Birmingham Children's Hospital NHS
NHS Foundation Trust

# POLICY ON THE HANDLING OF CHEMOTHERAPY BY STAFF WHO ARE PREGNANT OR BREASTFEEDING

| | |
|---|---|
| Version: | 2.1 |
| Ratified by: | Head of Chemotherapy (HoC) / Lead cancer clinician / Lead cancer nurse (LCN) |
| Date ratified: | Reviewed by Lead chemotherapy clinician and lead cancer nurse (on behalf of CWG) July 2015 |
| Name of originator/author: | Nigel Ballantine (now Retired) |
| Name of responsible committee for updating: | Chemotherapy Working Group (CWG) |
| Review date: | Document to be reviewed not more than every 3 years – repeat review not later than July 2018 |
| Target audience: | Medical, nursing and support staff within the Haematology Oncology Specialty |

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# 1 Introduction

For many years it has been well understood that certain cancer chemotherapeutic agents may be carcinogenic (cancer-producing), mutagenic (DNA-damaging) and/or teratogenic (producing malformation of the foetus). However, it should be appreciated that not all cancer chemo-therapeutic agents (chemotherapy) have such properties and those that do may exhibit combinations of the above without producing all three.

Because cancer chemo-therapeutic agents may have the effects noted above, it has long been established practice that female staff who are pregnant are not required to handle these drugs.

This policy seeks to build on such established good practice whilst recognising some limitations of a blanket policy and seeking to support the individual member of staff in taking the action they feel most comfortable with.

# 2 Purpose

To provide a framework for staff and managers that is both supportive of the individual member of staff and cognisant of the potential impact on the care of patients when addressing the issues arising when a members of staff who handles chemotherapy and/or body waste from patients receiving chemotherapy as part of their routine duties becomes pregnant and/or returns to work whilst continuing to breast feed.

# 3 Duties

## 3.1 Duties within the Organisation

The lead officer for this document is identified on the title page.

## 3.2 Identification of Stakeholders

The following stakeholders have been identified within BCH: The Chemotherapy Working Group (CWG); the Haematology Oncology Management meeting; nursing and support staff within the Haematology Oncology specialty.

Outside BCH: The West Midlands Paediatric Oncology Expert Advisory Group

# 4 Method for development

## 4.1 Consultation and Communication with Stakeholders

The policy was drafted by Nigel Ballantine (Chair, CWG) and reviewed by the stakeholders previously identified. Comments and suggestions were incorporated until a final version was agreed by the CWG and

ratified by the Head of Chemotherapy (HoC) and Lead Cancer Clinician (LCC).

**4.2 The policy was reviewed as still accurate & valid by the Chemotherapy Working Group July 2012, and subsequently re-issued**

**4.3 The policy was reviewed as still accurate and valid by the Head of Chemotherapy and the Lead Cancer Nurse (on behalf of the Chemotherapy Working Group July 2015, and subsequently re-issued**

## 5 Content

The following issues may be used against the concept of a blanket ban on the handling of cancer chemotherapy by pregnant staff or those who have returned to work whilst continuing to breast-feed their child:

It is likely that the greatest damage to the developing foetus will be caused by exposure to cancer chemo-therapeutic drugs during the earliest phases of the pregnancy. At this time, many women will not be aware that they are pregnant, or may not have had the pregnancy confirmed. If they handle cancer chemotherapy as part of their routine duties it is likely that will continue to do so during this time. Therefore, it may not be logical to stop handling such drugs after the time at which the greatest damage will have occurred, if it is going to.

All chemotherapy for *parenteral* administration is supplied ready for administration or for addition to a drip chamber. As such, potential for exposure of staff to the contents of the syringes or infusion bags is minimal, although it is recognised that accidents do happen and equipment does fail.

Personal protective equipment will protect staff from all but the most idiosyncratic spillage or leakage from syringes and infusion bags supplied to the ward.

