



Prevention framework for handling antineoplastic agents

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Scope

This resource is part of a broader project conducted by CAREX Canada on reducing the occupational exposure to antineoplastic agents. The project analyzed the different dimensions that affect the safe handling of antineoplastic agents in health care settings. The outcomes of this project were four resources, including this report:

1. **Compendium of policy levers regarding the safe handling of antineoplastic agents in occupational settings:** This tool is a collection of policy levers for the safe handling of antineoplastic agents in different healthcare settings. It was designed to help policy makers create and update their own respective policies.
2. **Prevention framework for handling antineoplastic agents:** This tool was designed to help organizations assess and audit their own procedures and plans for the safe handling of antineoplastic agents. It was developed by applying internationally accepted approaches to auditing occupational health and safety management systems.
3. **Comparison of policy levers for the safe handling of antineoplastic agents in Alberta, Manitoba, and British Columbia:** This report details and compares the various statutes, regulations, policies, guidelines, and standards used in the safe handling of antineoplastic agents across three provinces. It outlines key similarities and differences that policy makers can use to create better-informed policies that protect the health and wellbeing of healthcare workers handling antineoplastic agents.
4. **Webinar: Reducing occupational exposure to antineoplastic agents:** This webinar presents the findings of our research on the barriers and facilitators that influence the safe handling of antineoplastic agents. It includes results from a literature review, environmental scan, and stakeholder interviews, and was designed to help decision makers and policy implementers create safer environments for workers handling antineoplastic agents.

The other resources developed as part of this project can be found at www.carexcanada.ca/special-topics/antineoplastic-agents/.

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Introduction

This document provides explanatory information about the attached prevention framework for the safe handling and management of antineoplastic agents (Table 1). The framework was developed by applying internationally accepted approaches to auditing occupational health and safety management systems (OHSMS). This framework can be used as a starting point for discussion with healthcare leaders (hospital administrators, health care managers, professional colleges) to develop checklists for the safe handling and management of antineoplastic agents.

Background: Key concepts of an OHSMS

Essentially, an OHSMS is a preventive tool that helps an organization assess workplace practices and identify hazards that can expose a worker to harm. There are a number of national and international standards that set out requirements for developing and implementing OHSMS. The most commonly cited international standards are those published by the International Labour Organization (ILO), the International Organization for Standardization (ISO), and the Occupational Health and Safety Assessment Series (OHSAS). Many national standards are derived from these international standards. In Canada, the relevant national standard is Canadian Standards Association (CSA) Z1000-14 – Occupational Health and Safety Management, which was first published by the CSA in 2006 and then updated in 2014.

The definition of an OHSMS varies depending slightly on the source. The International Organization for Standardization (ISO) defines an OHSMS as a “management system or part of a management system used to achieve the occupational health and safety (OHS) policy”. A management system is, in turn, defined as a “set of interrelated or interacting elements of an organization to establish policies and objectives and processes to achieve those objectives,” and an OHS policy is defined as a “policy to prevent work-related injury and ill health to workers and to provide safe and healthy workplaces”. The CSA adopts a similar definition of OHSMS in CAN/CSA-Z1000-14 – Occupational Health and Safety Management, but expands the definition of occupational health and safety as follows: “the promotion in the workplace of the physical, *mental, and social wellbeing* of workers and the protection of workers from, and the prevention of, workplace conditions and factors adverse to their health and safety” [*emphasis added*].

