



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Department of Labor and Industries

Permanent Rule Only

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) January 1, 2014 for all sections except for WAC 296-62-50050 is July 1, 2014 and WAC 296-62-50025(2) is January 1, 2015. (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes
 - No
- If Yes, explain:

Purpose:

The 2011 Legislature passed Engrossed Substitute Senate Bill (ESSB) 5594 which requires the Department to adopt rules implementing the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs. The legislation requires the rules be consistent with the recommendations set forth in NIOSH's alert and states that the rules may not exceed these recommendations. The Department may incorporate Centers for Disease Control and Prevention (CDC) updates and changes to the alert. **See attachment 1.**

This rule was developed with the assistance of a stakeholder group from the industry representing business and labor.

Citation of existing rules affected by this order:

- Repealed:
- Amended:
- Suspended:

Statutory authority for adoption: RCW 49.17.010, 49.17.040, 49.17.050, 49.17.060 and Chapter 39, Laws of 2011.

Other authority : Chapter 39, Laws of 2011

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 11-21-080 on October 18, 2011.
Describe any changes other than editing from proposed to adopted version:
See attachment 2.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: _____ phone _____
 Address: _____ fax _____
 e-mail _____

Date adopted:

January 3, 2012

NAME (TYPE OR PRINT)

Judy Schurke

SIGNATURE

TITLE

Director

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: January 03, 2012
TIME: 8:25 AM

WSR 12-02-053

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	<u>12</u>	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	<u>12</u>	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>12</u>	Amended	_____	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	<u>12</u>	Amended	_____	Repealed	_____

NEW SECTIONS:

WAC 296-62-500 Hazardous drugs.

- There are no requirements in this section.
- Statement that hazardous drugs are also covered under WAC 296-800-170 and the most protective requirement will take precedent.

WAC 296-62-50005 Scope.

- Requirements relating to occupational exposure are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50010 Definitions.

- There are no requirements in this section.

WAC 296-62-50015 Hazardous drugs control program.

- Requirements relating to hazardous drugs control program are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50020 Hazard assessment.

- Requirements relating to hazard assessment are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50025 Engineering controls.

- Requirements relating to engineering controls are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50030 Personal protective equipment (PPE).

- Requirements relating to personal protective equipment are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50035 Safe handling practices.

- Requirements relating to safe handling practices are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50040 Cleaning and housekeeping.

- Requirements relating to cleaning and housekeeping procedures are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50045 Spill control.

- Requirements relating to spill control are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50050 Training.

- Requirements relating to training are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

WAC 296-62-50055 Implementation plan.

- Requirements relating to the effective dates of various subsections of the rule are located in this section. These requirements are state-initiated and derived from the 2004 National Institute for Occupational Safety and Health (NIOSH) Alert on safe handling of hazardous drugs.

Changes other than editing from proposed to adopted version

102 DOSH Rule Language	103 DOSH Rule Language
<p>WAC 296-62-500 Hazardous drugs. This rule provides minimum requirements for developing a hazardous drugs control program; enabling employers to provide effective, assessment-based precautions designed to minimize or eliminate occupational exposure.</p>	<p>WAC 296-62-500 Hazardous drugs. This rule <u>chapter</u> provides minimum requirements for developing a hazardous drugs control program <u>when occupational exposure to hazardous drugs is reasonably anticipated.</u> enabling employers <u>It is designed</u> to provide effective, assessment-based precautions designed to minimize or eliminate occupational exposure <u>to hazardous drugs.</u></p>
<p>Important: Hazardous drugs are covered under WAC 296-800-170, Employer chemical hazard communication--Introduction. In addition the employer must follow the requirements in WAC 296-800-160 and chapter 296-842 WAC as related to the provision of personal protective equipment and respiratory protection. Whenever there is a conflict between rule requirements the most protective requirement will take precedent.</p>	<p>Important: Hazardous <u>Occupational exposure to hazardous drugs</u> are <u>is also</u> covered under WAC-296-800-170, Employer chemical hazard communication—Introduction. In addition the employer must follow the requirements in WAC 296-800-160, <u>Personal protective equipment (PPE)</u> and chapter 296-842 WAC, <u>Respirators</u> as related to the provision of personal protective equipment and respiratory protection. Whenever there is a conflict between rule requirements the most protective requirement will take precedent.</p>
<p>WAC 296-62-50005 Scope.</p>	<p>WAC 296-62-50005 Scope.</p>
<p>(1) This chapter applies to all health care settings that have employees with occupational exposure to hazardous drugs.</p>	<p>(1) This chapter applies to all <u>employers in health care settings</u> facilities <u>regardless of the setting</u> that have employees with occupational exposure to hazardous drugs.</p>
	<p><u>(2) Chapter application.</u></p>
	<p><u>(2)(a) The requirements in this rule only apply to the hazardous drugs being used in the workplace.</u></p>
	<p><u>(2)(b) If hazardous drugs are being used in the workplace the requirements in this rule only apply if there is reasonably anticipated exposure as defined in WAC 296-62-50010.</u></p>
	<p><u>(2)(c) If there is reasonably anticipated occupational exposure to one or more hazardous drugs the employer must develop a hazardous drugs control program as required in WAC 296-62-50015.</u></p>
	<p><u>(2)(d) For purposes of making the determinations in this section about scope and application, occupational exposure is that exposure which would be reasonably anticipated in the absence of engineering controls or PPE.</u></p>

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<p>(2) The following lists jobs that may involve occupational exposure to hazardous drugs. This is not an exhaustive list and there may be other jobs that fall within the scope of this chapter:</p> <ul style="list-style-type: none"> • Physicians and physician assistants; • Nurses (ARNPs, RNs, LPNs, nurses aids); • Patient care assistive personnel (nurses aides or technicians); • Operating room personnel; • Employees in research laboratories; • Home health care workers; • Veterinarians and veterinary technicians; • Pharmacists and pharmacy technicians; • Environmental services employees (e.g., housekeeping, laundry, and waste disposal) in health care settings; • Employees who ship, or receive hazardous drugs from the manufacturer or distributor. 	<p>(2) (3)The following lists jobs that may involve occupational exposure to hazardous drugs. This is not an exhaustive list and there may be other jobs that fall within the scope of this chapter:</p> <ul style="list-style-type: none"> • <u>Pharmacists and pharmacy technicians;</u> • Physicians and physician assistants; • Nurses (ARNPs, RNs, LPNs,nurses aids);; • Patient care assistive personnel (<u>e.g. health care assistants, nursing assistants</u> nurses aides or technicians);; • Operating room personnel; • Employees in research laboratories; • Home health care workers; • Veterinarians and veterinary technicians; • Pharmacists and pharmacy technicians; • Environmental services employees (e.g., housekeeping, laundry, and waste disposal) in health care settings <u>facilities</u>.; • Employees <u>in health care facilities</u> who ship, or receive hazardous drugs from the manufacturer or distributor.
<p>Exemption: This chapter does not apply to the drug manufacturing sector.</p>	<p>Exemption: This chapter does not apply to the drug manufacturing sector.</p>
<p>WAC 296-62-50010 Definitions.</p>	<p>WAC 296-62-50010 Definitions.</p>
<p>Biological safety cabinet means a ventilated cabinet for compounding pharmaceutical ingredients, personnel, product, and environmental protection having an open front with inward airflow for personnel protection, downward high-efficiency air (HEPA)-filtered laminar airflow for product protection, and HEPA-filtered exhausted air for environmental protection. For a complete description of the different types of biologic safety cabinets see the Centers for Disease Control and Prevention (CDC)/National Institutes of Health (NIH) document <i>Primary Containment for Biohazards: Selection, Installation and Use of Biological Safety Cabinets</i>.</p>	<p>Biological safety cabinet means a ventilated cabinet for compounding pharmaceutical ingredients, personnel, product, and environmental protection having an open front with inward airflow for personnel protection, downward high-efficiency air (HEPA)-filtered laminar airflow for product protection, and HEPA-filtered exhausted air for environmental protection. For a complete description of the different types of biologic safety cabinets see the Centers for Disease Control and Prevention (CDC)/National Institutes of Health (NIH) document <i>Primary Containment for Biohazards: Selection, Installation and Use of Biological Safety Cabinets</i>.</p>
<p>Chemotherapy glove means a medical glove that has been approved by the Food and Drug Administration (FDA) and that meets the permeability standards of the American Society for Testing Materials (ASTM) Standard D6978 - 05.</p>	<p>Chemotherapy glove means a medical glove that has been approved by the Food and Drug Administration (FDA) and that meets the permeability standards of the American Society for Testing Materials (ASTM) Standard D6978 - 05.</p>
<p>Closed system drug-transfer device means a drug-transfer device that mechanically prohibits the transfer of environmental contaminants into the system and the escape of hazardous drug or vapor concentrations outside of the system.</p>	<p>Closed system drug-transfer device means a drug-transfer device that mechanically prohibits the transfer of environmental contaminants into the system and the escape of hazardous drug or vapor concentrations outside of the system.</p>
<p>Compounding aseptic containment isolator means a compounding aseptic isolator designed to provide worker protection from exposure to undesirable levels of airborne drug throughout the compounding and material transfer processes and to provide an aseptic</p>	<p>Compounding aseptic containment isolator means a compounding aseptic isolator designed to provide worker protection from exposure to undesirable levels of airborne drug throughout the compounding and material transfer processes and to provide an aseptic environment for</p>

