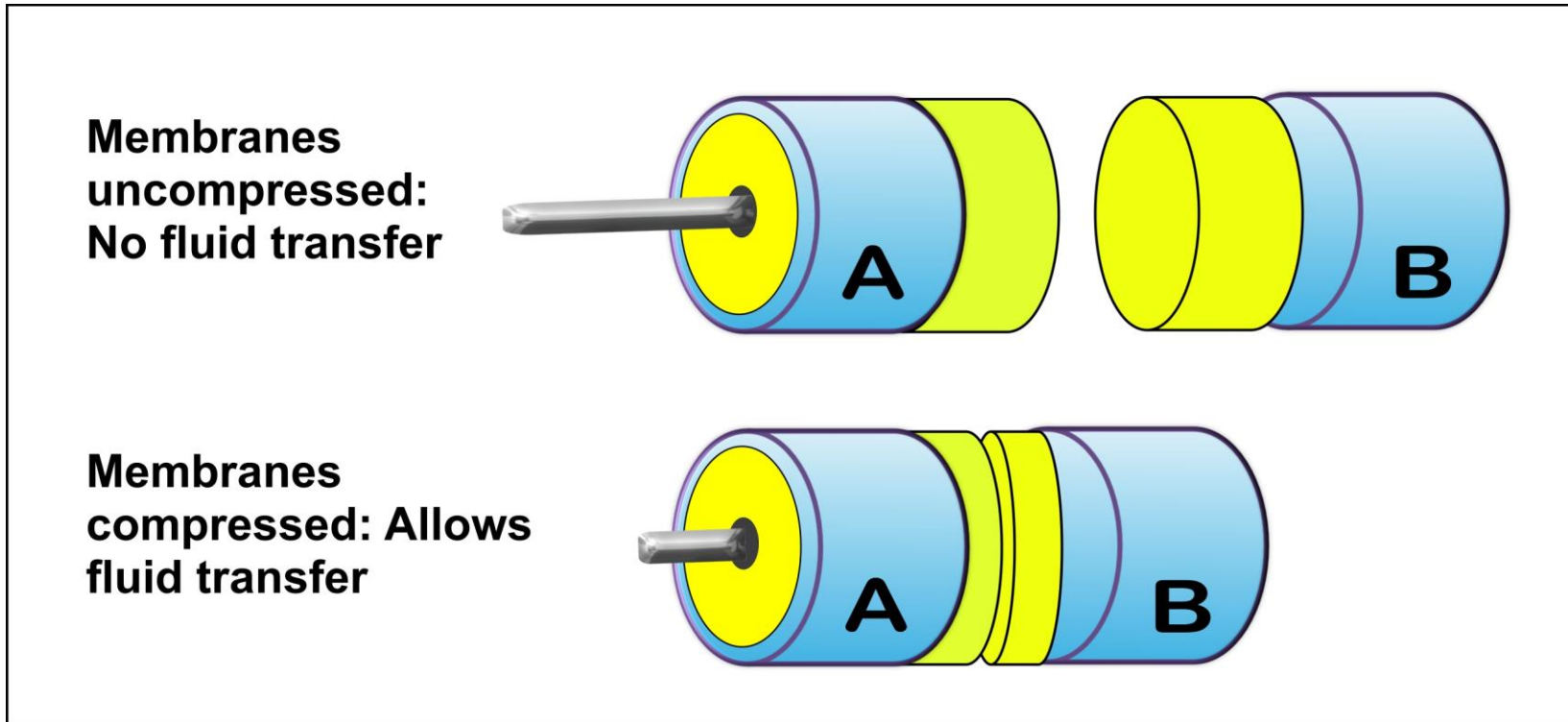
- A vial adapter.
- A connecting device for transferring drug and administration.
- A bag adapter (with or without tubing).





CSTD BASIC DESIGNS

- Membrane design:

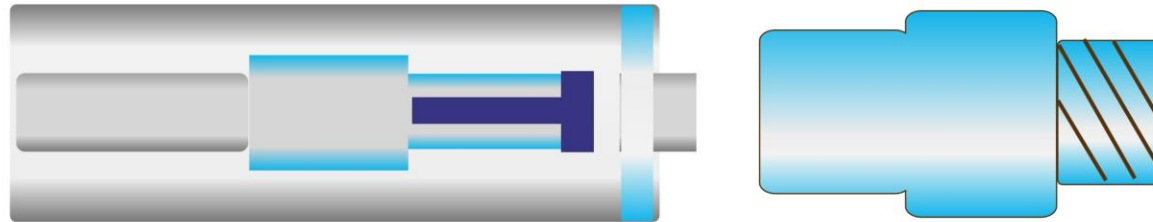




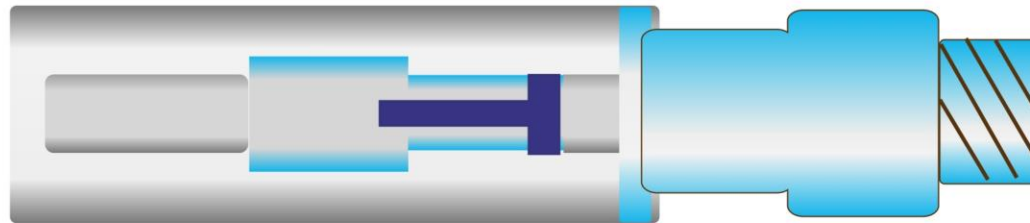
CSTD BASIC DESIGNS

- Luer design.

**Internal Luer-activated
valve closed: No fluid
transfer**



**Internal Luer-activated
valve open: Allows
fluid transfer**



EXAMPLES OF MEMBRANE CSTD SYSTEMS

Chemfort (Simplivia)
[B Braun OnGuard in
U.S.]