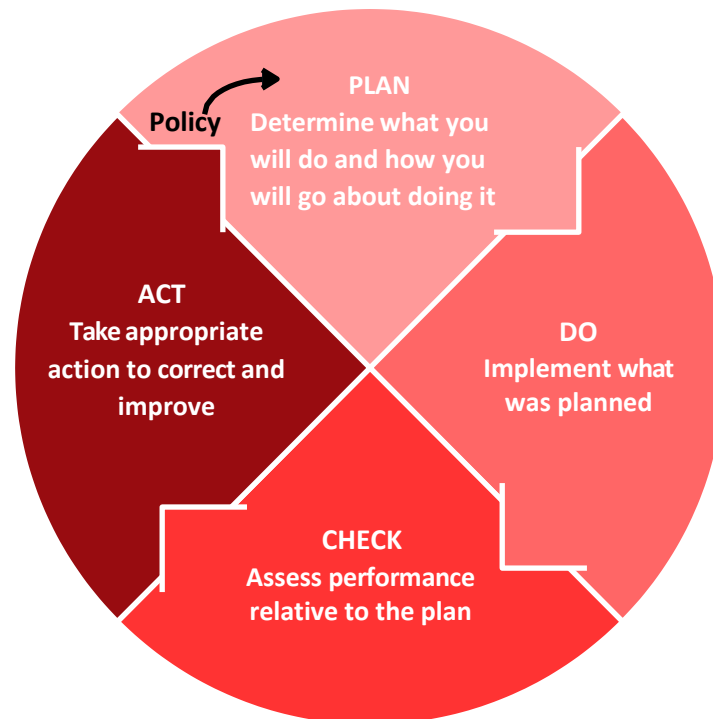
The common (and core) feature of OHSMS approaches is that they incorporate the concept of continual improvement and all are built around the principles of the “Plan–Do–Check–Act” (PDCA) cycle. PDCA is an ongoing and iterative process designed to help organizations monitor performance, make decisions and achieve improvement on a continual basis¹. In general, the

¹ In some versions of the PDCA cycle, an alternative version of the “A” is “adjust”. Typically, this would take place after the process has been monitored multiple times, allowing for adjustments to be made and for evaluation of their impact, thereby ensuring that the cycle truly is one of continuous improvement. [Source: [Wikipedia - PDCA cycle](#)]

PDCA cycle involves the following four steps (Figure 1):

- Plan:** Identify goals, outputs, and expected outcomes. Identify how they are to be achieved.
- Do:** Implement the plan's objectives. Collect data to measure active and reactive performance.
- Check:** Compare "actuals" with targets. Analyze differences to determine root cause of deviation.
- Act:** Review performance. Take corrective action. Revisit plans and update/improve as necessary.

Figure 1: Canadian Standards Association's management system framework²



To demonstrate conformance with a given management standard, organizations must undergo an audit³ in which they are awarded a certain number of points for meeting or exceeding the standard's mandatory requirements. Certification is awarded based on meeting or exceeding a minimum threshold of points. A number of organizations⁴ have published guidelines on how to manage and conduct effective internal or external audits of management systems. These audit standards, which are also built around the core tenets of the PDCA cycle, provide guidelines on how to manage an effective audit program, how to conduct management system audits, and how to evaluate the competence of audit program managers, auditors and audit teams. While

² Adapted from: Canadian Standards Association. [Psychological health and safety in the paramedic service organization](#) (2018)

³ Most OHSMS standards require that the audit be external for large organizations. However, allowance is made for small employers to conduct the audit internally.

⁴ The ISO, the ILO, the Health and Safety Executive in the United Kingdom and the Health and Safety Authority in Ireland.

none of these standards or guidelines are specific to OHSMS, the ISO recently published a technical specification that sets out the required skills and knowledge of individuals or bodies who provide auditing services to organizations that have implemented ISO 45001, its new international standard on OHSMS. The purpose of the technical specification is to guarantee that a harmonized auditing approach is used and that auditors have the necessary competence to both perform the audits and to make the decisions regarding accreditation and certification.⁵

How the proposed prevention framework is organized

The framework set out in Table 1 is organized into four columns:

- 1. Elements:** These are the main elements of an effective OHS program and include: management leadership and commitment; planning; consultation and reporting; hazard identification, management and control; training and supervision; and monitoring and evaluation (which should lead to corrective actions being taken and a cycle of continuous improvement).
- 2. Standards:** For each element, there is a list of ‘standards’ that describe the performance expected for that element.

