Hazardous Drug Spill Checklist

1. Spill location (Department/Unit, Floor, Room #): ______________________________  Date: _____  Time: _____

2. Name of drug involved: ______________________________  Estimated amount spilled: ___________

3. Explain how the spill occurred: ______________________________________________

_________________________________________________

4. Did the patient and/or visitor(s) need to be removed from the area?  □Yes  □No
   □Patient removed  □Visitor Removed (specify number) _____

5. Were any furnishings or equipment affected by the spill?  □Yes  □No
   5a. If yes, what furnishing/equipment were affected? ________________________________

   5b. If yes, were items cleaned using 2 sets of HD Clean wipes?  □Yes  □No

6. How can this type of spill be avoided in the future? ________________________________

7. List names of staff who were exposed: __________________________________________

8. Did exposed staff go to Employee Health & Wellness or ED (off hours) for required post exposure evaluation?  □Yes  □No
   Staff should bring this checklist and Employee Injury/Illness Report to Employee Health & Wellness or ED.

9. Was a Spill Kit Used?  □Yes  □No  Was the spill kit replaced (Lawson #60434)?  □Yes  □No

10. Comments: _________________________________________________________________

11. Checklist Completed by: _______________________________________________________

   Print Name (Employee)  Signature (Employee)  Date

Checklist Reviewed by: ___________________________________________________________

   Print Name (Supervisor)  Signature (Supervisor)  Date

Distribution: email or mail Supervisor, Employee Health & Wellness Director (z=7409), Pharmacy Director (z=7007) and Environmental Health & Safety Director (z=8017)

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