

**Tuesday, September 11th, 2012
9:00AM to 12:00PM, Room S118
Department of Labor and Industries in Tumwater**

Topic

Welcome and Introductions

Opening remarks Anne Soiza

Electing committee chair

Employer Representative – Large Health Care -Chair
Alex Truchot

Employee Representative Chair
Karen Bowman

Setting up future meeting dates

The committee will meet monthly for at least six months. The meetings will alternate between Tukwila and Tumwater.

The next meeting will be at Washington Pharmacy Association October 9th 9am to 12pm. The next meetings will be on the second Wednesday from 9am to 12pm.

November 14th will be the next day location to be announced.

Model programs

How do you want to go forward on these model programs?

Because this is new we would like to have a tiered approach. This can give us an idea of how to comply. This will allow groups to set up their safety programs and let us know what the variances are. We need to make sure that all needs are met.

We need decision logic tree.

Performance based in some places but not in all. Retail pharmacy is the small employer and that is a good place to start and small vet. This is the employers that will be in more in need.

Maybe have a code set up. Codes for different PPE needed for different drugs.

We did that in the Haz Waste industry.

We need to form sub committees. Larger hospitals will already have model programs it will be the smaller employers are the ones that will not have the set up already.

A template would be a good way to start. We need to know where the research of where NIOSH got there logic How did a drug get on the list?.

We should start with the minimum.

We need to address all of the drugs on the list. We are really working on this together. If you have a program and do not follow it then you will still be cited.

Since there is no MSDS for drugs. We will have to come up with something that works for all.

Where this may end up at the end is not the place we are going to be now. The most important thing is that we have all input.

Please feel free to call Pam if you have a subcommittee. Pam and the DOSH industrial hygienist are assigned to help you. Pam passed out a handout of what a program could look like.

We need to address new drugs.

Clinical research is covered.

How close are we on the 16 months? Is this going to change the dates or faze on these.

We can get together and do this or individually.

We need to find out what is the gap and do the gap analysis. There are individuals that have been working on this for years so we can work with them.

Those of you that have been working on this are you going to be willing to share this?

GH used to be unique but now we are currently sharing.

We could have some of your stuff on our website. We could remove names.

We need to make sure the information is in compliance.

If this is a tiered program that fits the rule. Whatever you come up with that fits the rule then we can go with that.

There are already programs that fit NIOSH guidelines. We need to make sure that they fit the rule.

The 2012 Niosh guidelines are already out of date.

Maybe the group can meet every year after this.

This committee will continue until you no longer need it after this.

This is a minimum law.

We need to look at what is the hazard? What is the drug? What is the form? We could use a grid to find out what are minimum requirements. I want to use what Virginia Mason uses.

Pharmacists do not have contact. Liquid Paxil doesn't have exposure unless digested. Maybe we may only need cleaning procedures for some.

Can we get data from Niosh to help us?

If we do come up with a chart then we need to figure out what is the cost of the things we need to comply.

We need to start small in a subcommittee to work on this as well.

The subcommittee will see what we can get from Niosh by the next meeting.

We need to form two subcommittees to come up with minimum requirements

Let's see who we can get together with those that are already working this.

How did Niosh create their lists. The subcommittee will reach out to the groups that is known to be working on this already.

The subcommittees will bring a presentation to the next meeting, a progress report.

What groups do we want to have here? Seattle Cancer Care Alliance, Swedish, Multi Care, Yakima Care, and others. Hospice, long term care.

Maybe they can share what has already been done.

If it is at this group a program will need to be sterilized. This will be subject to public disclosure.

Could Fred Hutch provide us information? Yes.

Do we need to be doing something else besides the subcommittees?

What would be the outcome of the review of the Niosh list information? It could help the tier. The real world information is that some of the list was included to be safe.

The list is the list it is a sample list so you will need to include those drugs that are not on the list.

References of the Niosh list. The subcommittee will work with Pam about what should be there that isn't on the list.

If it is in the rule it is a have to.

What is the risk? What is the category?

Risk specific instead of Drug specific. When we look at what is the formulation of this tier?

If there is no hazard then it is not included. The cow vet needs to be thought about. There is a larger volume.

Subcommittees will

Inventory of work done. Pam would like to be invited to the subcommittees. Lisa Parshley Chair of a subcommittee will find out what is the Niosh intent.

Is there anything we have missed?

This would be best to be one page or smaller to be useful. 250 drugs reduce the hazard to four or five categories and what is a minimum.

There may be three to five categories. What is the PPE needed. There may be a lot of lumping. There will be a few tiers.

Generally speaking people will do what is easiest.

It is on the list.

How is it digested? Employees that are in janitorial will also need to be addressed.

It needs to be easy. It has to be cost effective. It also needs to be all inclusive.

Will also talk to the compliance staff to come to the next meeting about the compliance issues. What is the way they will be doing?

Opt out clauses. What is doable? Do we need a third subcommittee?

Rule digest subcommittee. This is not something we are ready to do yet.

The Standards and Technical Services Senior Program Manager will talk to Compliance to see if we can meet before the next meeting.

We can have a regular staff from Compliance at the meetings.

The Standards and Technical Services Senior Program Manager will let the committee know what the compliance will be doing.

Michigan State has information because of an Niosh inspection. Lisa will share this information if they will let us.

Recap

Two sub committees one that Jeff Rochon is heading to find out what is being done. They next meeting the committee will have a report.

Lisa Parshley will chair a subcommittee to find out the intent of NIOSH to put drugs on the list.

The Standards and Technical Services Senior Program Manager will have some information on the compliance issue.

Next meeting will have the updates. No expectation of a deliverable.

The Standards and Technical Services Senior Program Manager will send out a list serve announcement.

When we have the list done will send out the next meeting date and location and the next six meeting will be scheduled.