Example – training and supervision: One of the broad OHS ‘standards’ an organization is expected to achieve under “Training and supervision” is that they have an effective program to train, educate, and supervise workers. In most jurisdictions, having a program to educate and train workers is also a minimum requirement that must be met to comply with OHS legislation and regulations.

- 3. Indicators:** For each ‘standard’, a list of indicators is provided. These indicators are used to measure the extent to which the ‘standard’ has been achieved.

Example – indicator of an effective program to educate, train, and supervise workers: A formal orientation program is in place and is mandatory for all new workers and contractors. This program provides relevant instruction and information on the safe handling of antineoplastic agents (including legislation, codes of practice, policies, protocols, standard operating procedures, and guidelines).

- 4. Examples of Evidence:** For each indicator, examples of the types of evidence that someone assessing a program, policy, practice, or guideline would look for to determine that a ‘standard’ has been achieved.

Examples of evidence:

⁵ For more information on ISO/IEC TS 17021-10, Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 10: Competence requirements for auditing and certification of occupational health and safety management systems), see <https://www.iso.org/obp/ui/-/iso:std:iso-iec:ts:17021:-10:ed-1:v1:en>

- Workers able to confirm (typically via interview or survey) that a formal orientation and OHS training in their work area was provided
- Standardized written objectives for all training programs (including orientation, job-specific training) exist and are accessible
- Job observations confirm whether training and education information is transferable to workplace and that safe work procedures are followed on regular basis
- Workers able to demonstrate understanding of safe work practices and handling procedures (i.e., by describing key points or step-by-step procedures)

Table 1: A proposed prevention framework for safe handling of antineoplastic agents

Elements	Standards	Indicators	Examples of evidence
Management Leadership & Commitment	Organizational commitment to achieving high standards in the safe preparation, handling and dispensing of antineoplastic agents. Responsibility is clearly defined and there are clear lines of accountability throughout the organization.	1. There is a written policy on the safe handling of antineoplastic agents that is reviewed on a regular basis. The policy is appropriate to the risk, supports/aligns with the organization’s corporate vision, values and overall policy on OHS in the workplace, and complies with applicable legislation and regulations.	<ul style="list-style-type: none"> • Policy includes a commitment to comply with relevant OHS legislation and other legal and/or accreditation requirements to which the organization subscribes • Policy is signed by representative of senior management, is current (i.e., dated within last 12 months) and identifies responsible parties • Current policy is readily accessible • Policy includes a revision history to demonstrate regular review and update • Terms of reference available for how policy is developed and regularly updated • Relevant OHS/orientation/training manuals include current policy
		2. The policy on the safe handling of antineoplastic agents is available to workers, suppliers, and contractors (e.g. home care workers).	<ul style="list-style-type: none"> • Process in place to ensure and verify that workers and contractors are aware of the policy, have seen it, know what is in it and understand it • Policy is easily accessible for workers and contractors to read it again • Policy statement written into OHS plans • Policy is explained during orientation of new workers • Reviews of policy are circulated as “draft” documents to anyone affected by the policy to provide input and feedback • Policy is discussed at team meetings and joint health and safety committee meetings (particularly when a review of the policy is undertaken) • Policy is displayed on noticeboards or in areas of high visibility in the workplace

Elements	Standards	Indicators	Examples of evidence
		3. The organization identifies and monitors legislation, codes of practice, policies, protocols, standard operating procedures, and guidelines relevant to the safe handling of antineoplastic agents.	<ul style="list-style-type: none"> • All information on the safe handling of antineoplastic agents that is retained and utilized in the workplace is current and reflects not only all relevant legislation but also the most-up-to date knowledge on hazards and protective measures • Process in place to communicate all relevant information to affected workers • Consultative review of existing policy/practice/procedure is triggered by changes to legislation, codes of practice, policies, protocols, standards, and/or guidelines on the safe handling of antineoplastic agents
		4. There is a process that makes all parties aware of and accountable for their roles and responsibilities in relation to OHS more generally and to the safe handling of antineoplastic agents in particular.	<ul style="list-style-type: none"> • Individual management roles and responsibilities clearly documented • Participation/representation of senior management in joint occupational health and safety committees, in reviews and in evaluation of performance • Management attendance & involvement at OHS training courses • Orientation training records for managers, workers, contractors • Accountability for OHS included in all job descriptions (including managers, supervisors, workers) • Process in place for confirming with workers that the system is working at all levels
		5. There is organizational oversight for and coordination of OHS.	<ul style="list-style-type: none"> • Job description for role(s) with day-to-day responsibility of OHS activities • Process for planning job development • Measurable performance indicators for the role(s)