ChemoLock (ICU Medical)



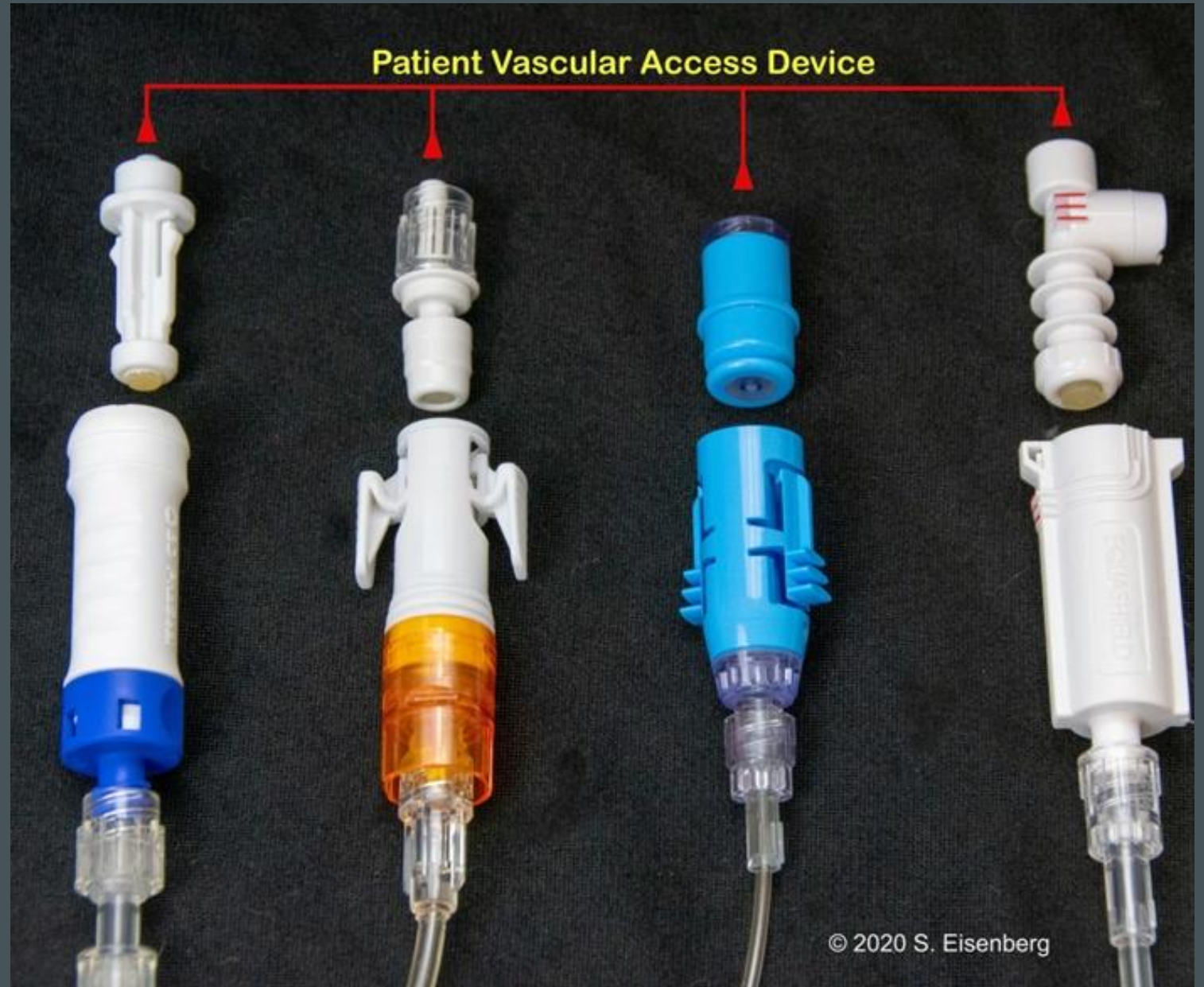
Equashield (Equashield)



Phaseal Optima (BD)

