



# OMPA PROGRAM 60 HAZARDOUS DRUG SURVEILLANCE PROGRAM

Date  
Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

### Program Purpose

It is BUMED policy to eliminate or, when elimination is not feasible, to minimize employee occupational exposures to hazardous drugs (HDs), as defined by the American Society of Health-System Pharmacists (ASHP) and modified by the National Institute for Occupational Safety and Health, reference (I). A number of pharmaceuticals in the health care setting may pose an occupational risk to employees through acute and chronic workplace exposure. Preparation, administration, and disposal of HDs may expose pharmacists, nurses, physicians, other health care workers, and housekeeping staff to potentially significant levels of these chemicals. Significant routes of exposure include inhalation of dusts or aerosols, dermal absorption, ingestion, self-inoculation, and contact with excreta from patients treated with these drugs. The NIOSH-modified ASHP definition of HDs is based on the following drug characteristics: genotoxicity, carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity, serious organ toxicity at low doses, or structure and toxicity profiles of new drugs that mimic existing drugs that have been determined to be hazardous by the above criteria.

### Program Goals

The goal of a successful HAZARDOUS DRUG SAFETY AND HEALTH PLAN assessment for Navy OM clinics includes:

- (1) A Commanding Officer appointed hazardous drug officer (minimum of nurse or pharmacist).
- (2) Establishing a multi-disciplinary Hazardous Drug Committee or a joint Hazardous Drug/Hazardous Materials Committee to perform and document multi-disciplinary risk assessments.
- (3) Develop and annually review a Hazardous Drug Safety and Health Plan. This includes proper signage, labeling, safety data sheets (formerly material safety data sheets), formulary management, etc)
- (4) Perform medical surveillance and reproductive hazard assessments at the time of hire and periodically thereafter for those with potential or actual exposure.
- (5) Ensure that personnel are trained and educated annually on safe handling (preparation, transporting, storage, administration, disposal, and/or spills).
- (6) Be aware of the command spill response plan that involves hazardous medications.
- (7) Ensure adequate protective measures are in place for hazardous drug handling including proper personal protective equipment.

### SUPPORTING DATA

#### Regulations, Instructions, and References

*Select which type of access you have for each of the references listed*

<b>(a) OSHA Directive: CSP-03-01-005</b> , (01/20) <i>"Voluntary Protection Program (VPP) Policies and Procedures Manual"</i>	Hardcopy	Electronic	None
<b>(b) OSHA Technical Manual</b> , (1/17) <i>"Controlling Occupational Exposure to Hazardous Drugs"</i>	Hardcopy	Electronic	None
<b>(c) ASHP Guidelines</b> , (2018) <i>"Guidelines on Handling Hazardous Drugs"</i>	Hardcopy	Electronic	None
<b>(d) NIOSH Alert 2004-165</b> , (September 2004) <i>"Preventing Occupational Exposures to ANP and Other HD in Healthcare Settings"</i>	Hardcopy	Electronic	None
<b>(e) NIOSH 2016 List</b> , (2016) <i>"List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings"</i>	Hardcopy	Electronic	None
<b>(f) Pharmacy Practice News</b> , (Power & Poloivch, 2012) <i>"Safe handling of hazardous drugs: reviewing standards for worker protection"</i>	Hardcopy	Electronic	None
<b>(g) Practice Greenhealth: Managing Pharmaceutical Waste</b> (4/06) <i>"A 10-Step Blueprint for Healthcare Facilities in the United States"</i>	Hardcopy	Electronic	None
<b>(h) BUMEDINST 6570.3</b> , (11/18) <i>"Hazardous Drug Safety and Health Plan"</i>	Hardcopy	Electronic	None

**Local Command Instructions**

Enter local instruction number in space provided--must be reviewed and updated (as needed) **annually** for a Yes response.

Last Updated

YES

NO

**(I) "Hazardous Drug Safety and Health Plan"**

**Tracking and Program Management Tools  
INSTRUCTIONS**

This Occupational medicine Program Assessment tool is designed as an interactive self-assessment picture of the program being review. Using the color coded scoring range of 1/RED (absolute system failure and noncompliance ) to the highest score 5/GREEN (perfect compliance and best practice methods). Any score 3 or lower will require a validation comment in the space provided. This does not mean you cannot add comments of your choice .