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<p>environment for compounding sterile preparations. Air exchange with the surrounding environment should not occur unless the air is first passed through a microbial retentive filter (HEPA at a minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded. Where volatile hazardous drugs are prepared, the exhaust air from the isolator should be appropriately removed by properly designed building ventilation.</p>	<p>compounding sterile preparations. Air exchange with the surrounding environment should not occur unless the air is first passed through a microbial retentive filter (HEPA at a minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded. Where volatile hazardous drugs are prepared, the exhaust air from the isolator should be appropriately removed by properly designed building ventilation.</p>
<p>Compounding aseptic isolator means a form of isolator specifically designed for compounding pharmaceutical ingredients or preparations. It is designed to maintain an aseptic compounding environment within the isolator throughout the compounding and material transfer processes. Air exchange into the isolator from the surrounding environment should not occur unless the air has first passed through a microbial retentive filter (HEPA minimum).</p>	<p>Compounding aseptic isolator means a form of isolator specifically designed for compounding pharmaceutical ingredients or preparations. It is designed to maintain an aseptic compounding environment within the isolator throughout the compounding and material transfer processes. Air exchange into the isolator from the surrounding environment should not occur unless the air has first passed through a microbial retentive filter (HEPA minimum).</p>
<p>Contaminated means materials or surfaces that have been in direct contact with a hazardous drug. Urine, fecal matter, vomit, blood, or bodily fluids from patients receiving certain hazardous drugs are considered contaminated for a minimum of forty-eight hours after administration. Containers that have held contaminated urine, fecal matter, vomit, blood, or other bodily fluids are considered contaminated until cleaned and decontaminated.</p>	<p>Contaminated means materials or surfaces that have been in direct contact with a hazardous drug. Urine, fecal matter, vomit, blood, or bodily fluids from patients receiving certain hazardous drugs are considered contaminated for a minimum of forty-eight hours after administration. Containers that have held contaminated urine, fecal matter, vomit, blood, or other bodily fluids are considered contaminated until cleaned and decontaminated.</p>
<p>Deactivation means treating a chemical agent (such as a hazardous drug) with another chemical, heat, ultraviolet light, or other agent to create a less hazardous agent.</p>	<p>Deactivation means treating a chemical agent (such as a hazardous drug) with another chemical, heat, ultraviolet light, or other agent to create a less hazardous agent.</p>
<p>Decontamination means inactivation, neutralization, or removal of toxic agents, usually by chemical means.</p>	<p>Decontamination means inactivation, neutralization, or removal of toxic agents, usually by chemical means.</p>
<p>Engineering controls means devices designed to eliminate or reduce worker exposure to hazards. Examples include biological safety cabinets, containment isolators, safer sharps devices, and safety interlocks.</p>	<p>Engineering controls means devices designed to eliminate or reduce worker exposure to hazards. Examples include biological safety cabinets, <u>laboratory fume hoods</u>, containment isolators, safer sharps devices, and safety interlocks.</p>
<p>Hazardous drugs means any drug identified as hazardous by the National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control or any drug that meets at least one of the following six criteria:</p> <ul style="list-style-type: none"> • Carcinogenicity; • Teratogenicity or developmental toxicity; • Reproductive toxicity in humans; • Organ toxicity at low doses in humans or animals; 	<p>Hazardous drugs means any drug identified as hazardous by the National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control (CDC) or any drug that meets at least one of the following six criteria:</p> <ul style="list-style-type: none"> • Carcinogenicity₂; • Teratogenicity or developmental toxicity₂; • Reproductive toxicity in humans₂; • Organ toxicity at low doses in humans or animals₂;

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<ul style="list-style-type: none"> • Genotoxicity; • New drugs that mimic existing hazardous drugs in structure and toxicity. 	<ul style="list-style-type: none"> • Genotoxicity; • New drugs that mimic existing hazardous drugs in structure and toxicity.
<p>Health care settings means all hospitals, medical clinics, outpatient facilities, physicians' offices, retail pharmacies, home health care, veterinary clinics, and similar settings dedicated to the care of patients.</p>	<p>Health care settings facilities means all hospitals, medical clinics, nursing homes, laboratories, offices or similar places where a health care provider provides health care to patients. For purposes of this chapter this includes outpatient facilities, physicians' offices, retail pharmacies, home health care, veterinary clinics, <u>medicine, retail pharmacies, home health care agencies and also those research laboratories in settings where a health care provider provides health care to patients. It does not include the drug manufacturing sector or research laboratories where health care providers do not provide health care to patients, and similar settings dedicated to the care of patients.</u></p>
<p>HEPA filter means a high-efficiency particulate air filter rated ninety-nine and ninety-seven percent efficient in capturing 0.3-micron-diameter particles.</p>	<p>HEPA filter means a high-efficiency particulate air filter rated ninety nine and ninety seven percent <u>99.97%</u> efficient in capturing 0.3-micron-diameter particles.</p>
	<p>Isolator means a device that is sealed or is supplied with air through a microbially retentive filtration system (HEPA minimum) and may be reproducibly decontaminated. When closed, an isolator uses only decontaminated interfaces (when necessary) or rapid transfer ports (RTPs) for materials transfer. When open, it allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contaminants or unfiltered air to adjacent environments. An isolator can be used for aseptic processing, for containment of potent compounds, or for simultaneous asepsis and containment. Some isolator designs allow operations within the isolator to be conducted through attached rubber gloves without compromising asepsis and/or containment.</p> <p>Aseptic isolator: A ventilated isolator designed to exclude external contamination from entering the critical zone inside the isolator.</p> <p>Aseptic containment isolator: A ventilated isolator designed to meet the requirements of both an aseptic isolator and a containment isolator.</p> <p>Containment isolator: A ventilated isolator designed to prevent the toxic materials processed inside it from escaping to the surrounding environment.</p>
<p>Material safety data sheet (MSDS) means a summary provided by the manufacturer to describe the chemical properties and hazards of specific chemicals and ways in which workers can protect themselves from exposure to these chemicals.</p>	<p>Material safety data sheet (MSDS) means a summary provided by the manufacturer to describe the chemical properties and hazards of specific chemicals and ways in which workers can protect themselves from exposure to these chemicals.</p>