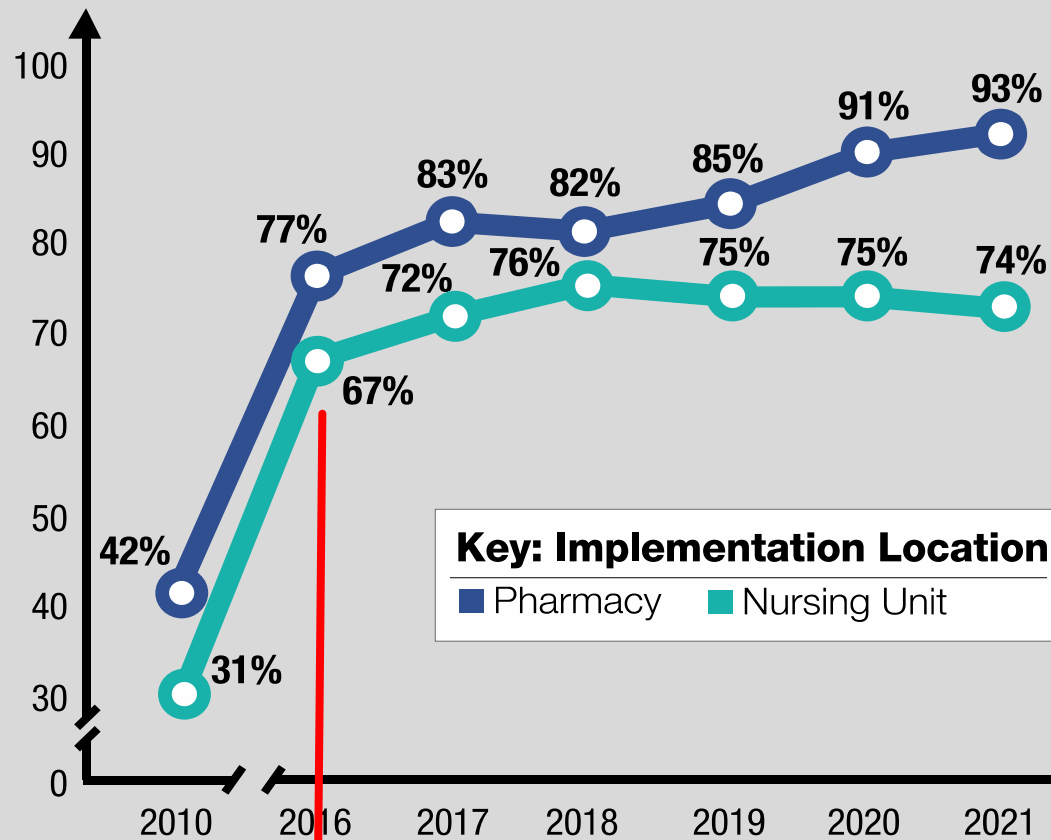


EXAMPLES OF MEMBRANE CSTD WITH LUER ADAPTERS



EXAMPLE OF MEMBRANE AND LUER HYBRID SYSTEM

Seth Eisenberg, *Oncology Nursing Lecturer, USA. Brussels March 7th, 2025*

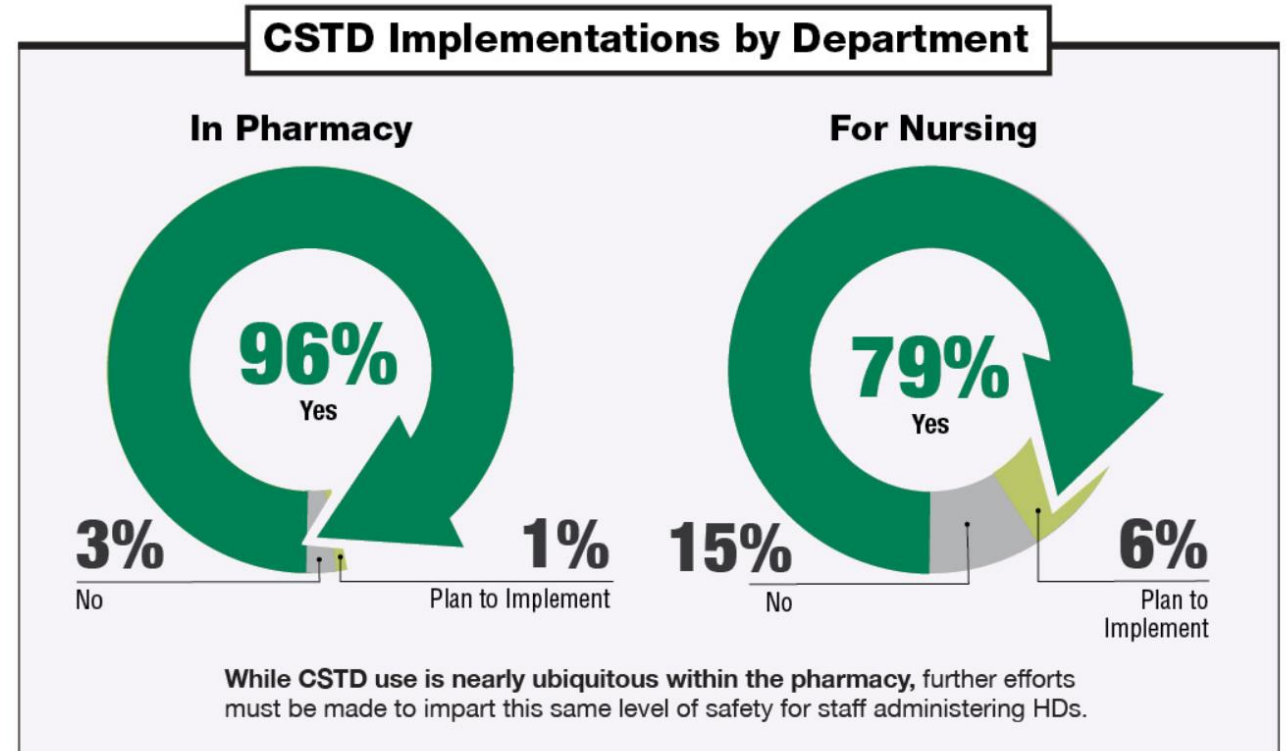


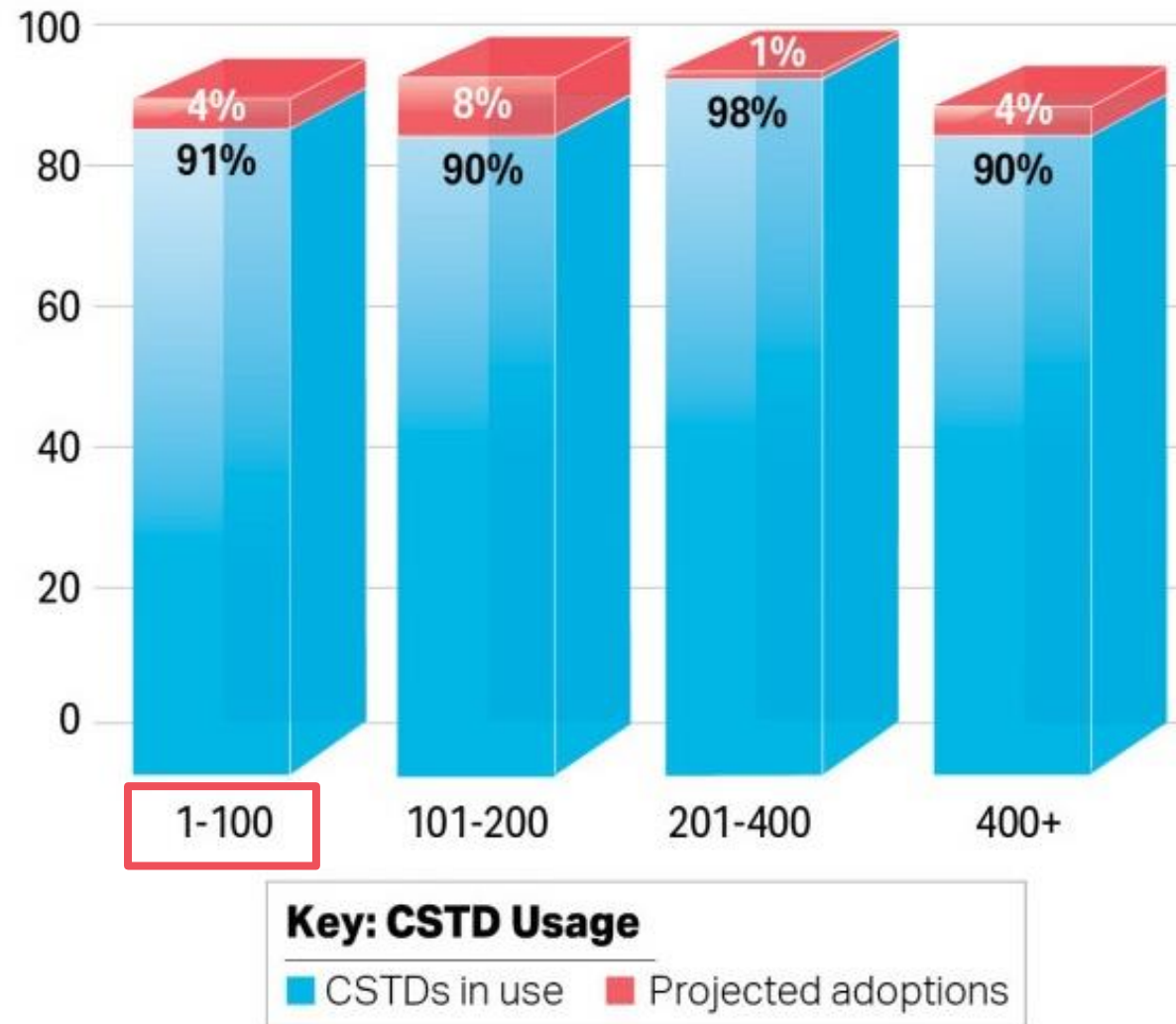
**USP
<800>**

CSTD ADOPTION 2010 - 2021

The power of standards

CSTD IMPLEMENTATION BY DEPARTMENT



