



SAFE HANDLING Q&A



WIPE SAMPLING

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Surface wipe sampling is an important tool in assessing the risk for exposure to hazardous medications in areas where healthcare workers handle hazardous drugs (HDs) and can be done by anyone trained in the process. USP<800> provides recommendations regarding the frequency, suggested locations, and drug assays to choose from (U.S. Pharmacopeial Convention, 2016). The recommendation for frequency is that “environmental wipe sampling for HD surface residue should be performed routinely (e.g., initially as a benchmark and at least every 6 months, or more often as needed, to verify containment)” (p. 5). The Oncology Nursing Society and Hematology/Oncology Pharmacy Association encourage this same frequency of testing.

For locations that result in positive contamination, it is important that management and staff review the full life cycle of the medication to mitigate this source of contamination moving forward. Remediation plans can include (but are not limited to) the following:

- Training and compounding practices for compounders
- Use of closed-system transfer devices
- Use of a clean outer bag for transportation out of preparation areas
- Assessing procedures for drug delivery to designated areas for administration and flow of drug to patient; this should be a defined and routine practice to minimize environmental contamination in other areas of the unit or clinic.

- Addressing deficiencies in primary and secondary engineering controls
- Techniques for drug administration and disconnecting
- Waste disposal practices
- Spill management procedures
- Deactivating, decontaminating, disinfecting, and cleaning practices

If results in high-traffic areas consistently show no HD contamination, then testing in less common sites should be considered, such as the bottom of drug storage bins, on floors in patient care areas, in areas where healthcare workers take breaks, in patient restrooms, and on the outside of drug disposal bins (Walton et al., in press). Frequency can be adjusted based on the rate of contamination, the addition of new employees or workflow, and any change in volume of antineoplastic medications handled.

REFERENCE

U.S. Pharmacopeial Convention. (2016). General chapter <800> hazardous drugs—Handling in healthcare settings. <https://www.usp.org/com-pounding/general-chapter-hazardous-drugs-handling-healthcare>
Walton, A.L., Bush, M., Douglas, C., Allen, D., Polovich, M., & Spasojevic, I. (in press). Examining surface contamination with antineoplastic drugs on two inpatient oncology units. *Oncology Nursing Forum*.

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