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<p>Occupational exposure means reasonably anticipated inhalation, skin, ingestion, or injection contact with hazardous drugs as a result of the performance of an employee's duties.</p> <p>Factors that affect worker exposure include:</p> <ul style="list-style-type: none"> • Drug handling circumstances (preparation, administration, or disposal); • Amount of drug prepared; • Frequency and duration of drug handling; • Potential for absorption; • Use of ventilated cabinets; • Personal protective equipment; • Work practices. <p>The likelihood that a worker will experience adverse effects from hazardous drugs increases with the amount and frequency of exposure and the lack of proper work practices.</p>	<p>Occupational exposure means reasonably anticipated inhalation, skin, ingestion, or injection contact with hazardous drugs as a result of the performance of an employee's duties.</p> <p>Factors that affect worker exposure include:</p> <ul style="list-style-type: none"> • Drug handling circumstances (preparation, administration, or disposal); • Amount of drug prepared; • Frequency and duration of drug handling; • Potential for absorption; • Use of ventilated cabinets; • Personal protective equipment; • Work practices. <p>The likelihood that a worker will experience adverse effects from hazardous drugs increases with the amount and frequency of exposure and the lack of proper work practices.</p> <p><u>Some drugs defined as hazardous may not pose a significant risk of occupational exposure because of their dosage formulation (for example, coated tablets or capsules that are administered to patients without modifying the formulation). However, they may pose a risk if altered (for example, if tablets are crushed or dissolved, or if capsules are pierced or opened).</u></p>
<p>Ventilated cabinet means a type of engineering control designed for purposes of worker protection. These devices are designed to minimize worker exposures by controlling emissions of airborne contaminants through the following:</p> <ul style="list-style-type: none"> • The full or partial enclosure of a potential contaminant source; • The use of airflow capture velocities to capture and remove airborne contaminants near their point of generation; • The use of air pressure relationships that define the direction of airflow into the cabinet. <p>Examples of ventilated cabinets include biological safety cabinets and containment isolators.</p>	<p>Ventilated cabinet means a type of engineering control designed for purposes of worker protection. These devices are designed to minimize worker exposures by controlling emissions of airborne contaminants through the following:</p> <ul style="list-style-type: none"> • The full or partial enclosure of a potential contaminant source; • The use of airflow capture velocities to capture and remove airborne contaminants near their point of generation; • The use of air pressure relationships that define the direction of airflow into the cabinet. <p>Examples of ventilated cabinets include biological safety cabinets and containment isolators.</p>
<p>WAC 296-62-50015 Hazardous drugs control program.</p>	<p>WAC 296-62-50015 Hazardous drugs control program.</p>
<p>(1) By July 1, 2012 each health care setting shall</p>	<p>(1) By July 1, 2012 each Each health care setting facility</p>

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develop and implement a written hazardous drugs control program specific to the workplace. The hazardous drugs control program must, at a minimum, include the following:	shall covered under the scope of this chapter must develop and implement a written hazardous drugs control program specific to the workplace. The Elements of the hazardous drugs control program may be located in other documents such as the employer's accident prevention program or other policies and procedures as long as they are referenced in the program. The hazardous drugs control program must, at a minimum, include the following:
(1) (a) A current hazard assessment;	(1) (a) A current hazard assessment; <u>A written inventory of hazardous drugs in the workplace.</u>
(1) (b) A written inventory of hazardous drugs in the workplace;	(1) (b) A written inventory of hazardous drugs in the workplace; <u>A current hazard assessment for hazardous drugs for which there is reasonably anticipated occupational exposure.</u>
(1) (c) A description of the hazardous drugs training program;	(1) (e) A description of the hazardous drugs training program;
(1) (d) Hazardous drugs policies and procedures including, but not limited to:	(1) (d) (1)(c) Hazardous drugs policies and procedures including, but not limited to:
(1)(d) (i) Personal protective equipment;	(1)(d) (i) Personal protective equipment; <u>(1)(c)(i) Engineering controls (equipment use and maintenance).</u>
(1)(d) (ii) Engineering controls (equipment use and maintenance);	(1)(d) (ii) Engineering controls (equipment use and maintenance); <u>(1)(c)(ii) Personal protective equipment.</u>
(1)(d) (iii) Safe handling practices (receiving and storage, labeling, preparing, administering, and disposing of hazardous drugs);	(1)(d c) (iii) Safe handling practices (receiving and storage, labeling, preparing, administering, and disposing of hazardous drugs); ₂
(1)(d) (iv) Cleaning, housekeeping, and waste handling;	(1)(d c) (iv) Cleaning, housekeeping, and waste handling; ₂
(1)(d) (v) Spill control;	(1)(d c) (v) Spill control; ₂
(1)(d) (vi) Medical surveillance;	(1)(d) (vi) Medical surveillance;
(1)(d) (vii) Personnel issues (such as exposure of pregnant workers);	(1)(d c) (vii) Personnel issues (such as exposure of pregnant workers); ₂
(1)(d) (viii) Training;	(1)(d c) (viii) Training; ₂
(1)(d) (ix) Recordkeeping.	(1)(d) (ix) Recordkeeping.
Note: Elements of the hazardous drugs control program may be located in other documents such as the employer's accident prevention program or other policies and procedures as long as they are referenced in the program.	Note: Elements of the hazardous drugs control program may be located in other documents such as the employer's accident prevention program or other policies and procedures as long as they are referenced in the program.
Reference: Refer to the most current NIOSH list of antineoplastic and other hazardous drugs in healthcare settings for guidance on developing and maintaining a hazardous drugs list.	Reference: Refer to the most current NIOSH list of antineoplastic and other hazardous drugs in healthcare settings for guidance on developing and maintaining a hazardous drugs list.
	(2) <u>A standard or universal precautions approach to managing occupational exposure to hazardous drugs is recommended by NIOSH; however, due to a variety of factors that affect occupational exposure some health care facilities may find it more effective to institute precautions based on exposure risk. For example a tiered approach that effectively matches precautions to the nature of exposure may be used including, but not limited to, handling, storing, cleaning, preparing and engineering controls.</u>
(2) Review and update the written hazardous drugs	(2) Review and update the written hazardous drugs