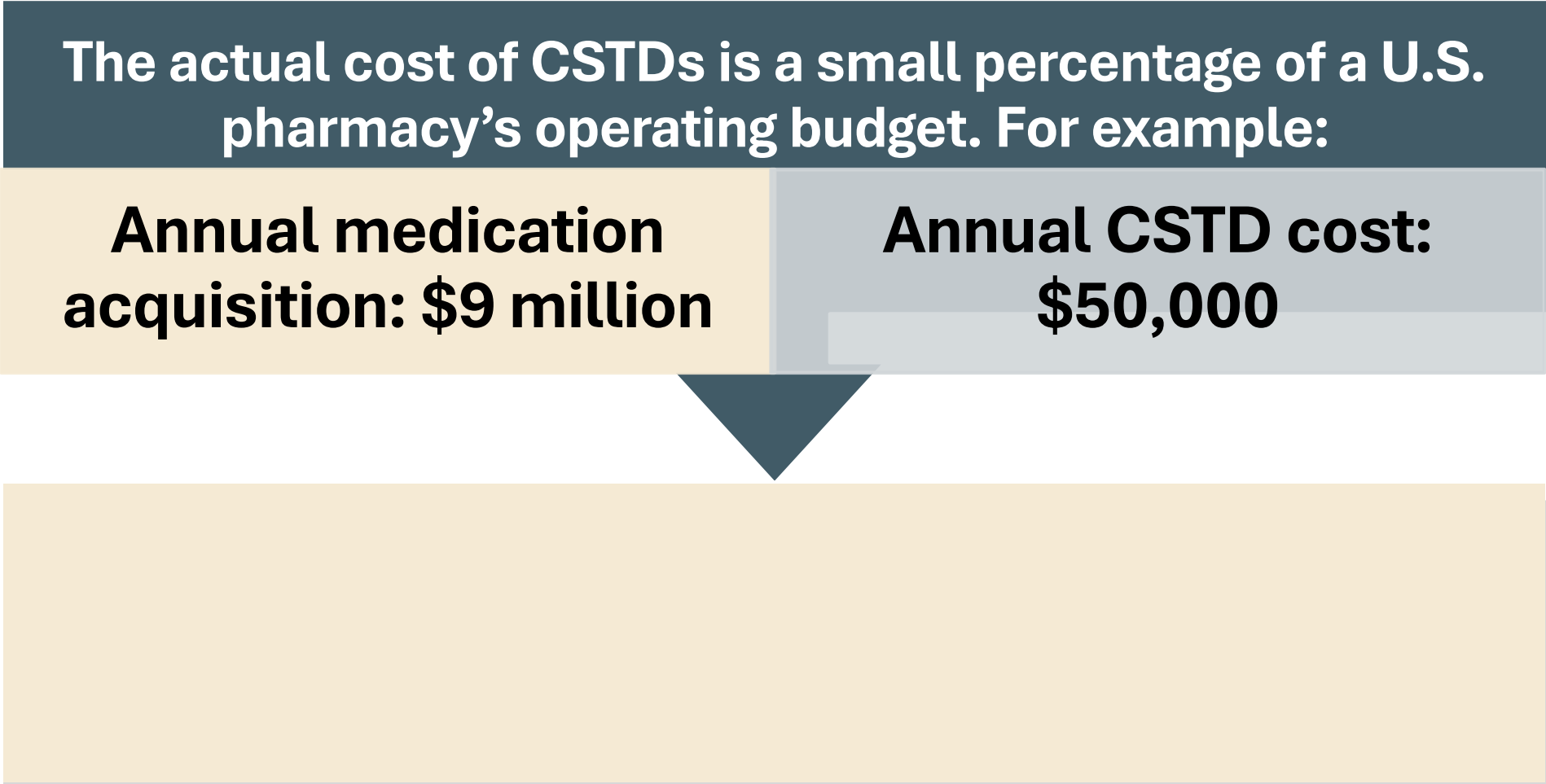


2024 CSTD ADOPTION BY FACILITY SIZE

Number Of Beds



FINANCIAL IMPLICATIONS





CSTDs: ENHANCING WORKFLOW

**Safety does not always
increase the workload.**

Original Article

JOURNAL OF
ONCOLOGY
PHARMACY
PRACTICE

**There was a statistically significant decrease
in preparation time using any of the 3 tested
CSTDs compared to using a needle.**

CSTDs: ENHANCING WORKFLOW

Bonded IV sets.