Elements	Standards	Indicators	Examples of evidence
			<ul style="list-style-type: none"> • Documented accountability and clear lines of reporting to senior management
		<p>6. Necessary human, financial and physical resources are provided to ensure the handling of antineoplastic agents complies with relevant legislation and aligns with what is known about best practice.</p>	<ul style="list-style-type: none"> • Annual (or project) budget for achieving OHS objectives as they pertain to safe handling of antineoplastic agents • Resources allocated to cover costs of providing appropriate control measures, of hiring trained OHS specialists, and of worker training. Should also include resources to cover the costs of keeping information up-to-date and enlisting/hiring people with necessary skill sets and competencies (may be internal or external to organization) • OHS budget disseminated to OHS representatives and joint OHS committees • Documentation of strategic processes
		<p>7. All workers have sufficient time to complete tasks safely.</p>	<ul style="list-style-type: none"> • Time allocated for toolbox/workplace OHS meetings and completion of OHS-related documentation • Retention of OHS training records, inspection and investigation reports • JOHS committee members & representatives provided with time to take accredited courses, consult with workers, conduct regular inspections
		<p>8. Recommendations to improve handling of antineoplastic agents are acted upon in a timely way.</p>	<ul style="list-style-type: none"> • Process to verify that recommendations arising from any source (e.g., annual assessments, investigations, inspections, worker reports, etc.) were acted on in a reasonable amount of time • Organization undertakes risk assessment and prioritization activities • Incident/accident/investigation reports and

Elements	Standards	Indicators	Examples of evidence
			minutes of JOHSC meetings retained, considered and remedial action taken
Planning	Systematic approach to planning processes used to establish and maintain an integrated OHS management system that is set up to continuously improve OHS performance across all operational activities	<ol style="list-style-type: none"> 1. The organization's approach to the management of antineoplastic agents is planned and reviewed regularly. 2. Specific objectives and measurable targets have been established for relevant functions and levels within the organization. 	<ul style="list-style-type: none"> • Current documents on file and readily accessible • Obsolete documents and data are promptly removed • Archival documents and data are retained for legal reasons or to preserve institutional memory • Evidence that previous outcomes (e.g., performance indicators not met) factored into future planning and gap analyses performed, where necessary • Written performance indicators exist; indicators are measurable, based on needs of the organization/unit and take into account organization's responsibilities for complying with all relevant legislation • Data on leading and lagging indicators collected • Indicator data fed into planning cycle • Means and time frame by which objectives and targets are to be achieved • Clearly designated responsibility for achieving objectives and targets throughout organization

Elements	Standards	Indicators	Examples of evidence
		3. Arrangements are in place for people with special needs (may include pregnancy, asthma, physical impairment, etc.)	<ul style="list-style-type: none"> • Training and education programs incorporate and address issues pertinent to workers with special needs • Tasks are assessed for suitability for workers with special needs • Policy and procedures appropriate to the risk developed and implemented (e.g., protective reassignment for pregnant workers)
		4. Potential emergency situations have been identified and relevant emergency preparedness and response procedures are in place.	<ul style="list-style-type: none"> • Workers can confirm that relevant procedures have been developed and implemented • Written emergency preparedness plans are appropriate to the work activities • Evacuation procedure developed and displayed on noticeboards or in high visibility locations • Personnel involved in coordinating emergency procedures or first aid have appropriate training • Appropriate number of qualified first aid personnel available on site (may be mandated by OHS legislation and regulations) • Regular drills to test the plans and procedures for deficiencies and corrective action taken, where deficiencies identified • Provision of necessary equipment (e.g., fire extinguishers, first aid kits, spill control kits, equipment to address accidental exposure), appropriate signage (e.g., escape routes, accidental spills, etc.) and emergency communication system (e.g., telephone, alarm) • Regular inspection, testing and maintenance of