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control program on at least an annual basis and whenever changes that affect occupational exposure occur, such as introduction of a new hazardous drug, or a change in handling practices.	control program on at least an annual basis <u>annually</u> and whenever changes that affect occupational exposure occur, such as introduction of a new hazardous drug, or a change in handling practices.
(3) Seek input from employees who handle hazardous drugs and from other employees who may be exposed to hazardous drugs as a result of the performance of their duties regarding the quality and effectiveness of the hazardous drugs control program.	(3) <u>(3)</u> Seek <u>and consider</u> input from employees who handle hazardous drugs and from other employees who may be exposed to hazardous drugs as a result of the performance of their duties regarding the quality and effectiveness of the hazardous drugs control program.
WAC 296-62-50020 Hazard assessment.	WAC 296-62-50020 Hazard assessment.
(1) Each health care setting must conduct initial and at least annual hazard assessments in order to determine the appropriate protective actions to be taken.	(1) Each health care setting <u>facility covered under the scope of this chapter</u> must conduct initial and at least annual hazard assessments in order to determine the appropriate protective actions <u>precautions</u> to be taken. <u>These assessments may be limited to the hazardous drugs for which there is reasonably anticipated occupational exposure.</u>
(2) The assessment must include, but is not limited to, the following:	(2) The assessment <u>Assessments</u> must include, but is not limited to, the following <u>elements as appropriate</u> :
(2) (a) Total working environment;	(2) (a) Total working environment; <u>Personal protective equipment.</u>
(2) (b) Equipment (i.e., ventilated cabinets, closed-system drug transfer devices, glovebags, needless systems, and personal protective equipment);	(2) (b) Equipment <u>Engineering controls (i.e., e.g., ventilated cabinets, closed-system drug transfer devices, glovebags, and needless systems, and personal protective equipment);</u> .
(2) (c) Physical layout of work areas;	(2) (c) Physical layout of work areas;
(2) (d) Types of drugs being handled;	(2) (d) Types of drugs being handled;
(2) (e) Volume, frequency, and form of drugs handled (tablets, coated versus uncoated, powder versus liquid);	(2) (e) Volume, frequency, and form of drugs handled (tablets, coated versus uncoated, powder versus liquid);
(2) (f) Equipment maintenance;	(2) (f) Equipment maintenance;
(2) (g) Decontamination and cleaning;	(2) (g) Decontamination and cleaning;
(2) (h) Waste handling;	(2) (h) Waste handling;
(2) (i) Potential exposures during work, including hazardous drugs, bloodborne pathogens, and chemicals used to deactivate hazardous drugs or to clean drug-contaminated surfaces;	(2) (i) Potential hazardous drug exposures during work operations, including hazardous drugs, bloodborne pathogens, and chemicals used to deactivate hazardous drugs or to clean drug-contaminated surfaces; <u>such as drug preparation and administration.</u>
(2) (j) Routine operations;	(2) (j) Routine operations;
(2) (k) Spill response;	(2) (k) Spill response;
(2) (l) Waste segregation, containment, and disposal.	(2) (l) Waste segregation, containment, and disposal.
	<u>(3) Conduct a hazard assessment as part of the hazardous drugs control program update and whenever changes that affect occupational exposure occur, such as introduction of a new hazardous drug, or a change in handling practices.</u>
	<u>Note: The likelihood that a worker will experience adverse effects from exposure to hazardous drugs varies depending upon the relative toxicity and absorptive properties of a drug, the amount, duration and frequency of contact, and the lack of proper work precautions.</u>
WAC 296-62-50025 Personal protective equipment (PPE).	WAC 296-62-50025 <u>50030</u> Personal protective equipment (PPE).

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(1) Conduct a PPE hazard assessment and provide appropriate PPE at no cost to employees.	(1) <u>When there is reasonably anticipated exposure to hazardous drugs each health care facility must conduct</u> Conduct a PPE hazard assessment and provide <u>and ensure use of</u> appropriate PPE at no cost to employees , <u>in accordance with WAC 296-800-160, Personal protective equipment (PPE), and chapter 296-842 WAC, Respirators,</u>
	(2) Use appropriate PPE whenever handling body fluids and contaminated laundry.
(2) Gloves.	(23) Gloves.
(2) (a) Wear appropriate gloves when handling hazardous drugs or when there is potential contact with hazardous drug contaminated materials or surfaces.	(2) (a) Wear appropriate gloves when handling hazardous drugs or when there is potential contact with hazardous drug contaminated materials or surfaces.
(2) (b) Use powder-free chemotherapy gloves when handling chemotherapy drugs or when there is potential contact with chemotherapy contaminated items or surfaces.	(2) (b) (3)(a) Use powder-free chemotherapy gloves when handling chemotherapy drugs or when there is potential contact with chemotherapy contaminated items or surfaces.
Note: Consider using chemotherapy gloves for hazardous drugs that are not chemotherapy drugs or for which no information is available.	Note: Consider using chemotherapy gloves for hazardous drugs that are not chemotherapy drugs or for which no information is available.
(2) (c) Provide latex-free gloves to employees with latex sensitivities.	(2) (c) (3)(b) Provide latex-free gloves to employees with latex sensitivities.
(2) (d) Wear two pairs of gloves whenever there is a risk of exposure to hazardous drugs, e.g., during compounding, administering, handling contaminated bodily fluids and linens, and cleaning up hazardous drug spills.	(2) (d) (3)(c) Wear two pairs of gloves whenever <u>when there is a significant risk of breakage or contamination or permeation, exposure to hazardous drugs, e.g., during compounding, extended handling periods, administering, handling contaminated bodily fluids and linens, and cleaning up large hazardous drug spills.</u>
(2) (e) Make sure that the outer glove extends over the cuff of the gown.	(2) (e) Make sure that the outer glove extends over the cuff of the gown.
(2) (f) Instruct all employees to inspect gloves for physical defects before use.	(2) (f) Instruct all employees to inspect gloves for physical defects before use.
(2)(g) Change gloves every thirty minutes or when torn, punctured, or contaminated.	(2)(g) (3)(d) Change gloves every thirty <u>to sixty</u> minutes or when torn, punctured, or contaminated.
Note: Glove thickness cannot be relied upon as the sole determination of protection. It is important to evaluate test information provided by the glove manufacturer and other research that demonstrates permeation resistance to the specific hazardous drug being handled.	Note: Glove thickness cannot be relied upon as the sole determination of protection. It is important to evaluate test information provided by the glove manufacturer and other research that demonstrates permeation resistance to the specific hazardous drug being handled.
(3) Protective clothing.	(34) Protective clothing.
(3) (a) Wear gowns whenever there is the possibility of a splash or spill, or contact with contaminated materials or surfaces, including opening drug packages, handling vials or finished products, labeling hazardous drug containers, disposal of waste and all activities associated with drug administration.	(34) (a) Wear gowns whenever there is the a reasonable possibility of a hazardous drug splash or spill such as in compounding, preparing and administering hazardous drugs, or contact with contaminated materials or surfaces, including opening drug packages, handling vials or finished products, labeling hazardous drug containers, disposal of waste and all activities associated with drug administration.
(3) (b) Wear gowns made of polyethylene-coated polypropylene or other protective material as determined by the PPE hazard assessment. Make sure the gown has a closed front, long sleeves, and elastic or knit cuffs.	(34) (b) Wear gowns made of polyethylene-coated polypropylene or other nonabsorbent, nonlinting protective material as determined by the PPE hazard assessment. Make sure the gown has a closed front, long sleeves, and elastic or knit cuffs.