Prevent loose connections, save assembly time, and ensure compliance.

CSTDs: ENHANCING WORKFLOW

Direct spikes.

- Prevent needle-stick injuries.
- Available in multi-packs.
- Save compounding time.





CSTDs: ENHANCING WORKFLOW

- Changing from regular tubing to a direct spike CSTD saved our pharmacy **2 hours** of technician time every day.

728 hours per year

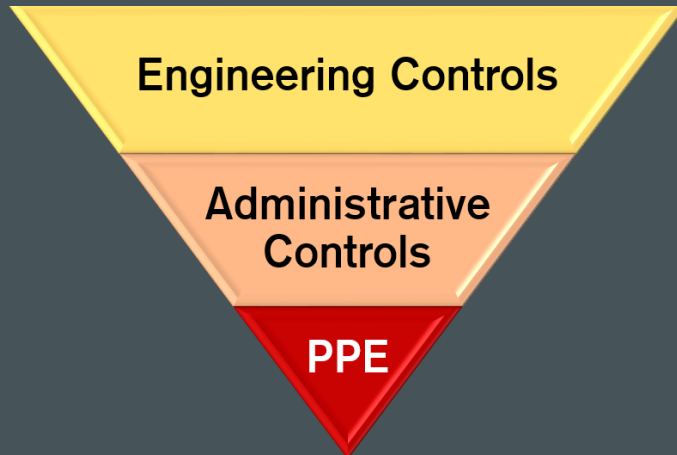
CSTDs: ENHANCING WORKFLOW

Direct spikes.



Faster, safer drug administration.

PPE: (Personal Protective Equipment)





PPE COMPONENTS

■ Chemotherapy gown

- Tested against hazardous drugs.
- Long sleeves with elastic cuffs.
- Closed in front (no snaps or buttons).
- SINGLE USE.

■ Gloves

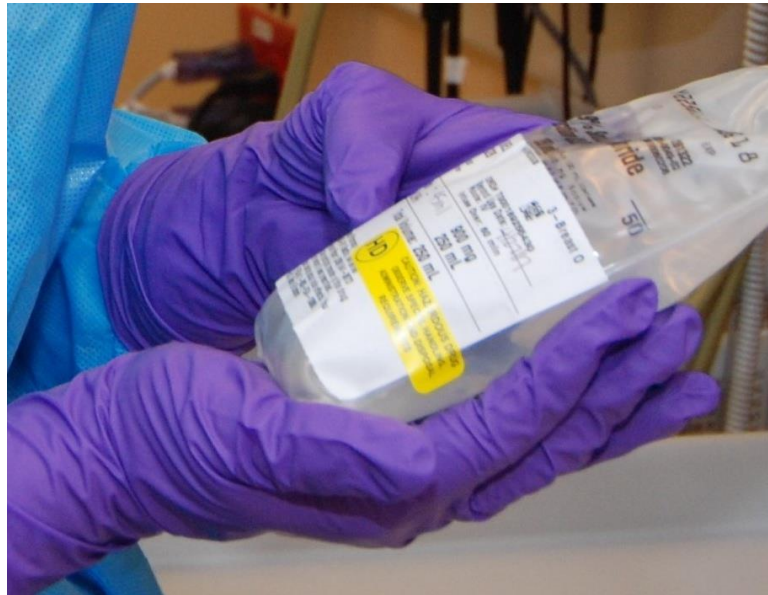
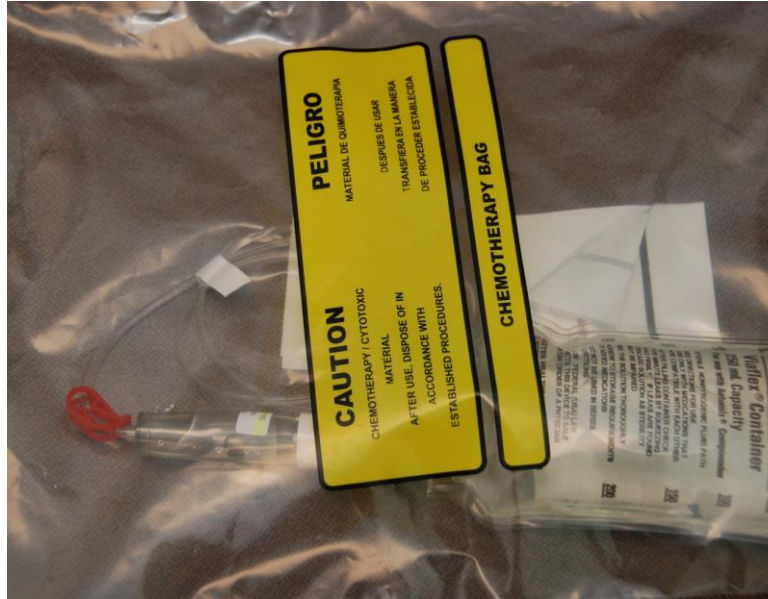
- Two pair of chemotherapy-tested (one under the gown cuff and one over the cuff).





