



SAFE HANDLING Q&A

MEDICAL SURVEILLANCE FOR HAZARDOUS DRUG HANDLERS

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WHAT IS MEDICAL SURVEILLANCE?

Medical surveillance involves collecting health and hazardous drug (HD) exposure data of employees. Because HD exposure is associated with adverse health outcomes, healthcare workers who handle these drugs as a regular part of their job should be monitored for changes in their health. The reasons for medical surveillance are to (a) identify early reversible effects of exposure, (b) detect changes in health status, (c) correct prevention exposure failures, and (d) prevent adverse outcomes in other workers.

WHO SHOULD BE FOLLOWED IN A MEDICAL SURVEILLANCE PROGRAM?

Workers who are at risk for HD exposure based on HD-handling tasks (e.g., unpacking HDs, compounding HDs, administering HDs, and handling HD-contaminated excreta) should be followed in a medical surveillance program.

WHEN SHOULD MEDICAL SURVEILLANCE BE CONDUCTED?

Guidelines recommend an initial baseline health assessment, periodic collection of health information and exposure data, acute exposure assessment, documentation and follow-up, and exit examination when workers leave employment (Condon & McDiarmid, 2018; National Institute for Occupational Safety and Health, 2012; Occupational Safety and Health Administration [OSHA], 2016; Power & Coyne, 2018).

WHAT IS RECOMMENDED FOR ROUTINE MEDICAL SURVEILLANCE FOR HAZARDOUS DRUG EXPOSURE?

Medical surveillance should consist of health history, symptom complaints, and exposure history. This information can be collected using a health appraisal questionnaire. When health changes are identified, further evaluation including a physical examination and laboratory testing should be performed.

WHAT ASPECTS OF MEDICAL SURVEILLANCE FOR HAZARDOUS DRUG EXPOSURE ARE REQUIRED?

There are two required aspects of medical surveillance. The first is that organizations must have a plan for providing acute

exposure assessment, evaluation, initial treatment, and post-exposure follow-up for workers who are potentially exposed during spill cleanup or who experience direct skin or eye exposure. For acute exposure, policies must direct employees to the appropriate setting for evaluation, treatment, and follow-up. The second required aspect is that health records of employees must be kept confidential and be made available as required by OSHA.

WHAT IS REQUIRED FOR MEDICAL SURVEILLANCE IN SMALL ORGANIZATIONS OR THOSE THAT DO NOT HAVE EMPLOYEE HEALTH DEPARTMENTS?

Organizations must have a plan for medical surveillance but need not provide all aspects of monitoring. Periodic health assessment can be provided by consultation with independent occupational health providers. Alternatively, policies can direct employees to pursue surveillance through their primary care providers.

REFERENCES

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