



## Disposal of Cytotoxic Waste (Synto) Standard Operating Procedure

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## 1 Scope

- 1.1. South East Coast Ambulance NHS Foundation Trust (SECAMB) is committed to providing high quality patient care and the safe and secure management of medicines.
- 1.2. Syntometrine® contains the active ingredient Ergometrine which is classed as a Cytotoxic Substance.
- 1.3. Currently this is the only medicine in the Trust which has cytotoxic properties.
- 1.4. Cytotoxic drugs are hazardous substances, as defined by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- 1.5. UK Government [NHS England » \(HTM 07-01\) Management and disposal of healthcare waste](#) lists Syntometrine under the list of non-chemotherapy cytotoxic/cytostatic drugs.
- 1.6. The disposal of this substance must comply with instructions outlined within the [Safety Data Sheets - Chemical classification \(hse.gov.uk\)](#).
- 1.7. It is the responsibility of staff handling this medicine to be familiar with the correct handling, storage precautions and safety measures for this medicine.
- 1.8. This procedure is applicable to all staff who come into contact with Syntometrine® in the Trust and sets out the scope of clinical practice to which clinicians must adhere.
- 1.9. The procedure outlines the process staff should follow in the event of spillages on Trust premises but also at scene (e.g. patient's home). Should the patient be affected, the details of the procedure followed must be included in any relevant documentation and verbal handover.

## 2 Procedure

- 2.1. **Disposal of Cytotoxic Waste**
  - 2.1.1. Limit exposure to the substance.
  - 2.1.2. If a vial breaks, see section 2.4.
  - 2.1.3. Any expired or part used Syntometrine® ampoule(s) must be disposed of into purple lidded cytotoxic waste bins.
  - 2.1.4. Any staff member who is known to be pregnant should not be exposed to this drug.



2.1.5. Visual information detailing this requirement will be placed in each area where the drug will be handled (Appendix A).

## 2.2. Storage of Cytotoxic Waste

2.2.1. In line with UN Type Approval standards, UN 3291 and ISO 23907:2012 cytotoxic waste will be stored in purple-lidded rigid containers.

2.2.2. Purple-lidded cytotoxic waste bins must be signed on their front label when use of that bin has commenced. See section 2.3.1 below for what information to include.

2.2.3. When the cytotoxic waste bin is full, it must be securely closed as per the instructions on the bin, the label signed, and the bin returned to Medicines Distribution Centre (MDC) at Paddock Wood Make Ready Centre (MRC).

2.2.4. All locked cytotoxic waste bins must be stored within a designated area in the MDC until collected by a contractor.

2.2.5. The Medicines Governance Team will ensure sites get enough purple lidded bins with each supply of Syntometrine® from the MDC.

## 2.3. Use of Purple Lidded Clinical Waste Bins

2.3.1. When a new purple lidded cytotoxic waste bin is being used, details of its use must be recorded on the label attached to the body of the bin. Using a ball point pen, staff must enter the following details on the label:

<b>Hospital:</b>	SECAmb
<b>Area/Dept./Ward:</b>	Ambulance Station
<b>Opened by:</b>	Staff member's initials
<b>Date Opened:</b>	DD/MM/YYYY
<b>Locked by:</b>	Staff member's initials
<b>Date Closed:</b>	DD/MM/YYYY

2.3.2. As per Network Guidance for Handling the Spillage of Cytotoxic and Anti-Cancer Drug (NHS England) <https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2018/04/spillage-of-cytotoxic-and-anti-cancer-drugs.pdf>

## 2.4. What to do if there is:

### 2.4.1. A cytotoxic liquid spill

2.4.1.1. Put on the following personal protective equipment (PPE):

- Two pairs of nitrile gloves
- Goggles
- Face mask (PPE level 2)



- Apron

- 2.4.1.2. If any of the above are already in use (due to the nature of the job) a change in PPE is not needed. Only change if PPE is visibly soiled, or to put on a second pair of gloves.
- 2.4.1.3. Soak up the spill using an absorbent towel (paper towel or pad), placing the absorbent towel or pad gently over the spill to avoid splashing. This will need to go into the cytotoxic waste bin, so do not use excessive amounts if possible.
- 2.4.1.4. Pick up any broken or sharp material gently, preferably with any available utensils (such as tweezers or forceps) depending on what kit has been used and what is available.
- 2.4.1.5. Place the sharp material in the cytotoxic waste bin.
- 2.4.1.6. Clean the area of spillage thoroughly with a piece of absorbent towel followed by water, and repeat cleaning the area with absorbent towel.
- 2.4.1.7. All absorbent towels used to clean the spillage must be placed into the cytotoxic waste bins.
- 2.4.1.8. Wipe the area with a detergent wipe (e.g. Clinell Universal wipes) ideally 3 times for thorough surface cleansing, and discard used wipes in the cytotoxic waste bin.
- 2.4.1.9. Remove all PPE and place in clinical waste bag and seal immediately.
- 2.4.1.10. Use bag ties to seal waste bag as per normal procedure.
- 2.4.1.11. Wash hands thoroughly.
- 2.4.1.12. Complete a Datix incident report form (DIF1).
- 2.4.2. **Spillage on clothes**
  - 2.4.2.1. Change clothes at earliest opportunity; remove soiled clothing wearing double gloves.
  - 2.4.2.2. If changing clothes is not immediately available, whilst wearing double gloves, the area must be wiped with a detergent wipe 3 times. Once complete, the gloves and detergent wipes must be placed into the cytotoxic bins.
  - 2.4.2.3. Wash clothes separately to other clothes after shift.