PPE

- **Must be worn when:**
 - Handling HD bags, bottles or syringes.
 - Administering HDs.
 - Disconnecting bags and tubing.
 - Disposing.
 - Cleaning a spill.



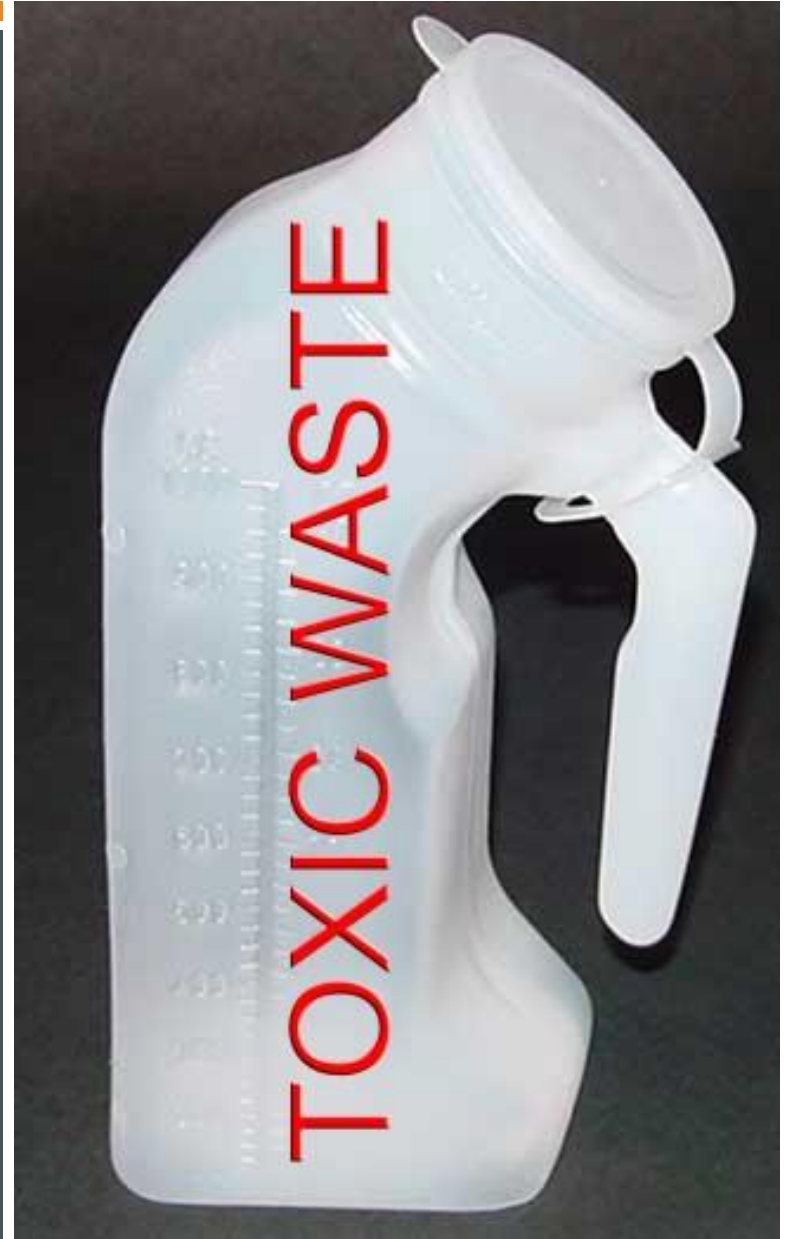


**AND HANDLING EXCRETA FROM
PATIENTS RECEIVING HDs.**





LET'S TALK ABOUT EXCRETA!



EXAMPLES OF HDs EXCRETED IN URINE

Drug	% Excreted in Urine
Azacitidine	95%
Bleomycin	75% unchanged
Carmustine	60-70%
Clofarabine	49-60% unchanged
Cyclophosphamide	25% unchanged
Fludarabine	25% unchanged
Methotrexate	89-90% unchanged
Carboplatin	60-80%
Doxorubicin	5-12% unchanged
Etoposide	30-55% unchanged

64





THE INVISIBLE DANGER IN PATIENT BATHROOMS

- Wipe testing for hazardous drugs has shown contamination in patient bathrooms.
- Contaminated surfaces can include the toilet rim, seat, flush handle, sink, door handle and floor.
- Although gloves are often worn by nurses when inside a bathroom, touch contamination in other areas can occur.

BATHROOM SURFACE WIPE TESTING

- HDs were found in a patient bathroom **and in a staff bathroom** located behind a locked security door.

Hazardous Drug Contamination

Presence of bathroom contamination in an ambulatory cancer center

Seth Eisenberg, RN, OCN®, BMTCN®, Kimberly Ito, RN, BSN, OCN®, and Angela Rodriguez, MSN, RN, CNS-BC, AFN-BC, OCN®, SANE-A®