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(3) (c) Remove and dispose of gowns at the end of drug handling activities, when leaving the drug handling area and as soon as possible when damaged or contaminated.	(3) (c) Remove and dispose of gowns at the end of <u>hazardous</u> drug handling activities, when leaving the <u>hazardous</u> drug handling area and as soon as possible when damaged or contaminated.
(3) (d) If no permeation information is available, change gowns every two to three hours.	(3) (d) If no permeation information is available, change gowns every two to three hours <u>or when contaminated after a splash or spill.</u>
(4) Face protection. Wear a full-face shield when splashes to the eyes, nose, or mouth may occur. Examples include cleaning a spill or performing a procedure such as bladder instillation.	(4) <u>(5)</u> Face protection. Wear a full-face shield <u>or a mask and eye protection as appropriate</u> when splashes to the eyes, nose, or mouth may occur. Examples ; <u>examples</u> include cleaning a spill, or performing a procedure such as bladder instillation.
(5) Respiratory protection.	(5) Respiratory protection.
(5) (a) Use N95 or equivalent respiratory protection during spill clean up and whenever there is risk of exposure to hazardous drug particulates.	(5) (a) Use N95 or equivalent respiratory protection during spill clean up and whenever there is a <u>significant</u> risk of <u>inhalation</u> exposure to hazardous drug particulates.
(5) (b) Use an appropriate full-facepiece chemical cartridge-type respirator whenever there is a significant risk of exposure to hazardous drug vapors or gases (e.g., for events such as large spills when an intravenous (IV) bag breaks or a line disconnects and leaks).	(5) (b) Use an appropriate <u>full facepiece</u> chemical cartridge-type respirator <u>whenever there is a significant risk of exposure to hazardous drug vapors or gases (e.g., for events such as large spills of volatile hazardous drugs, e.g., when an intravenous (IV) bag breaks or a line disconnects and leaks).</u>
(6) Dispose of PPE immediately after use or whenever contaminated.	(6) <u>Dispose of Disposable PPE must be discarded into appropriate containers immediately after use or as soon as feasible after contamination. Reusable PPE must be properly cleaned and decontaminated after use or whenever contaminated contamination.</u>
WAC 296-62-50030 Engineering controls.	WAC 296-62-50030 50025 Engineering controls.
(1) Use engineering controls to eliminate or minimize employee exposure to hazardous drugs. Examples of engineering controls include, but are not limited to:	(1) <u>Evaluate and implement appropriate</u> Use engineering controls to eliminate or minimize employee exposure to hazardous drugs. Examples of engineering controls include, but are not limited to:
(1) (a) Biologic safety cabinets;	(1) (a) <u>Biologic safety cabinets;</u>
(1) (b) Containment isolators;	(1) (b) <u>Containment isolators;</u>
(1) (c) Closed system transfer devices;	(1) (c) <u>Closed system transfer devices;</u>
(1) (d) Safer sharps devices;	(1) (d) <u>Safer sharps devices;</u>
(1) (e) Safety interlocks.	(1) (e) <u>Safety interlocks.</u>
	(1) (d) <u>Ventilated cabinets.</u>
(2) Develop a written safety plan for all routine maintenance activities performed on equipment that could be contaminated with hazardous drugs.	(2) <u>Develop a written safety plan for all routine maintenance activities performed on equipment that could be contaminated with hazardous drugs.</u>
(3) General ventilation. Make sure that storage areas have sufficient general exhaust ventilation to dilute and remove airborne contaminants.	(3) <u>General ventilation. Make sure that storage areas have sufficient general exhaust ventilation to dilute and remove airborne contaminants.</u>
Note: Depending on the physical nature and quantity of the stored drugs, consider installing a dedicated emergency exhaust fan that is large enough to quickly purge airborne contaminants from the storage room in the event of a spill and prevent contamination in adjacent areas.	Note: Depending on the physical nature and quantity of the stored drugs, consider installing a dedicated emergency exhaust fan that is large enough to quickly purge airborne contaminants from the storage room in the event of a spill and prevent contamination in adjacent areas.
(4) Ventilated cabinets.	(4) <u>(2)</u> Ventilated cabinets.
(4) (a) Prepare (mix, compound, crush, pour liquid) hazardous drugs inside an appropriate ventilated	(4) <u>(2)</u> (a) Prepare (e.g., mix, compound, crush, pour liquid) hazardous drugs inside an appropriate ventilated

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<p>cabinet designed to prevent release into the work environment.</p>	<p>cabinet designed to prevent release into the work environment. <u>When asepsis is not required, a Class I biosafety cabinet or isolator intended for containment applications may be sufficient.</u></p>
<p>(4) (b) When selecting ventilated cabinets based on the need for aseptic processing make sure to use ventilated cabinets designed for both hazardous drug containment and aseptic processing. When asepsis is not required, a Class I biosafety cabinet or isolator intended for containment applications may be sufficient.</p>	<p><u>(2)(a)(i) Alternate precautions may be used where the hazard assessment determines a low occupational exposure risk while preparing hazardous drugs other than chemotherapy agents (e.g., crushing and splitting tablets, drawing medication into a syringe). These may include, but are not limited to, temporarily designating a preparation area, use of appropriate personal protective equipment, and instituting cleaning procedures.</u> (4) (b) When selecting ventilated cabinets based on the need for aseptic processing make sure to use ventilated cabinets designed for both hazardous drug containment and aseptic processing. When asepsis is not required, a Class I biosafety cabinet or isolator intended for containment applications may be sufficient.</p>
<p>(4) (c) Do not use supplemental engineering or process controls (such as needleless systems, glovebags, and closed system drug transfer devices) as a substitution for ventilated cabinets.</p>	<p><u>(2)(a)(ii) Chemotherapy drugs must be prepared in an appropriate ventilated cabinet with the exception of circumstances where the employer can document evidence of a clinical need (e.g., there is a nonroutine need to provide chemotherapy treatment, compounding services are not readily available, and it is in the best interest of the patient to provide local care). In such circumstances alternate precautions must be instituted as described above.</u> (4) (c) Do not use supplemental engineering or process controls (such as needleless systems, glovebags, and closed system drug transfer devices) as a substitution for ventilated cabinets.</p>
<p>(4) (d) Equip ventilated cabinets with a continuous monitoring device to confirm adequate airflow before each use.</p>	<p>(4) (d) <u>(2)(b)</u> Equip ventilated cabinets with a continuous monitoring device to confirm adequate airflow before each use.</p>
<p>(4) (e) Use a high-efficiency particulate air filter (HEPA filter) for exhaust, and where feasible, exhaust one hundred percent of the filtered air to the outside.</p>	<p>(4) (e) <u>(2)(c) Use filtering media that is approved by the cabinet manufacturer and is appropriate for the agent being captured, such as a high-efficiency particulate air filter (HEPA filter) for exhaust, and where feasible, exhaust one hundred percent of the filtered air to the outside unless the employer can provide an evidence-based justification to do otherwise.</u></p>
<p>(4) (f) Install the outside exhaust so that the exhausted air is not pulled back into the building by the heating, ventilating, and air conditioning systems or by the windows, doors, or other points of entry.</p>	<p>(4) (f) <u>(2)(d)</u> Install the outside exhaust so that the exhausted air is not pulled back into the building by the heating, ventilating, and air conditioning systems or by the windows, doors, or other points of entry.</p>
<p>(4) (g) Place fans downstream of the HEPA filter so that contaminated ducts are maintained under negative pressure.</p>	<p>(4) (g) <u>(2)(e)</u> Place fans downstream of the HEPA filter so that contaminated ducts are maintained under negative pressure.</p>
<p>(4) (h) Do not use a ventilated cabinet that recirculates air inside the cabinet or exhausts air back into the room environment unless the hazardous drug(s) in use will not volatilize while they are being handled or after they are captured by the HEPA filter.</p>	<p>(4) (h) <u>(2)(f)</u> Do not use a ventilated cabinet that recirculates air inside the cabinet or exhausts air back into the room environment unless the hazardous drug(s) in use will not volatilize while they are being handled or after they are captured by the HEPA filter.</p>
<p>(4) (i) Develop and implement maintenance and cleaning procedures that ensure the effectiveness and</p>	<p>(4) (i) <u>(2)(g)</u> Develop and implement maintenance and cleaning procedures that ensure the effectiveness and</p>