Elements	Standards	Indicators	Examples of evidence
			all emergency/fire protection/spill response equipment <ul style="list-style-type: none"> • Up-to-date inventory of hazardous drugs
		5. The organization's procedures, work instructions and work practices reflect current OHS legislation, standards, codes of practice, policies, protocols, standard operating procedures, and guidelines relevant to handling of antineoplastic agents.	<ul style="list-style-type: none"> • Workers confirm that procedures/guidelines contain relevant OHS information • Safe work procedures developed and implemented in consultation with affected workers • Documentation (i.e., hazard identification, risk assessment and control) reflect current legislation, regulations, standards, codes of practice, etc.
		6. All workers have access to all necessary information that impacts their activities in relation to antineoplastic agents. This includes current legislation, standards, codes of practice, policies, protocols, standard operating procedures, guidelines, inspection reports, etc.	<ul style="list-style-type: none"> • Managers, supervisors, workers can confirm that they can obtain all required information in reasonable time (i.e., 24 hours or less) • Relevant information (i.e., legislation, regulations, standards, codes of practice, etc.) is readily available (and can be located) in workplace in hard copy or online via internet or organization's intranet • Information on health hazards (e.g., material safety data sheets) available and accessible • OHS information, JOHSC meeting minutes, etc. posted on noticeboards or areas of high visibility in the workplace
		7. The organization as a whole and affected individual workers satisfy all legal requirements governing the safe handling of antineoplastic agents. This includes any legal requirements related to the undertaking of specific activities, the performance of work duties or the operation of equipment.	<ul style="list-style-type: none"> • Organization and/or individuals satisfy relevant legal requirements (e.g., licenses, notifications, registrations, approvals, etc.) • Records are retained of relevant licenses, approvals, registrations for work being performed and/or equipment being utilized

Elements	Standards	Indicators	Examples of evidence
Consultation & Reporting	Effective mechanisms to consult with and empower workers, to document and report issues and, and to maintain necessary records.	1. There is an agreed upon process for involving and consulting with workers on issues pertaining to the safe handling of antineoplastic agents.	<ul style="list-style-type: none"> • Workers and OHS representatives confirm that the employer understands roles and accepts responsibilities for consulting and cooperating with them regarding OHS at the workplace • Workers represented at consultation planning meetings • Effectiveness of communication evaluated by surveys of workers • Procedure for issue resolution developed jointly by managers, supervisors, workers
		2. The process and procedures for consulting and engaging with workers are communicated to workers and are well understood.	<ul style="list-style-type: none"> • Workers and OHS representatives verify that they are consulted and that engagement process is effective • Orientation for new workers makes reference to consultation and engagement process • Procedures developed and implemented for communicating OHS issues
		3. Workers or their representatives are involved in the planning processes for the management of antineoplastic agents at the workplace.	<ul style="list-style-type: none"> • Minutes of meetings/consultations/planning sessions • Process for making worker feedback available to OHS representatives and JOHSC members • Workers confirm that they are consulted on OHS and issues related to the safe handling of antineoplastic agents • Workers surveyed about training requirements • Worker involvement in hazard management process • Worker involvement in selection of specialist OHS consultants, where required
		4. Workers or their representatives are consulted regarding proposed changes to the work environment processes or procedures and purchasing decisions that could affect their health and safety, particularly in relation to the	<ul style="list-style-type: none"> • Workers confirm they are consulted about changes to the work environment, processes or procedures and purchasing decisions that could affect OHS • Memos informing staff of changes affecting

