The Spanish Society of Hospital Pharmacy releases new positioning paper on surface contamination monitoring in Hazardous Drugs (HD) preparation areas[1]

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Many articles have documented the existence of contamination of surfaces in the health sector. This is important to healthcare workers because occupational exposure to HDs can cause acute and chronic adverse effects such as rashes[2], reproductive risks or chromosomal alterations.[3,4]

Organisations such as The National Institute for Occupational Safety and Health (NIOSH) and The United States Pharmacopeia (USP) have recommended routine HD surface contamination monitoring.[5]

Studies have been published on the assessment of surface contamination in hospital pharmacies, concluding that continuous monitoring is beneficial for identifying and correcting practices in order to prevent future exposures.[6,7]

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Results of the study

This position paper by the Spanish Society of Hospital Pharmacy (Sociedad Española de Farmacia Hospitalaria – SEFH), published in 2020[1], reviews the available evidence and establishes recommendations for surface contamination monitoring in HD preparation areas.

The recommended steps in monitoring surface contamination to protect healthcare workers from exposure to HDs are[1]:

1- Choose an HD that is used most widely at the institution. Consideration should be given to the number of times it is handled and its carcinogenic characteristics or transdermal absorption capacity.

2- Identify one to five surfaces that have the highest contact with these HDs. Sampling locations should be evaluated and identified as high, medium or low risk of contamination.

3- Classify the frequency and volume of the HD handled on the identified surface: very frequent (at least 5 times/week), moderate frequency (1-4 times/week) or infrequent (<1 time/week).

4- Collect samples at the end of the working day, before any cleaning, deactivation and decontamination, with the aim of determining the maximum possible exposure of the workers.

5- Carry out basal sampling of surfaces and repeat it if confirmation of contamination levels is required or at least every six months. Extra sampling is recommended in the event of a spill or incident in the handling of HD.

6- Increase the sampling frequency when results show contamination.

7- Draw up an action plan once the parameters for sample collection have been set in the event of significant deviations or unexpected results.

Although specific standards and regulations defining acceptable levels of contamination do not currently exist, the need to keep the level of contamination As Low As Reasonably Achievable (ALARA) has been established[8] in the industry.

Hospital management is responsible for the health and safety of health care workers in the workplace and, therefore, to incorporate the necessary procedures to prevent occupational risks due to the handling of HDs. Incorporating processes and procedures related to the monitoring of HD surface contamination will enable them to accomplish this.

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https://eu.bd.com/iv-news/scientific-publications/the-spanish-society-of-hospital-pharmacy-releases-new-positioning-paper-on-surface-contamination-monitoring-in-hazardous-drugs-hd-preparation-areas1/

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