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safety of the ventilated cabinet.	safety of the ventilated cabinet.
(4)(i) (i) Field-certify biosafety cabinet performance, in accordance with National Sanitation Foundation/American National Standards Institute Standard 49, after installation, relocation, maintenance, repairs to internal components, HEPA filter replacement, and every six months thereafter.	(4)(i) (2)(g) (i) Field-certify biosafety cabinet performance, in accordance with National Sanitation Foundation/American National Standards Institute Standard 49, after installation, relocation, maintenance, repairs to internal components, HEPA filter replacement, and every six months thereafter <u>or as recommended by the manufacturer.</u>
(4)(i) (ii) Select appropriate performance and test methods for containment isolators, at a minimum, conduct leak and containment integrity tests in accordance with current American Glovebox Society guidelines. In addition perform a HEPA filter leak test for those containment isolators that utilize HEPA filtration.	(4)(i) (2)(g)(ii) Select appropriate performance and test methods for containment isolators, <u>depending on the type (containment-only or aseptic containment), the operating pressure (positive or negative and designed magnitude), and toxicity of the hazardous drug.</u> at <u>At</u> a minimum, conduct leak and containment integrity tests in accordance with current American Glovebox Society guidelines. In addition perform a HEPA filter leak test for those containment isolators that utilize HEPA filtration.
(4)(i) (iii) Prominently display a current field-certification label on the ventilated cabinet.	(4)(i) (2)(g)(iii) Prominently display a current field-certification label on the ventilated cabinet.
(4)(i) (iv) Make sure that workers performing maintenance are familiar with applicable safety procedures, warned about hazards, and trained in appropriate work techniques and PPE needed to minimize exposure.	(4)(i) (2)(g)(iv) Make sure that workers performing maintenance are familiar with applicable safety procedures, warned about hazards (<u>e.g., through the provision of material safety data sheet or other equivalent information resources</u>), and trained in appropriate work techniques and PPE needed to minimize exposure.
(4)(i) (v) Remove all hazardous drugs and chemicals, and decontaminate the ventilated cabinet before beginning maintenance activities.	(4)(i) (2)(g)(v) Remove all hazardous drugs and chemicals, and decontaminate the ventilated cabinet before beginning maintenance activities.
(4)(i) (vi) Notify occupants in the affected areas immediately before the maintenance activity begins, and place warning signs on all affected equipment.	(4)(i) (2)(g)(vi) Notify occupants in the affected areas immediately before the maintenance activity begins, and place warning signs on all affected equipment.
(4)(i) (vii) Deenergize the ventilated cabinet in accordance with chapter 296-803 WAC, Lockout/Tagout (control of hazardous energy).	(4)(i) (2)(g)(vii) De-energize the ventilated cabinet in accordance with chapter 296-803 WAC, Lockout/Tagout (control of hazardous energy).
(4)(i) (viii) Decontaminate and bag equipment parts removed for replacement or repair before they are taken outside the facility.	(4)(i) (2)(g)(viii) Decontaminate and bag equipment parts removed for replacement or repair before they are taken outside the facility.
(4)(i) (ix) Seal used filtration media in plastic immediately upon removal, and dispose as contaminated waste.	(4)(i) (2)(g)(ix) Seal used filtration media in plastic immediately upon removal, and dispose as contaminated waste.
(5) Institution of effective ventilation controls must be accomplished by December 1, 2012.	(5) Institution of effective ventilation controls must be accomplished by December 1, 2012.
Note: Consult the following documents for performance test methods and selection criteria for ventilated cabinets: (a) <i>Primary Containment for Biohazards: Selection, Installation and Use of Biological Safety Cabinets (CDC/NIH).</i> (b) <i>NSF/ANSI 49, Class II (laminar flow) Biosafety Cabinetry.</i>	Note: Consult the following documents for performance test methods and selection criteria for ventilated cabinets: (a 1) <i>Primary Containment for Biohazards: Selection, Installation and Use of Biological Safety Cabinets (CDC/NIH).</i> (b 2) <i>NSF/ANSI 49, Class II (laminar flow) Biosafety Cabinetry.</i>
WAC 296-62-50035 Safe handling practices.	WAC 296-62-50035 Safe handling practices.
(1) Receiving and storage.	(1) Receiving and storage.
(1) (a) Make sure that all hazardous drug containers	(1) (a) Make sure that all hazardous drug containers

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received from the manufacturer, distributor, another pharmacy, or medical clinic are labeled.	received from the manufacturer, distributor, another pharmacy, or medical clinic are labeled.
(1) (b) At a minimum wear appropriate gloves when opening and unpacking shipping containers, and transporting hazardous drugs.	(1) (b) At a minimum wear appropriate gloves when opening and unpacking shipping containers, and transporting hazardous drugs.
(1) (c) Store hazardous drugs separately from other drugs, and in a manner that minimizes the potential for spills.	(1) (c) Store hazardous drugs separately from other drugs, and in a manner that minimizes the potential for spills.
(1) (d) Prohibit the use of unventilated areas for drug storage.	(1) (d) Prohibit the use of unventilated areas for drug storage.
(1) (e) Transport hazardous drugs in closed containers that minimize the risk of breakage.	(1) (e) Transport hazardous drugs in closed containers that minimize the risk of breakage.
(2) Labeling.	(2) Labeling.
(2) (a) Label hazardous drug containers in accordance with WAC 296-800-170, Employer chemical hazard communication.	(2) (a) Label hazardous drug containers in accordance with WAC 296-800-170, Employer chemical hazard communication--introduction.
(2) (b) Label pharmaceutical waste containers in accordance with WAC 173-303-200, Accumulating dangerous waste on-site. See the Washington state department of ecology pharmaceutical waste web site for more information.	(2) (b) Label pharmaceutical waste containers in accordance with WAC 173-303-200, Accumulating dangerous waste on-site. See the Washington state department of ecology pharmaceutical waste web site for more information. Store and transport hazardous drugs in a manner that minimizes the risk of breakage.
(3) Preparing.	(3) Preparing Preparation and Administration.
(3) (a) Provide work areas that are devoted solely to preparing hazardous drugs and limited to authorized personnel.	(3) (a) Provide work areas that are devoted solely to preparing hazardous drugs and limited to authorized personnel. <u>limit access during preparation.</u>
(3) (b) Coordinate tasks associated with preparing and administering hazardous drugs to minimize exposure risks.	(3) (b) Coordinate tasks associated with preparing and administering hazardous drugs to minimize exposure risks. <u>for the most effective control of worker exposure.</u>
(3) (c) Use engineering controls such as closed-system transfer devices, glovebags, and needleless systems when transferring hazardous drugs from primary packaging (such as vials) to dosing equipment (such as infusion bags, bottles, or pumps).	(3) (c) Use engineering controls such as closed-system transfer devices, glovebags, and needleless systems when transferring hazardous drugs from primary packaging (such as vials) to dosing equipment (such as infusion bags, bottles, or pumps).
(3) (d) Spike and prime the IV tubing and syringes inside an appropriate ventilated cabinet, never in the patient's room.	(3) (d) Spike and prime the IV tubing and syringes inside an appropriate ventilated cabinet, never in the patient's room. <u>prepare syringes in a manner that most effectively limits occupational exposure.</u>
	(2) (d) Do not remove tubing from an IV bag containing a hazardous drug.
(3) (e) When drug preparation is complete, seal the final product in a clear plastic bag or other sealable container for transport before removing it from the ventilated cabinet.	(3) (e) When drug preparation is completed complete, seal the final product in a clear plastic bag or other sealable container for transport before removing it from the in a ventilated cabinet.
(3) (f) Seal and decontaminate all waste containers inside the ventilated cabinet before removing them from the ventilated cabinet.	(3) (f) (2)(e)(i) Seal the final product in a plastic bag or other sealed container for transport before taking it out of the and decontaminate all waste containers inside the ventilated cabinet before removing them from the ventilated cabinet.
	(2)(e)(ii) Seal and wipe all waste containers inside the ventilated cabinet before removing them from the cabinet.
(3) (g) Remove outer gloves and sleeve covers (if	(3) (g) (2)(e)(iii) Remove all outer gloves and sleeve