#	Assessment Questions	Response
60.01	Are there documented current (annual updates are required) Hazardous Drug Health and Safety and supporting instructions that address occupational health and safety?	
60.02 Non-count	Do current Hazardous Drug Safety and Health instructions include the following elements (These items may or may not be the responsibility of OM)?: (1) Hazardous drug (HD) identification listing (2) HD preparation and handling precautions (3) Transportation and storage of identified HD (4) HD administration precautions for qualified/certified personnel (5) Identification of proper personal protective equipment (PPE) options (6) Precautions for caring for patients who are receiving HD (7) Criteria for personnel to enter HD medical surveillance (8) First-aid response guidelines for accidental HD exposure (9) HD spill control policy and procedures (10) Waste disposal precautions and procedures for HD (11) Access to Safety Data Sheets (SDS) for HD used by the command (12) HD training and information dissemination and documentation	Yes No
60.03	Has your Commanding Officer (CO) appointed a Hazardous Drug Officer (HDO) in writing that is a nurse or pharmacist? (Provide the name and credentials of your HDO below)	
60.04	Is OM represented in your command's Hazardous Drug Committee or joint Hazardous Drug/ materials Committee ? <i>Select the membership type from the options right:</i>	
60.05	Explain how the listing of exposed or potentially exposed personnel is developed and maintained for your command below. <small>Select the responsible department for this function from the list right</small>	
60.06	Does OM have access to a locally maintained formulary or listing of allhazardous drugs handled within your AOR?	

#	Assessment Questions	Response	
60.07	Do personnel exposed or potentially exposed to HD have access to the safety data sheets (SDS) for each HD identified for your command?		
60.08	Are identified personnel exposed or potentially exposed to HD placed into medical surveillance in accordance with BUMEDINST 6570.3A.		
60.09 Non-count	Is required annual employee HD training updated and current for this reporting time frame?	Yes	No
60.10 Non-count	Does your command have a written response plan that includes hazardous medications for your command? <i>You may be asked to provide written validation for this process during inspections. Attach a copy of your command's plan or describe below</i>	Yes	No
60.11	Are incidental exposures reported to OM documented in the proper medical record? Describe the reporting and follow-up process below		
60.12	Enter number of HD program records reviewed per quarter below (a tabulated annual total will appear to the right)		

1st QTR

2nd QTR

3rd QTR

4th QTR

FY Total

**ADDITIONAL COMMENTS:**

Provide specific information to support your responses from the questions above in the space provided below

**DASHBOARD REPORT**

The importance of assessing and scoring your program for successes and challenges cannot be underestimated in value. The scoring results of this assessment will be reviewed by your program manager or regional nurse to better assist, support and mentor your clinic as needed. If during the self-assessment process above you have determined that your program needs improvement (or you have a total program score of 3,2, or 1) you must complete the performance Improvement plan section of this OMPA Tool.

**BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE**

YOUR SCORE



**General Color Dashboard Definitions**

**Full compliance.** No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period  
*(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)*

**Caution Need Improvement.** Major updates, changes, or improvements needed for compliance during this assessment period.  
*(Performance improvement plan (PIP) for this program is required to bring program to green)*

**Danger Significant Challenges or System Failure.** Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.  
*(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)*

**SUBMISSION and PRINT SECTION**

**When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.**

**REMEMBER!!** If your program has a <3 you must complete the PIP portion at the end of this tool before submitting your document.

**CONGRATULATIONS!  
YOU HAVE COMPLETED THE PROGRAM 60  
HAZARDOUS DRUG SAFETY AND HEALTH PROGRAM**

## PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

**Date PIP initiated:** \_\_\_\_\_

**Describe your plan including steps for success in the box below then proceed to submission section:**

**Date of PIP update #1**

Enter 1st PIP status and update information in box below:

**HAS YOUR PROGRAM IMPROVED TO >3?**

*(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)*

YES

NO

**Date of PIP update #2**

**HAS YOUR PROGRAM IMPROVED TO >3?**

*(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)*

YES

NO

**Date of PIP update #3**

**HAS YOUR PROGRAM IMPROVED TO >3?**

*(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)*

YES