Elements	Standards	Indicators	Examples of evidence
		use and management of antineoplastic agents.	OHS <ul style="list-style-type: none"> • Agendas and minutes (i.e., of planning meetings, JOHSC meetings)
		5. Workers or their representatives are consulted regarding the management of hazards related to the use of antineoplastic agents in the workplace.	<ul style="list-style-type: none"> • Workers confirm that they are consulted or that processes exist for them to have some input (and that those processes are effective) • Training records that verify workers understand principles of hazard management • Agendas and minutes (e.g., of consultations, focus groups, JOHSC meetings)
		6. There are arrangements in place for the acquisition, provision and exchange of information on the hazards of antineoplastic agents with external parties. This includes, but is not limited to, suppliers, contractors and relevant public authorities (e.g., workers' compensation boards, enforcement officers, etc.).	<ul style="list-style-type: none"> • Process for seeking, collecting and retaining relevant information from suppliers • Documented OHS complaints procedure for external parties
		7. The processes and procedures for consulting the workers and reporting back to them are regularly evaluated and modified where required.	<ul style="list-style-type: none"> • Workers confirm that they contribute relevant information as part of evaluation process • Worker surveys and dissemination of survey findings
Hazard Identification, Management & Control	Proactive system to identify hazards, assess and control risks. All hazards are identified and subject to dynamic assessment. Risk control measures	1. Requirements for reducing risks associated with antineoplastic agents are understood by management and workers. This includes all relevant legislation governing the safe handling of antineoplastic agents, as well as any internal documents prepared to protect workers (e.g., standards, codes of practice, policies, protocols, standard operating procedures, or guidelines).	<ul style="list-style-type: none"> • Workers confirm they are aware that the employer understands role and accepts responsibilities for reducing the risk of work-related injuries and diseases • Workers verify that they participated in an effective process to increase their awareness and understanding • Training records for all personnel on risk management responsibilities

Elements	Standards	Indicators	Examples of evidence
	<p>identified are implemented. There is monitoring and review to measure the effectiveness of the hazard identification and risk control processes.</p>	<p>2. Work environments where antineoplastic agents are stored, handled or disposed of are regularly inspected and hazards identified. This process should take into account people who are not handling and dispensing hazardous drugs (e.g., laundry workers) and should cover the human resources, physical resources and information needed for safe systems of working with antineoplastic agents, all work processes and the management of outputs (such as waste). The focus of inspections may be general workplace condition, hazardous substances, or specific hazards.</p>	<ul style="list-style-type: none"> • Workers understand the process for inspections and identifying hazards and contribute relevant information • OHS representatives involved in inspections and hazard identification process • All relevant information and data sources are analyzed, including records of work-related injury and disease, inspection reports, hazard inventory, hazard reports, incident/accident reports • Hazard identification process documented and gives consideration to: situation or events or combination of circumstances that has the potential to give rise to injury or illness; the nature of potential injury or illness relevant to the hazard; the inspection, maintenance, testing repair and replacement of equipment; and hazards that arise from how work is organized and designed, work systems, procurement systems, and contractual arrangements • Hazard assessments undertaken as changes in work processes occur (i.e., when a new work process is introduced, when a work process or operation changes)
		<p>3. Work activities are systematically analyzed, and hazards identified. The analysis of work activities identifies particular hazards associated with the work, assesses risk and leads to the development of safe working procedures where risks are controlled.</p>	<ul style="list-style-type: none"> • Managers and supervisors, and workers confirm that they contribute relevant information when work activities are analyzed in their work area • Job hazard analyses • Safe work method statements • Safe operating procedures • Job observations • Use of references (such as standards, codes of