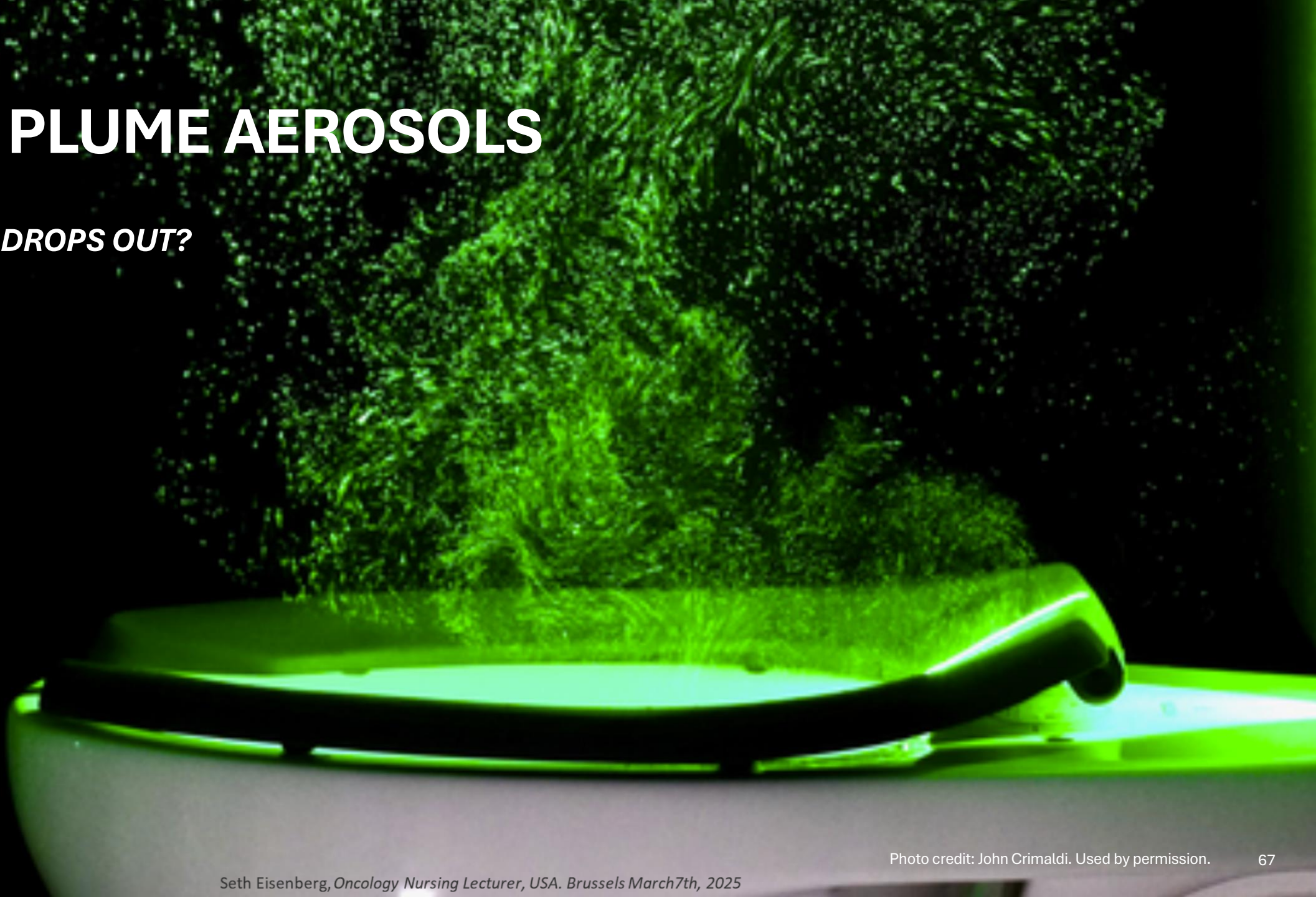
BACKGROUND: Many hazardous drugs (HDs) are excreted in urine and feces, and evidence has shown that bathrooms of patients receiving chemotherapy at home are contaminated with HDs. However, little information exists on bathroom contamination in ambulatory clinics where HDs are administered.

OBJECTIVES: This project aimed to determine the presence of HD residue in the patient and staff bathrooms of an ambulatory cancer center.

HAZARDOUS DRUGS (HDs) ARE DEFINED BY THE National Institute for Occupational Safety and Health (NIOSH, 2016) as having any of the following properties: carcinogenicity, genotoxicity, teratogenicity, reproductive toxicity, organ toxicities at low doses, and structure and toxicity profile of new drugs that mimic drugs previously determined to be hazardous. Studies in healthcare workers (HCWs) who compounded or administered HDs during the 1980s and 1990s demonstrated many adverse health effects ranging from nausea and vomiting to reproductive issues and spontaneous abortions (Fransman et al., 2007; Hemminki et al., 1985; Lawson et al., 2012; Lorente et al., 2000; Martin, 2005; Shortridge et al., 1995; Valanis et al., 1997). Currently, there are no acceptable levels of exposure to HDs, and NIOSH (2016) recommends the ALARA (as low as reasonably achievable) principle, which is used in radiation safety.

TOILET PLUME AEROSOLS

WHO LET THE DROPS OUT?



LITERATURE REVIEW

- There is sufficient evidence that flushing uncovered hospital toilets may expose healthcare workers to **hazardous drugs and bioaerosols**.

ENVIRONMENT & HEALTH

By Seth Eisenberg, RN, OCN, BMTN,
AnnMarie Walton, PhD, MPH, RN, OCN, FAAN,
and Thomas Harry Connor, PhD, MS

AJN April 2024 Vol. 124, No. 4

The Occupational and Environmental Hazards of Uncovered Toilets

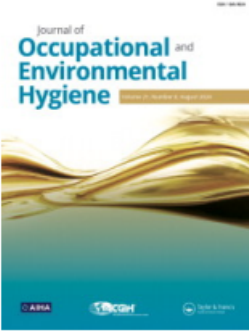
Raising awareness about the risks associated with toilet plume aerosols

ABSTRACT
Substantial evidence demonstrates that plumes from uncovered toilets potentially expose nurses and other health care workers to aerosols containing infectious agents and hazardous drugs, including antineoplastic drugs. Most hospitals in the United States utilize flushometer-type toilets, which operate under high pressure and do not have a permanently attached closure or lid, which is known to reduce the aerosols generated by flushing. This article aims to raise awareness among nurses of the potential exposure risks associated with toilet plume aerosols, so they can educate other health care workers and take part in initiatives to address these risks.

Keywords: aerosols, hazardous drugs, infectious agents, occupational exposure, toilets

2024 MULTI-CENTER STUDY

- 15 hospitals in 9 states.
- Departments included HEPA and non-HEPA filtered, inpatient and outpatient.
- 145 toilets measured for 60 seconds uncovered and covered.