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used) and bag them for disposal while inside the ventilated cabinet.	covers (if used) and bag them for disposal while inside the ventilated cabinet.
(4) Administering.	(4) Administering.
(4) (a) Ensure that staff has been trained and follow policies and procedures regarding the safe administration of hazardous drugs and related patient care. Examples include, but are not limited to; oral, intravenous, intramuscular or subcutaneous injections, topical, intracavitary, and aerosol administration.	(4) (a) Ensure that staff has been trained and follow policies and procedures regarding the safe administration of hazardous drugs and related patient care. Examples include, but are not limited to; oral, intravenous, intramuscular or subcutaneous injections, topical, intracavitary, and aerosol administration.
(4) (b) Use engineering controls to transfer and administer hazardous drugs.	(4) (b) Use engineering controls to transfer and administer hazardous drugs.
(4) (c) Wear appropriate personal protective equipment when administering hazardous drugs.	(4) (c) Wear appropriate personal protective equipment when administering hazardous drugs.
(4) (d) Spike and prime administration sets prior to adding the drug to the bag.	(4) (d) Spike and prime administration sets prior to adding the drug to the bag.
(4) (e) Do not remove tubing from an IV bag containing a hazardous drug.	(4) (e) Do not remove tubing from an IV bag containing a hazardous drug.
(4) (f) Do not disconnect tubing at other points in the system until the tubing has been thoroughly flushed.	(4) (f) Do not disconnect tubing at other points in the system until the tubing has been thoroughly flushed.
	<u>(3) Waste handling.</u>
	<u>(3)(a) Dispose of pharmaceutical waste in accordance with applicable state and federal regulations.</u>
(4) (g) Place contaminated waste and other disposable items directly into a designated waste container.	(4) (g) (3)(b) Place contaminated waste and other disposable items directly into a in designated waste containers.
	<u>(4) Personal hygiene.</u>
(4) (h) Personal hygiene. Prohibit eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where hazardous drugs may be found.	(4a) Personal hygiene. Prohibit eating, or drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where hazardous drugs may be found are handled.
(5) Handwashing. Wash hands with soap and water before donning gloves, immediately after removal, and whenever hands become contaminated.	(5 b) Handwashing. Wash hands with soap and water before donning gloves, immediately after removal, and whenever hands become contaminated.
(6) Laundry. Place contaminated laundry in leakproof, labeled or color-coded containers.	(6) Laundry. Place contaminated laundry in leakproof, labeled or color-coded containers.
WAC 296-62-50040 Cleaning, housekeeping, and waste handling.	WAC 296-62-50040 Cleaning, and housekeeping, and waste handling.
(1) Establish procedures for cleaning and decontamination of areas and equipment where hazardous drugs are present.	(1) Establish procedures for cleaning and decontamination of areas and equipment where hazardous drugs are present.
(2) Perform cleaning and decontamination work in areas that are sufficiently ventilated to prevent buildup of hazardous airborne concentrations.	(2) Perform cleaning and decontamination work in areas that are sufficiently ventilated to prevent buildup of hazardous airborne concentrations. Do not clean contaminated equipment in unventilated areas.
(3) Clean work surfaces with an appropriate deactivation agent and cleaning agent before and after each continuous activity and at the end of the work shift.	(3) Clean work surfaces with an appropriate deactivation agent and cleaning agent before and after each continuous activity and at the end of the work shift.
(4) Wear appropriate gloves for cleaning and decontamination work.	(4) Wear appropriate gloves for cleaning and decontamination work.
(5) Wear a gown and face protection whenever splashing or contact with contaminated materials or surfaces is possible.	(5) Wear a gown and face protection whenever splashing or contact with contaminated materials or surfaces is possible.

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(6) Wear appropriate gloves and gown when handling linens, feces, or urine from patients who have received hazardous drugs within the last forty-eight hours that may be excreted in the urine or feces. In some cases handling precautions may need to be extended beyond forty-eight hours; e.g., Cisplatin may be excreted in urine for up to seven days.	(6) Wear appropriate gloves and gown when handling linens, feces, or urine from patients who have received hazardous drugs within the last forty-eight hours that may be excreted in the urine or feces. In some cases handling precautions may need to be extended beyond forty-eight hours; e.g., Cisplatin may be excreted in urine for up to seven days.
(7) Place hazardous drug contaminated waste in designated pharmaceutical waste containers and dispose of in accordance with Washington state department of ecology dangerous waste requirements, chapter 173-303 WAC.	(7) Place hazardous drug contaminated waste in designated pharmaceutical waste containers and dispose of in accordance with Washington state department of ecology dangerous waste requirements, chapter 173-303 WAC.
(8) Waste containers must be:	(8) Waste containers must be:
(8) (a) Leakproof and appropriate for intended use, e.g., containers holding sharps must be puncture resistant;	(8) (a) Leakproof and appropriate for intended use, e.g., containers holding sharps must be puncture resistant;
(8) (b) Color-coded or labeled;	(8) (b) Color-coded or labeled;
(8) (c) Located as close as feasible to the immediate area where contaminated waste is generated or can be anticipated to be found;	(8) (c) Located as close as feasible to the immediate area where contaminated waste is generated or can be anticipated to be found;
(8) (d) Maintained upright throughout use;	(8) (d) Maintained upright throughout use;
(8) (e) Not allowed to overfill;	(8) (e) Not allowed to overfill;
(8) (f) Closed except when in use, and prior to removal or replacement.	(8) (f) Closed except when in use, and prior to removal or replacement.
WAC 296-62-50045 Spill control.	WAC 296-62-50045 Spill control.
(1) Develop written spill response procedures based on the hazardous drugs present and potential spill or release conditions.	(1) Develop written spill response procedures based on the hazardous drugs present and potential spill or release conditions.
(2) Spill procedures must include, at a minimum:	(2) Spill procedures must include, at a minimum:
(2) (a) Description of who is authorized to respond and under what circumstances;	(2) (a) Description of who is authorized to respond and under what circumstances;
(2) (b) PPE (including respiratory protection) for various drugs and spill sizes;	(2) (b) PPE (including respiratory protection) for various hazardous drugs and spill sizes;
(2) (c) Location and use of spill kits or clean-up materials, and personal protective equipment;	(2) (c) Location and use of spill kits or clean-up materials, and personal protective equipment;
(2) (d) Possible spreading of material, and area containment and signage;	(2) (d) Possible spreading of <u>contamination, material,</u> and area containment and signage;
(2) (e) Reporting and evaluating the circumstances surrounding spills and releases;	(2) (e) Reporting and evaluating the circumstances surrounding spills and releases;
(2) (f) Restricted access to hazardous drug spills.	(2) (f) Restricted access to hazardous drug spills.
	(2)(g) Waste disposal.
(3) Provide spill kits or clean-up materials near all potential spill sources.	(3) Provide <u>Locate</u> spill kits or clean-up materials near all potential spill sources.
(4) Dispose of all clean-up materials in an appropriate pharmaceutical waste container.	(4) Dispose of all clean-up materials in an appropriate pharmaceutical waste container.
Note: See chapter 296-824 WAC, Emergency response for requirements regarding response to spills that create significant safety and health risks. See the scope of chapter 296-824 WAC for further guidance. See WAC 296-800-150, first aid for emergency washing requirements.	Note: See chapter 296-824 WAC, Emergency response for requirements regarding response to spills that create significant safety and health risks <u>See the scope of and chapter 296-824 WAC for further guidance. See WAC</u> WAC 296-800-150, <u>first aid</u> <u>First-aid summary for</u> emergency washing requirements.
WAC 296-62-50050 Medical surveillance.	WAC 296-62-50050 Medical surveillance.
(1) Make confidential medical evaluations available to	(1) Make confidential medical evaluations available to