Elements	Standards	Indicators	Examples of evidence
			practice, regulations)
		4. Risk assessments are undertaken on identified hazards. Risk assessment undertaken by people who have experience, knowledge and skills to gather relevant information and make a reasonable decision about the degree of risk for particular hazards. Where there are intended changes to the workplace (e.g., purchase of new equipment), a detailed risk assessment should be conducted and form part of the planning procedures.	<ul style="list-style-type: none"> • Workers and contractors confirm that they contribute relevant information to risk assessments and the process is working properly in their work area • Hazard inventory • Risk assessment forms • Proposed changes to workplace or work activities include hazard/risk assessments
		5. Hazards are prioritized and controlled using the hierarchy of controls and having regard to the identified level of risk.	<ul style="list-style-type: none"> • Workers confirm that action has been taken to reduce the risk of work-related injury and disease in accordance with the hierarchy of controls in their work areas • Workers made aware of personal protective equipment requirements and provided with suitable training (which may be part of their orientation, job-specific training or when reviewing safe work procedures) • Budgeting, planning and investigation of control options and implementation • Written risk control objectives • Selection of controls appropriate to the risk (i.e., engineering controls, personal protective equipment) • All workers have access to basic personal protective equipment and specialized equipment available to workers where required • Written policy that references basic and specialized personal protective equipment

Elements	Standards	Indicators	Examples of evidence
			<ul style="list-style-type: none"> • Written procedures for proper selection, fitting, care and use of specialized personal protective equipment • Job observations to confirm risk controls properly implemented and correct personal protective equipment used when required • System in place to regularly inspect and maintain control systems (including basic and specialized personal protective equipment) • Inventory/records of corrective action • Reduction in accident/incident reports
		<p>6. Periodic review and documentation of the effectiveness of the hazard identification, risk assessment and risk control process. The process should provide information on the extent to which the risk is reduced in accordance with original expectations. Recommendations should cover improvements to existing controls and suggestions for alternatives or other controls that can be added to further reduce risk.</p>	<ul style="list-style-type: none"> • Workers confirm that they contribute relevant information to the evaluation process and there is action to correct or improve the risk control measures within a reasonable time in their work area. • Monitoring and evaluation of risk controls • Job observations • OHS specialist reports
		<p>7. Incidents, injuries and diseases are systematically reported, recorded and investigated (by a competent person or investigation team). Processes should be well-documented, monitored, reviewed and continuously improved.</p>	<ul style="list-style-type: none"> • Managers, supervisors, and workers understand the reporting and incident investigation process and confirm that they contributed to investigations where they were able to provide relevant information • Process for injury reporting and initiating an investigation • Register of first aid reports, completed injury/disease forms as required by legislation, and investigations (ongoing and completed) • Incidents, injuries and illnesses detailed in JOHSC minutes, investigation reports • Analysis of incident, injury and investigations

Elements	Standards	Indicators	Examples of evidence
			<p>data</p> <ul style="list-style-type: none"> • Process for selecting and training investigation team • Involvement of OHS representatives • System for capturing recommendations arising from investigations
<p>Training & Supervision</p>	<p>Effective program to train, educate and supervise workers.</p> <p>Training is planned, systematic and assessed. Training could be a balance of structured on-the-job training and formal training sessions provided internally or externally. In many cases, safety training can be incorporated into skills and task training already provided by the organization.</p>	<ol style="list-style-type: none"> 1. A formal orientation program is in place and is mandatory for all new workers and contractors. This program provides relevant instruction and information on the safe handling of antineoplastic agents (including legislation, codes of practice, policies, protocols, standard operating procedures, and guidelines). 2. All management and supervisory personnel have received training their role and responsibilities in ensuring a safe workplace (in general and specifically in relation to the handling and management of antineoplastic agents). Training may be provided in various ways, including formal training courses, mentoring and on-the-job training. 3. The training needs of all workers, in relation to performing their work activities competently and safely, have been identified. 	<ul style="list-style-type: none"> • Workers confirm that a formal orientation and OHS training in their work area was provided • Standardized written objectives for all training programs (including orientation, job-specific training) • Job observations to confirm whether training and education information is transferable to workplace and that safe work procedures are followed on regular basis • Workers able to demonstrate understanding of safe work practices and handling procedures (i.e., by describing key points or step-by-step procedures) • Training for managers and supervisors is recorded and evaluated • Reviews of individual performance and follow-action as necessary • Workers confirm they are aware that the employer understands and accepts responsibility for the provision of safety and health training • Training needs analysis undertaken with worker involvement • All legislative training requirements for workers