2.4.3. Complete a Datix incident report form (DIF1).

2.4.4. **Skin contamination**

2.4.4.1. Rinse affected area thoroughly with copious amounts of water followed by soap and water for 15 minutes.

2.4.4.2. Seek medical advice if irritation occurs.

2.4.4.3. Complete a Datix incident report form (DIF1).

2.4.5. **Eye contamination**

2.4.5.1. Rinse thoroughly with copious amounts of 0.9% sodium chloride for 15 minutes, holding the eye open.

2.4.5.2. This can be done by running the 0.9% sodium chloride through an administration set and ensuring the head is tilted to the side of the affected eye.

2.4.5.3. Complete a Datix incident report form (DIF1).

2.4.6. **Disposal of Out-of-Date Syntometrine®**

2.4.6.1. Any expired Syntometrine® ampoules should be removed from the outer cardboard packaging and plastic insert. The ampoules should then be placed in a purple lidded cytotoxic waste bin.

2.4.7. **Reporting Cytotoxic incidents**

2.4.7.1. Complete a Datix (DIF1) report to include all standard information required and the following information:

- Cytotoxic drug
- Approximate volume
- Actions taken by staff
- Location of incident

### 3 Definitions

3.1. Datix is the Trust's incident management system. DIF1 is the Trust's incident report form.

3.2. Cytotoxic drugs are hazardous substances, as defined by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

3.3. Detergent wipes refer to disposable wipes containing agents that disperse liquids into smaller, more water soluble components which allows for more effective removal (e.g. Clinell Universal Wipes).



## 4 Responsibilities

- 4.1. The **Chief Executive Officer** is accountable for medicines use and governance in SECAmb.
- 4.2. The **Executive Medical Director** has responsibility for medicines governance system design and overall assurance.
- 4.3. The **Chief Pharmacist** supports the Executive Medical Director and Executive Director of Operations providing professional advice with regards all medicines related procedures and practices.
- 4.4. The Chief Pharmacist delegates local responsibility for Medicines Management practice to their staff.
- 4.5. The **Medicines Governance Team** is responsible for the ongoing effectiveness of this procedure.
- 4.6. **All staff** who handle medicines are personally accountable for complying with this SOP, for reporting any concerns and for the safe and secure handling of all medicines.
- 4.7. All employees are responsible for adhering to this procedure.

## 5 Audit and Review (evaluating effectiveness)

- 5.1. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 5.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 5.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 5.4. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

## 6 Associated Trust Documentation

- 6.1. SECAmb Waste Management Policy (Clinical Waste Policy)
- 6.2. SECAmb Medicines Policy

## 7 References



- 7.1. [spillage-of-cytotoxic-and-anti-cancer-drugs.pdf \(england.nhs.uk\)](#)
- 7.2. [NHS England » \(HTM 07-01\) Management and disposal of healthcare waste](#)
- 7.3. [Safety Data Sheets - Chemical classification \(hse.gov.uk\).](#)
- 7.4. [NICE Clinical Guideline \[CG139\] Healthcare-associated infections: prevention and control in primary and community care.](#)

## 8 Financial Checkpoint

[EITHER

- 8.1. **This document has been confirmed by Finance to have no unbudgeted financial implications.**

OR

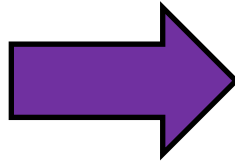
- 8.2. **This document has been confirmed by Finance to have financial implications and the relevant Trust processes have been followed to ensure adequate funds are available.]**

## 9 Equality Analysis

- 9.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 9.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.



Out of Date/  
Broken  
ampoules



When full close the  
lid and return to PW  
for destruction

**In the event of a breakage or spillage:**

- 1. Limit exposure to the substance.**
- 2. If an ampoule breaks and a spill occurs, immediately wear a protective facemask, safety goggles/glasses and two pairs of nitrile gloves.**
- 3. All personnel are to remove themselves from the room in which the spill has occurred.**
- 4. Cover the spill with blue roll tissue and allow it to absorb. DO NOT wipe the area.**
- 5. Remove the soiled paper, glass and any other contaminated objects and place into a purple lidded cytotoxic waste bin.**
- 6. Wipe the affected area 3 times with a detergent wipe, and discard the wipe in the cytotoxic waste bin.**
- 7. If exposure to the chemical occurs, remove any contaminated clothing immediately where possible. If removal isn't possible, wipe the affected area 3 times with a detergent wipe.**
- 8. Immediately rinse skin if any contact occurred and remove to fresh air.**
- 9. Seek immediate medical assistance and review the instructions on the safety sheet for the drug with supervisors.**