PHARMECOLOGY®

Complying with USP <800> in a NIOSH Vacuum

Healthcare organizations are more than six months into the active enforcement period for complying with USP <800> which became compendially active November 1, 2023. We are also still eagerly awaiting the release of the next official NIOSH list. But that list itself only evaluates drugs released between January 2014 and December 2015, with a few more added on the NIOSH website. In the meantime, your employees are routinely exposed to hazardous drugs, and your organization is exposed to potential inspections by your state board of pharmacy and accrediting organizations. What is the most effective way to manage this risk to employees and the requirements at the USP <800> and state board of pharmacy level?

At a minimum, if you have not already done so, create an initial list of those drugs currently listed in 2016 NIOSH publication.[1] Note also the additional drugs listed on the NIOSH home page.[2] Review also the draft NIOSH 2020 NIOSH list.[3] Then utilize your clinical pharmacists to evaluate all other drugs purchased in the past 1 - 2 years that "look like" a hazardous drug based on the manufacturer's warnings, paying particular attention to any safe handling guidance the manufacturer has included. Finally, decide at what level you will apply personal protective equipment at each stage of the drug handling cycle (i.e. receiving through disposal). PPE can be quite variable for both pharmacy and nursing personnel, based on the dosage form, packaging and handling procedures required for preparation and administration.

If this sounds like a lot of work, it is! PharmEcology® can help streamline this process by customizing an Assessment of Risk for both pharmacy and nursing based on our pharmacists' expert evaluation utilizing the PPE requirements in USP <800> and the recommendations in NIOSH.

You will then have the option to customize these initial handling decisions for both pharmacy and nursing based on your organization's standards of practice. For example, you may decide that warfarin tablets unit-dosed by the manufacturer do not need double-gloving by pharmacy or nursing staff. Making these specific decisions is much less taxing than starting your process from scratch.

Once the customization is complete, this information can be cross-walked into your organization's electronic health record platform, providing valuable information to staff at the point of care.

Conducting an Assessment of Risk can be a daunting task but the alternatives are costly and fraught with non-compliance. PharmEcology's USP <800> program walks your organization through each step, taking the burden off of staff and delivering critical information at the point of need to protect your employees.

Learn more and request a free demo of PharmEcology's services: info@pharmecology.com

[1] https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf?id=10.26616/NIOSHPUB2016161
[2] https://www.cdc.gov/niosh/docs/2016-161/default.html
[3] https://www.cdc.gov/niosh/docket/review/docket233c/pdfs/DRAFT-NIOSH-Hazardous-Drugs-List-2020.pdf