Elements	Standards	Indicators	Examples of evidence
			have been identified <ul style="list-style-type: none"> • Workers confirm their participation in training and in training needs analysis • Records of training requirements and dates for completion or renewal are available for all workers • Allocation for OHS training in organization's annual budget
		4. Tasks are allocated according to capability, level of training and supervision of workers.	<ul style="list-style-type: none"> • Supervisory arrangements in place to ensure tasks are performed safely and work instruction and procedures are followed • Workers confirm that levels of training and supervision are appropriate for work activities undertaken • Job descriptions identify appropriate levels of skill and experience required • Refresher training is provided to ensure workers perform their tasks safely
		5. Training is delivered by people with appropriate knowledge, skills and experience.	<ul style="list-style-type: none"> • Records of qualifications and experience retained for external trainers and internal staff • Course outline, objectives and materials • Workers confirm that OHS training is delivered to a reasonable standard • Job observations to confirm whether training and education information is transferable to workplace
		6. The training program is evaluated and reviewed.	<ul style="list-style-type: none"> • Workers confirm that a process is in place to evaluate OHS training relevant to their work area • System in place for measuring knowledge and competency (includes, for example, evaluation forms, records, orientation/training exams and quizzes) • Process for collecting feedback from

Elements	Standards	Indicators	Examples of evidence
		7. Supervision is undertaken by people with appropriate knowledge, skills and experience.	<p>supervisors and/or co-workers that training has provided worker with necessary competencies and that they are able to apply them to their work activities</p> <ul style="list-style-type: none"> • Safety and health performance criteria established for managers and supervisors • Safety and health management training for managers and supervisors • Workers confirm that supervision is appropriate to the work activity being undertaken and the levels of skill and knowledge of individuals
Monitoring & Evaluation	Effective program to monitor and measure OHS performance as it relates to the safe handling and management of antineoplastic agents.	1. Organization regularly monitors and measures activities that may cause injury or illness, using equipment that is appropriately calibrated, maintained and stored. 2. Monitoring program designed to collect data on leading and lagging indicators.	<ul style="list-style-type: none"> • Process and procedures have been established, implemented, and maintained to measure and track organization's performance against OHS objectives, targets and key indicators • Process and procedures are appropriately documented and comply with relevant OHS legislation • Data collected to evaluate effectiveness of new processes, to determine gaps and modify processes as needed • Documented plan of action for workers who are non-compliant with safe handling procedures • Mechanism to provide feedback to all internal stakeholders (e.g., nursing, and ancillary staff; senior medical staff; and executive leadership) on level of compliance <ul style="list-style-type: none"> • Proactive monitoring of whether the organization has achieved its targets, established performance criteria and objectives • Systematic inspection of work systems,

Elements	Standards	Indicators	Examples of evidence
			<p>premises, plant and equipment</p> <ul style="list-style-type: none"> • Identification, reporting and investigation of the following: work-related injuries, ill health (including monitoring of aggregate sickness absence records), diseases and incidents; losses (e.g., damage to equipment, property); deficiencies in OHS performance and OHS program failures • Statistical reports generated; annual statistics analyzed and action plan(s) developed, communicated and implemented • Compliance with applicable laws and regulations, collective agreements and commitments on OHS that the organization has subscribed to
	Health surveillance	3. Organization has identified those situations where worker health surveillance should occur	<ul style="list-style-type: none"> • Health of workers exposed to specific hazards monitored, where appropriate or required by legislation, through suitable medical monitoring or follow-up of workers for early detection of signs and symptoms of harm to health, to determine the effectiveness of prevention and control measures • Compliance with applicable laws and regulations