Journal of Occupational and Environmental Hygiene

OPEN ACCESS


ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/uoeh20


Reducing the particles generated by flushing institutional toilets. Part II: Assessing a portable and reusable toilet cover in U.S. hospitals

Seth Eisenberg & Changjie Cai

To cite this article: Seth Eisenberg & Changjie Cai (01 Oct 2024): Reducing the particles generated by flushing institutional toilets. Part II: Assessing a portable and reusable toilet cover in U.S. hospitals, Journal of Occupational and Environmental Hygiene, DOI: [10.1080/15459624.2024.2398752](https://doi.org/10.1080/15459624.2024.2398752)

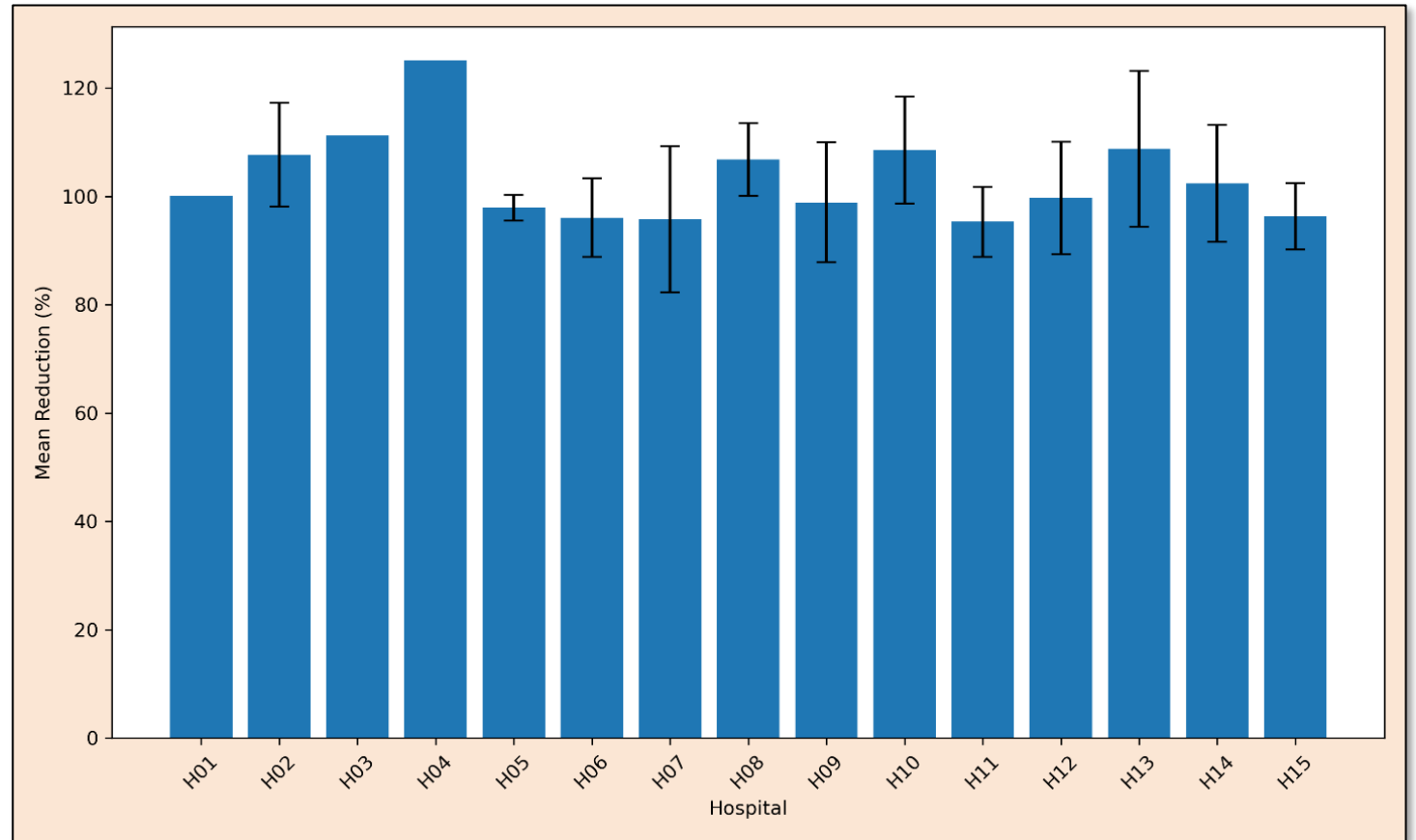
To link to this article: <https://doi.org/10.1080/15459624.2024.2398752>

 © 2024 The Author(s). Published with license by Taylor & Francis Group, LLC

 Published online: 01 Oct 2024.

2024 MULTI-CENTER STUDY

- Covering the toilet with a portable, solid, reusable cover demonstrated a mean reduction of 99.98% ($p < .0002$).



BARRIERS TO COMPLIANCE

AND WHAT TO DO
ABOUT THEM





BARRIERS TO COMPLIANCE

- Perceived immunity to risk.
“It’s only a little chemo. I’ve been exposed and I’m fine!”

It’s not just about you.





BARRIERS TO COMPLIANCE

- “We’re short staffed and I don’t have time.”





SAFETY CULTURE

- Yes, safe practices can add time.

“Poor staffing is not an excuse for poor safety.”



SAFETY CULTURE

*What about your
hospital's culture?*



THE “OLD WAYS” WERE NOT THE SAFEST.





CHANGING THE SAFETY CULTURE REQUIRES:

- Leadership support.
- Bedside champions.
- Without those, it's an uphill climb.





SAFETY CULTURE



Underestimate the power of peer pressure,
you must not!



IN CLOSING:

- **Administrators:** ➞ What is the value of protecting your employees?

- **Nurses and Pharmacists:** ➞ Advocate for your safety.

And remember, change takes time.

QUESTIONS



Contact Info:

Email:

setheisenberg@comcast.net

Webpage:

www.setheisenberg.net