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employees who directly handle hazardous drugs, and others who may come directly into contact with patient wastes within forty-eight hours after receiving a hazardous drug (e.g., nurses aides, laundry workers) under the following schedule:	employees who directly handle hazardous drugs, and others who may come directly into contact with patient wastes within forty eight hours after receiving a hazardous drug (e.g., nurses aides, laundry workers) under the following schedule:
(1) (a) Upon hire and on a scheduled basis thereafter;	(1) (a) Upon hire and on a scheduled basis thereafter;
(1) (b) Following acute exposures;	(1) (b) Following acute exposures;
(1) (c) At the time of job termination or transfer (exit evaluation).	(1) (c) At the time of job termination or transfer (exit evaluation).
(2) Ensure that all medical evaluations are performed by or under the supervision of a licensed health care provider (LHCP), and are provided at no cost to the employee and at a reasonable time and place.	(2) Ensure that all medical evaluations are performed by or under the supervision of a licensed health care provider (LHCP), and are provided at no cost to the employee and at a reasonable time and place.
(3) The medical evaluations must include:	(3) The medical evaluations must include:
(3) (a) A health questionnaire that includes reproductive and occupational information.	(3) (a) A health questionnaire that includes reproductive and occupational information.
(3) (b) Baseline and periodic laboratory work as indicated based on the health hazards of the hazardous drugs the employee is exposed to or reasonably likely to be exposed to.	(3) (b) Baseline and periodic laboratory work as indicated based on the health hazards of the hazardous drugs the employee is exposed to or reasonably likely to be exposed to.
(3) (c) A physical examination at the time of hire and as indicated based on the health questionnaire, changes in health status or laboratory work findings.	(3) (c) A physical examination at the time of hire and as indicated based on the health questionnaire, changes in health status or laboratory work findings.
(3) (d) Additional testing and examinations as recommended by the LHCP.	(3) (d) Additional testing and examinations as recommended by the LHCP.
Note: Many hazardous drugs may affect the production of blood cells and may cause bladder damage. Because of this many authoritative bodies (e.g., NIOSH, the Occupational Health and Safety Administration, and the Oncology Nursing Society) recommend a complete blood count with differential, and examination for blood in the urine. Additional laboratory work, such as liver function testing, may be indicated.	Note: Many hazardous drugs may affect the production of blood cells and may cause bladder damage. Because of this many authoritative bodies (e.g., NIOSH, the Occupational Health and Safety Administration, and the Oncology Nursing Society) recommend a complete blood count with differential, and examination for blood in the urine. Additional laboratory work, such as liver function testing, may be indicated.
(4) Provide the LHCP the following information:	(4) Provide the LHCP the following information:
(4) (a) A description of the employee's duties as they relate to the employee's exposure;	(4) (a) A description of the employee's duties as they relate to the employee's exposure;
(4) (b) The employee's exposure levels or anticipated exposure levels;	(4) (b) The employee's exposure levels or anticipated exposure levels;
(4) (c) A description of the personal protective equipment and respiratory protection used or to be used;	(4) (c) A description of the personal protective equipment and respiratory protection used or to be used;
(4) (d) Information available from previous medical examinations of the employee, which is not readily available to the LHCP.	(4) (d) Information available from previous medical examinations of the employee, which is not readily available to the LHCP.
WAC 296-62-50055 Training.	WAC 296-62-50055 50050 Training.
(1) Provide hazardous drugs training to all employees with occupational exposure at the time of their initial job assignment, on a regular basis, and whenever changes in the workplace occur that may affect occupational exposure.	(1) Provide hazardous drugs training to all employees with occupational exposure at the time of their initial job assignment, <u>and on a regular regularly scheduled basis thereafter.</u> , and whenever changes in the workplace occur that may affect occupational exposure.
(2) Employee training includes, but is not limited to, the following elements:	(2) Employee training includes, but is not limited to, the following elements:

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(2) (a) A review of the hazardous drugs control program and how to access a copy of the program;	(2) (a) A review of the hazardous drugs control program and how to access a copy of the program;
(2) (b) An explanation of and how to access material safety data sheets (MSDSs);	(2) (b) An explanation of and how to access material safety data sheets (MSDSs);
(2) (c) Sources of exposure to hazardous drugs;	(2) (c) Sources of exposure to hazardous drugs;
(2) (d) Health hazards of the hazardous drugs in the work area, including the possible physical symptoms or effects of exposure;	(2) (d) Health hazards of the hazardous drugs in the work area, including the possible physical symptoms or effects of exposure;
(2) (e) Steps employees can take to protect themselves from exposure to hazardous drugs in the workplace, including specific procedures to protect employees from exposure to hazardous chemicals. Specific procedures may include:	(2) (e) Steps employees can take to protect themselves from exposure to hazardous drugs in the workplace, including specific procedures to protect employees from exposure to hazardous chemicals. Specific procedures may include:
(2)(e) (i) Personal protective equipment;	(2)(e) (i) Personal protective equipment;
(2)(e) (ii) Engineering controls;	(2)(e) (ii) Engineering controls;
(2)(e) (iii) Safe handling practices;	(2)(e) (iii) Safe handling practices;
(2)(e) (iv) Cleaning, housekeeping, and waste disposal;	(2)(e) (iv) Cleaning, housekeeping, and waste disposal;
(2)(e) (v) Spill control;	(2)(e) (v) Spill control;
(2)(e) (vi) System for reporting exposure incidents and hazardous conditions.	(2)(e) (vi) System for reporting exposure incidents and hazardous conditions.
(2) (f) Medical surveillance.	(2) (f) Medical surveillance.
(3) Initial and periodic assessments of preparation and administration technique.	(3) Initial and periodic assessments of preparation and administration technique.
(4) The training must be conducted in a manner which the employees are able to understand.	(4) (2) The training must be conducted in a manner which the employees are able to understand. <u>Include the training elements listed in WAC 296-800-17030, Inform and train your employees about hazardous chemicals in your workplace.</u>
Note: This training will suffice for the training on hazardous drugs required under WAC 296-800-170, Employer chemical hazard communication-- Introduction.	Note: This training will suffice for the training on hazardous drugs required under WAC 296-800-170, Employer chemical hazard communication-- Introduction.
WAC 296-800-50060 Recordkeeping.	WAC 296-800-50060 Recordkeeping.
(1) Training records.	(1) Training records.
(1) (a) Maintain current training records for each employee.	(1) (a) Maintain current training records for each employee.
(1) (b) Training records must include the following:	(1) (b) Training records must include the following:
(1)(b) (i) Dates of training sessions;	(1)(b) (i) Dates of training sessions;
(1)(b) (ii) Contents or a summary of the training sessions;	(1)(b) (ii) Contents or a summary of the training sessions;
(1)(b) (iii) Names and job titles of employees taking the training.	(1)(b) (iii) Names and job titles of employees taking the training.
(2) Medical and exposure records. Establish and maintain employee medical and exposure records in accordance with chapter 296-802 WAC, Employee medical and exposure records.	(2) Medical and exposure records. Establish and maintain employee medical and exposure records in accordance with chapter 296-802 WAC, Employee medical and exposure records.
(3) Spill records. Maintain spill records and evaluation findings for at least one year from the date of the spill or release.	(3) Spill records. Maintain spill records and evaluation findings for at least one year from the date of the spill or release.
	WAC 296-62-50055 Implementation Plan.
	(1) Effective dates.
	<u>(1)(a) The written hazardous drugs control program must be completed and implemented by January 1, 2014 with</u>

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	<u>the exception of (b) and (c) of this subsection.</u>
	<u>(1)(b) Employee training must be implemented by July 1, 2014.</u>
	<u>(1)(c) Installation of appropriate ventilated cabinets must be completed by January 1, 2015.</u>
	<u>(2) The department will work with stakeholders to implement this chapter by doing the following:</u>
	<u>(2)(a) Establish a hazardous drugs advisory committee to discuss new NIOSH recommendations, scientific and technological developments and other unanticipated issues related to rule implementation. This committee will include employer and employee representatives of the health care industry and representatives of affected state agencies. It may provide recommendations to the department regarding appropriate actions.</u>
	<u>(2)(b) Work with trade associations, labor unions and other representatives from the health care industry to develop model programs for implementation of these rules in a variety of health care facilities and settings. The department will provide education, training and consultation services to ensure that these model programs are widely distributed and can be effectively utilized.</u>
	<u>(2)(c) Establish a hazardous drugs web page, and post relevant resources, sample programs and forms.</u>