Provision of care to patients may be compromised if the number of staff available to administer chemotherapy, or care for children receiving chemotherapy, is reduced.

**Policy:**

Any member of staff who believes she is, or may be, pregnant or who is planning to return to work whilst continuing to breast-feed should seek a meeting with a senior member of staff at the earliest opportunity.

At that meeting, the issues around the risks of continuing to handle chemotherapy should be discussed leading to a decision as to whether or not the member of staff will continue to handle chemotherapy during her pregnancy/breastfeeding.

If the member of staff does not wish to continue to handle chemotherapy, no pressure will be brought to encourage the member of staff to do so.
If the member of staff does **not** wish to continue to handle chemotherapy she should not:

Handle or administer chemotherapy supplied for oral or parenteral administration.

Dispose of body waste or soiled bed linen from patients receiving chemotherapy, and for seven days after chemotherapy is completed.

Dip stick urine or handle any samples of body fluids to be sent for laboratory analysis during the period chemotherapy is being administered, and for seven days afterwards.

If the member of staff **does** wish to continue to handle chemotherapy they will be given the option of opting out of any of the three categories above, recognising that in practice the potential risk from uncontained body fluids and/or waste is probably the greatest.

In either case the member of staff will be asked sign a form confirming the choice that they have made.

## 6 References

None

## 7 Equality Impact Assessment

See Appendix F

## 8 Approval, Dissemination and Implementation

### 8.1 Approval of document

This document has been approved by the CWG and ratified by the HoC and LCC.

### 8.2 Dissemination

A paper copy will be placed in the policy files within the Haematology Oncology Specialty.

Electronic copies will be provided via the Trust Intranet in the Oncology department and Trust policies folders.

### 8.3 Implementation

The policy is currently in use within the Haematology Specialty. This document brings the policy into Trust-approved format.

## 9 Monitoring Compliance With and the Effectiveness of the policy

### 9.1 Process for Monitoring Compliance and Effectiveness

Records kept by nursing and medical managers.

### 9.2 Standards/Key Performance Indicators

All staff feel that their concerns have been addressed
No staff feel pressured into making a particular decision
All staff feel comfortable with the decision arrived at

## 10 Associated Documentation

None

**Appendix I**

**Confirmation of decision regarding the continued handling of cancer chemotherapy during pregnancy or breast-feeding**

I, ……., confirm that:

I believe I am pregnant/have had a pregnancy confirmed* on ……

I wish to continue to breast-feed on my return to work* on …… …..

I have had a meeting with …….. (senior nurse) to discuss whether or not I will continue to handle chemotherapy during my pregnancy/whilst I am breast-feeding*.

I have reached my decision of my own free will and without feeling under any pressure to make one decision or another.

I have decided not* to continue to handle chemotherapy during my pregnancy.

I have decided not* to continue to handle chemotherapy whilst breast-feeding.

Having decided to continue to handle chemotherapy during my pregnancy/whilst breast-feeding*, I have agreed to:

- Handle or administer chemotherapy supplied for oral or parenteral administration*
- Dispose of body waste or soiled bed linen from patients receiving chemotherapy, and for seven days after chemotherapy is completed*
- Dip stick urine or handle any samples of body fluids to be sent for laboratory analysis during the period chemotherapy is being administered, and for seven days afterwards*

**Signed**: ……

**Print name**: ……..

* Delete as applicable

**Appendix D - Checklist for the Review and Approval of Procedural Document**

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| | Title of document being reviewed: | Yes/No/ Unsure | Comments |
|---|---|---|---|
| **1.** | **Title** | | Checklist used for 2015 review |
| | Is the title clear and unambiguous? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | |
| **2.** | **Rationale** | | |
| | Are reasons for development of the document stated? | Yes | |
| **3.** | **Development Process** | | |
| | Is the method described in brief? | Yes | |
| | Are people involved in the development identified? | Yes | |
| | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | Yes | |
| **4.** | **Content** | | |
| | Is the objective of the document clear? | Yes | |
| | Is the target population clear and unambiguous? | Yes | |
| | Are the intended outcomes described? | Yes | |
| | Are the statements clear and unambiguous? | Yes | |
| **5.** | **Evidence Base** | | |
| | Is the type of evidence to support the document identified explicitly? | N/A | |
| | Are key references cited? | N/A | |
| | Are the references cited in full? | N/A | |
| | Are supporting documents referenced? | Yes | |
| **6.** | **Approval** | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | N/A | |

