

SA Health

# Policy

## Handling of Hazardous Drugs and Related Wastes in South Australian Health Services

INFORMAL COPY WHEN PRINTED

Version 3.0

Approval date: 01/09/2023

PDS Reference No: D0271



Government  
of South Australia

SA Health

## 1. Name of Policy

Handling of Hazardous Drugs and Related Wastes in South Australian Health Services

## 2. Policy statement

This policy provides the mandatory requirements that apply in relation to the safe handling of hazardous drugs and related waste in health units incorporated under the *Health Care Act 2008* (SA).

## 3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW) Local Health Networks (LHNs) (including state-wide services aligned with those Networks) and SA Ambulance Service (SAAS), who may be involved in the preparation, transportation or administration of hazardous drugs, or the management of related waste, in the hospital and/or community setting.

### Out of Scope

This policy does not apply in relation to drugs used for gene therapy (also known as gene transfer therapy).

## 4. Policy principles

SA Health's approach to the handling of hazardous drugs and related wastes is underpinned by the following principles:

- > We support the safe and clinically appropriate use of hazardous medicines to reduce the potential for harm from these drugs.
- > We will ensure adequate risk controls to minimise exposure to those who prepare and/or administer hazardous drugs.
- > We support safe handling of hazardous drugs and related waste.
- > We will ensure appropriate governance to support safe use of medicines.

## 5. Policy requirements

- > The SA Health [\*Safe Handling Cytotoxic Drugs and Related Waste - A Risk Management Guide for South Australian Health Services 2015\*](#) (the Guide) must be used for the handling of all hazardous drugs.
- > Adequate risk controls must be put in place to eliminate, or minimise as far as practicable, staff exposure to hazardous drugs:
  - When they are being stored, prepared, transported or administered; and
  - During the management of related waste.
- > All worker and consumer incidents associated with hazardous drugs must be reported via the Safety Learning System (SLS) prior to the completion of the working day/end of shift.
- > Implementation of this Policy must be monitored through an Internal Audit Program compliant with the [\*System-wide Internal Audit Policy\*](#), to ensure:

- A hazard identification and risk management process is utilised in the prevention of staff related injury and illness associated with exposure to hazardous drugs and related wastes.
- Risk control strategies for the storage, preparation, transportation, administration and management of wastes associated with hazardous drugs are developed in accordance with the 'hierarchy of control', implemented and regularly reviewed for effectiveness.
- Appropriate and current safe work procedures are available which document risk control measures for the management of hazardous drugs and related wastes.
- Induction and training programs include information regarding control measures for hazardous drugs and related wastes where relevant.
- Documentation relating to management of risks associated with hazardous drugs and related wastes is retained for required time frames.

## 6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Hazard Identification and Risk Management \(WHSIM\) Policy](#)
- > [Roles, Responsibilities and Governance \(WHSIM\) Policy](#)
- > [Safe Handling Cytotoxic Drugs and Related Waste – A Risk Management Guide for South Australian Health Services 2015](#)
- > [SA Health Work Health Safety Injury Management System](#)
- > [System-wide Internal Audit Policy](#)
- > [System-wide Risk Management Policy](#)
- > [Work Health Safety and Injury Management Policy](#)
- > [Work Health and Safety Reporting and Investigation Policy](#)
- > [Work Health and Safety Act 2012 \(SA\)](#)
- > [Work Health and Safety Regulations 2012 \(SA\)](#)

## 7. Supporting information

- > [NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2016](#)
- > [National Safety and Quality Health Service Standards](#)

## 8. Definitions

- > **Audit** means: a methodical process that examines and assesses activities and practices against set criteria to determine whether the activities and processes conform to the planned and documented arrangements in the organisation.
- > **Hazard identification** means: the process of recognising that a hazard exists, and defining its characteristics
- > **Health services** are defined to include all Local Health Networks, hospitals, health care facilities, health care services, allied health services, SA Ambulance Services, community care settings and supporting business services.

- > **Hierarchy of controls** means the controls used to determine the most appropriate risk control measure. The 'hierarchy of controls' in order of preferred action is:
  - Elimination of the hazard or risk
  - Substitution of the hazard or risk with something posing a lesser risk
  - Engineering control e.g. a mechanical aid
  - Administrative control e.g. a work procedure or training; and
  - Personal protective equipment.
- > **Cytotoxic drug** means: a subset of hazardous drugs that have a highly toxic effect on cells, mainly through their action on cell reproduction; a drug that affects cell growth and proliferation, usually by binding directly to genetic material in the cell nucleus or by affecting cellular protein synthesis. Cytotoxic drugs do not typically distinguish between normal and cancerous cells and are used in a variety of healthcare settings for the treatment of a range of medical conditions including cancer, rheumatoid arthritis and multiple sclerosis.
- > **Hazardous drug** means: a drug that presents an occupational risk due to its inherent toxicity: identified as a demonstrated carcinogen or teratogen or drug that has other developmental, reproductive or organ toxicity at low doses, genotoxicity or similar profile to drugs already considered hazardous. Examples and guidance on the identification of hazardous drugs is located in US Centers for Disease Control and Prevention (CDC) - National Institute for Occupational Safety and Health (NIOSH) List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2016.
- > **Hazard identification** means: the process of recognising that a hazard exists, and defining its characteristics
- > **Risk control** means: that part of risk management which involves the implementation of policies, standards, procedures and physical changes to eliminate or minimise adverse risks.
- > **Risk management process** means: a structured approach, by which the risks associated with all activities in the workplace are identified, assessed and appropriate controls put in place.
- > **Statewide services**: includes Statewide Clinical Support Services, Prison Health, and any other state-wide services that fall under the governance of the Local Health Networks.

## 9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Integrated Compliance Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

## 10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain

Title: Handling of Hazardous Drugs and Related Wastes in South Australian Health Services Policy

Objective reference number: A5140418

Review date: 01/09/2028

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## 11. Document history

Version	Date approved	Approved by	Amendment notes
V 3.0	01/09/2023	Deputy Chief Executive, Clinical Systems Support and Improvement	Transfer to new Policy Framework template and requirements
V 2.1	19/12/2017	Director, Medicines and Technology Programs	Updated hyperlinks
V 2	02/07/2015	Portfolio Executive, SA Health	Formally reviewed and updated
V 1	02/02/2012	PE Approved version.	Original version

## 12. Appendices

1. *Nil*