UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES CHEMOTHERAPY DRUG SPILL CHECKLIST

Patient Room or Lab #	Date of Spill
Patient Name (if applicable)	Time of Spill
Staff exposure	
Patient exposure (if applicable)	
Name of Chemotherapy Agent	
Amount of agent in amount of solution	
Estimated amount of solution lost	
Signature of employee preparing checklist	
Chemotherapy agent spill kits are available through the Departme in-patient pharmacy.	ent of Occupational Health and Safety or the
1. Remove involved clothing immediately.	
2. Flush eye(s) involved.	
3. Wash skin involved with copious amounts of soap an	d water.
4. Move patient to another bed if the bed is contaminate area of the carpet is involved.	ted; transfer patient to another room if large
5. Isolate the area of the spill.	
6. If problems develop or questions arise, notify the De l (normal work hours, 686-5536) or (weekends and holidays, 526-00)	•
7. An incident report and chemotherapy drug spill check Department Heads and the Department of Occupational Health a	•
These forms are available from the Department of Occupational I http://www.uams.edu/safety/Forms/OnlineForms.aspx . Units the encouraged to have a supply available at all times.	-

Please bring to Central Building, Room G154. You may also pick up replacement Spill Kits at this same location.