| | Title of document being reviewed: | Yes/No/ Unsure | Comments |
|---|---|---|---|
| **7.** | **Dissemination and Implementation** | | |
| | Is there an outline/plan to identify how this will be done? | Yes | |
| | Does the plan include the necessary training/support to ensure compliance? | N/A | |
| **8.** | **Document Control** | | |
| | Does the document identify where it will be held? | Yes | |
| | Have archiving arrangements for superseded documents been addressed? | Yes | |
| **9.** | **Process to Monitor Compliance and Effectiveness** | | |
| | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | Yes | |
| | Is there a plan to review or audit compliance with the document? | Yes | |
| **10.** | **Review Date** | | |
| | Is the review date identified? | Yes | |
| | Is the frequency of review identified? If so is it acceptable? | Yes | |
| **11.** | **Overall Responsibility for the Document** | | |
| | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | Yes | |

| **Individual Approval** | | | |
|---|---|---|---|
| If you are happy to approve this document, please sign and date. | | | |
| Name | | Date | |
| Signature | | | |
| **Committee Approval** | | | |
| If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents. | | | |
| Name | Dr Martin English Representing the Chemotherapy Working Group | Date | July 2015 |
| Signature | | | |

**Appendix F - Equality Impact Assessment**

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

**EQUALITY IMPACT ASSESSMENT FORM**

**SECTION 1:**

| **Department: Haematology Oncology** | **Assessor: Nigel Ballantine** |
|---|---|
| **Policy/ Service Title:**<br><br>Policy on the handling of chemotherapy by staff who are pregnant or breastfeeding | **Date of Assessment:** 10-5-2010 |

| | |
|---|---|
| 1. Describe the purpose of this policy or function | The Children's Cancer Measures 2009 requires the PTC (principal treatment centre) to have a range of policies in place to support the safe and effective delivery of chemotherapy from the perspective of patients, carers and staff.<br><br>This policy has been in place for a number of years and is being brought to Trust standard as part of the peer view process for cancer services. |
| 2. Who is affected by this policy? | Medical, nursing and support staff within the Haematology Oncology specialty at BCH. |
| 3. What are the outcomes or intended outcomes of this policy/ function? | This policy will ensure that staff who have concerns about handling chemotherapy whilst pregnant or breastfeeding are supported in their decision as to whether or not to continue doing so, and that such decisions are reached with due consideration of the needs of both the staff concerned and the service.<br><br>Secondarily, compliance with Children's Cancer Measures 2009. |
| 4. What consultation has been undertaken during the development of this policy/function? | Stakeholders identified in the policy |
| 5. What information or evidence has been used to assess the potential impact across the equality strands? | This policy will have minor implications with respect to Equality Impact |

| IMPACT | | |
|---|---|---|
| 1. What is the impact or likely impact, either positive or negative, of the initiative on individuals, staff, or the public at large?<br><br>None | | |
| 2. Please complete the following list and identify if there is, or likely to be, an impact on a group | | |
| a) Grounds of race, ethnicity, colour, nationality or national origins. | ~~Yes~~ ☐ No ☐ | Adverse? ☐<br>Provide further details: |
| b) Grounds of sexuality or marital status | ~~Yes~~ ☐ No ☐ | Adverse? ☐<br>Provide further details: |
| c) Grounds of gender | Yes ☐ ~~No~~ ☐ | Adverse? ☐<br>Provide further details: This policy impacts specifically on female staff but is designed to ensure that staff feel supported and do not feel pressured when making decisions about handling chemotherapy whilst pregnant or breastfeeding. |
| d) Grounds of religion or belief | ~~Yes~~ ☐ No ☐ | Adverse? ☐<br>Provide further details: |
| e) Grounds of disability | ~~Yes~~ ☐ No ☐ | Adverse? ☐<br>Provide further details: |
| f) Grounds of age | ~~Yes~~ ☐ No ☐ | Adverse? ☐<br>Provide further details: |
| **If you have stated that there is an adverse impact a Full Impact Assessment is Required. Complete Section 2.** | | |

**SECTION 2:**

| **Modifications** |
|---|
| 1. If you stated that the policy/ function has or could have an adverse impact on any group, how could you modify it to reduce or eliminate any identified negative impacts?<br><br>It is not possible to modify the policy. It is specifically designed to ensure that staff who are pregnant or breastfeeding are able to make decisions about whether or not they will continue to handle cytotoxic chemotherapy and/or body waste and clinical samples from patients who are receiving such treatment in a supportive atmosphere recognising the concern that some staff will have with respect to possible, but minimal, harmful effects on their baby, both before and after birth. |
| 2. If you make these modifications, would there be an impact on other groups, or on the ability of the policy to achieve its purpose? |
| **Consultation**<br><br>**Under the Race Relations (Amendment) Act 2000 you are required to consult on the impact of new policies, functions and service change.** |
| 3. How do you plan to consult on these modifications? Specify<br><br>who would be involved, timescales and methods. |

| **Decision Making** |
|---|
| 1. Who will make the decision? |
| 2. What is the decision?<br>☐ Reject the policy/ function<br>☐ Introduce the policy/ function<br>☐ Amend the policy/ function<br>☐ Other (Please explain) |

| Monitoring and Review |
| --- |
| 1. How will the implementation of the policy/ function and its impact be monitored? |
| 2. What are the overall learning points from this assessment? |
| 3. What actions are recommended from this assessment? |
| 4. When is the review date? |

For advice in respect of answering the above questions, please contact the Equality and Diversity Officer on Ext: 8611. A completed form must be returned with your procedural document.

**Appendix G - Version Control Sheet**

| Version | Date | Author | Comment (Identify any significant changes to the procedural document) |
|---|---|---|---|
| 2.0 | July 2012 | J.Hawkins | Discussed at Chemo Working Group meeting on 21st June. No revisions required. Amend review dates and re-issue |
| 2.1 | July 2015 | F Thompson | 3.2 Stakeholders updated to reflect changes in local and regional organisation structures |
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**Appendix H - Plan for Dissemination of Procedural Documents**

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| | | | |
|---|---|---|---|
| **Title of document:** | Policy on the handling of chemotherapy by staff who are pregnant or breastfeeding | | |
| **Date finalised:** | July 2015 | **Dissemination lead: Print name and contact details:** Julia Bottle | BCH email<br>Ext: 9143 |
| **Previous document already being used?** | **Yes / ~~No~~**<br>(Please delete as appropriate) | | |
| **If yes, in what format and where?** | Paper copies in policy files in key clinical areas within the Specialty | | |
| **Proposed action to retrieve out-of-date copies of the document:** | Review of all policy files | | |

| **To be disseminated to:** | **How will it be disseminated, who will do it and when?** | **Paper or Electronic** | **Comments** |
|---|---|---|---|
| HaemOnc Policy files | JB | P | |
| Speciality policies'p' drive | HP | E | |
| | | | |
| | | | |
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**Dissemination Record – to be used once document is approved.**

| | | | |
|---|---|---|---|
| **Date put on register / library of procedural documents** | | **Date due to be reviewed** | |

| **Disseminated to: (either directly or via meetings, etc)** | **Format (i.e. paper or electronic)** | **Date Disseminated** | **No. of Copies Sent** | **Contact Details / Comments** |
|---|---|---|---|---|
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