

ADULTS-CLINICAL PROTOCOL – MUHC

(PROTOCOLE CLINIQUE - CUSM)

- Medication included No Medication included
- MCH MGH RVH MNH MCI LACHINE HOSPITAL CHSLD CAMILLE-LEFEBVRE

THIS IS NOT A MEDICAL ORDER

Title:	Administration of Intravesical Medication using Closed System Transfer Devices - Addendum to MSI Expertise Santé: Administration of Intravesical Medication
This document is attached to:	MSI: Administration of Intravesical Medication: Nursing Protocol MUHC Guidelines for Administration of High Alert Medications - Adult Sites MUHC Hand Hygiene Procedure MUHC Handling of regular, biomedical and pharmaceutical waste MUHC Independent Double Check (IDC) Protocol for High Alert Medications - Adult and Pediatric Sites MUHC Nursing Documentation Guideline MUHC Patient Double Identification Policy MUHC Procedure in the event of accidental spill and exposure to hazardous medications (G1 and G2)

1. DEFINITION AND PURPOSE

This addendum to [the MSI: Administration of Intravesical Medication: Nursing Protocol](#) outlines safe handling and administration of intravesical medication, including hazardous medication (HM), such as either chemotherapy or Bacillus Calmette-Guérin (BCG), using closed system transfer devices (CSTDs).

CSTDs are devices designed to prevent HM or vapors of HMs from escaping the system during preparation or administration. These types of devices should be used when preparing or administering intravesical HMs. CSTDs are comprised of various pieces that can be used together when administering intravesical HM. See [Appendix 1](#) for a list of the devices used at the MUHC for the administration of intravesical HMs.

Precautions should be instituted with the goals of **protecting healthcare professionals (HCPs) and of reducing contamination to the environment** (Refer to [Appendix 2](#): PPE tip sheet).

2. CARE GOALS

Goals of care include:

- Ensuring appropriate protection for healthcare professionals during the administration of intravesical HM while in hospital
- Minimizing environmental contamination



This procedure does not describe medication administration practices beyond the safe handling of hazardous medication. Refer to applicable procedures and protocols.

Follow usual procedures and protocols for double patient identification, infection control practices and independent double check.

3. PROFESSIONALS INVOLVED

Professionals are responsible for knowing the limits and extent of their practice as related to the particular protocol.

This procedure applies to all healthcare professionals (HCPs) working at the McGill University Health Centre (MUHC) involved in the administration of intravesical medications. This procedure does not describe preparation in the pharmacy department.

4. PATIENT POPULATION

This protocol applies to all adult patients receiving care at the MUHC, hospitalized or ambulatory, who require treatment involving the intravesical administration of medications including HMs.

5. PROCEDURE

General principles specifically for intravesical administration of hazardous medications

- A commercial spill kit must be readily available and easily accessible near the area where an intravesical HM is being administered.
- In the event of a spill of HM or biological fluid that is potentially contaminated with a HM, refer to: **“Procedure in the event of accidental spill and exposure to hazardous medications (G1 and G2).”**
- Intravesical HMs cannot be transported by the pneumatic tube system (PTS).
- Intravesical HMs prepared by the pharmacy are placed in plastic bags with zip closure. These are subsequently placed in a dedicated transport bag. When these medications are transported outside of the oncology day center to other care settings, the transport bag containing HM is additionally placed in a rigid transport container. The outside of the plastic bag with zip closure is not considered contaminated and can be handled without gloves.
- Appropriate personal protective equipment (PPE) as outlined in [Appendix 2](#) should be donned right before handling HM and doffed right after, prior to leaving the bedside.
- Ensure appropriate hazardous waste containers are available in the clinical setting for the disposal of used equipment and body fluids. Refer to the protocol [“Handling of regular, biomedical and pharmaceutical waste”](#) to ensure proper waste management and compliance.

- Intravesical administration of HM must be done in a room identified for this purpose with the aim of decreasing exposure risk and cross contamination.
- When administering intravesical HM, the HCP should start by completing all the tasks that do not involve HM(s). When preparing equipment for the administration of intravesical HM, always keep handling and preparing the HM as the last step whenever possible. This reduces environmental contamination.
- Unused prepared HM(s) (patient refusal, etc...) that have been brought to the patient's room must not be left in the patient's room. Refer to the protocol "[Handling of regular, biomedical and pharmaceutical waste](#)" for the appropriate way to discard the leftover medication.
- The HCP should check that all connections are secured tightly prior to administering the HMs to reduce risks of disconnections. If using a silicone catheter, ensure drainage or instillation port is dry (no urine) before connecting devices such as drainage bag or ChemoLock™ graduated connector to ensure proper grip.
- All handling actions must be carried out at waist level to minimize splashing onto the face.




Specifications when handling HMs:


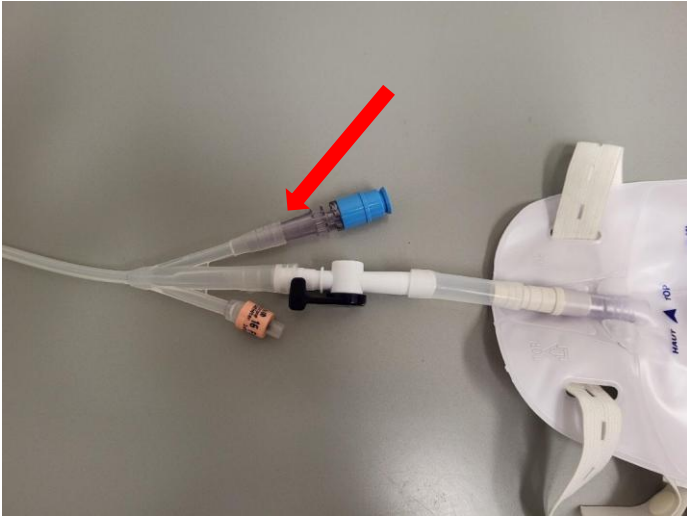
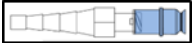
- In the care setting, HMs must be stored in a clearly labeled space dedicated for HMs.
- After handling a HM and doffing PPE, HCPs MUST wash their hands with soap and water. Soap and water remove hazardous drug residue that may be present on hands. Hand sanitizer does not remove HM residues.
- For the interval between the first G1 HM dose administered and 96 hours after the last HM dose administered:
 - For inpatient areas, a sign for precautions with biological fluids must be placed on the door of the patient's room and on the patient's chart. This sign indicates the required precautions for handling body fluids.
 - For ambulatory areas where high volumes of HM are administered, general signage may be placed in the clinical area.
 - Refer to [Appendix 3](#): Precautions for handling biological fluids sign.
- A purple identification bracelet is to be worn by the admitted patient receiving G1 HM. The bracelet indicates that precautions are required when handling biological fluids.
- Do not disconnect the CSTD element from any supply (syringe, catheter) used during the administration of intravesical HMs unless there is no other option (i.e. 2-way catheter must be inserted AND sequential treatment is given) as this will open the closed system.

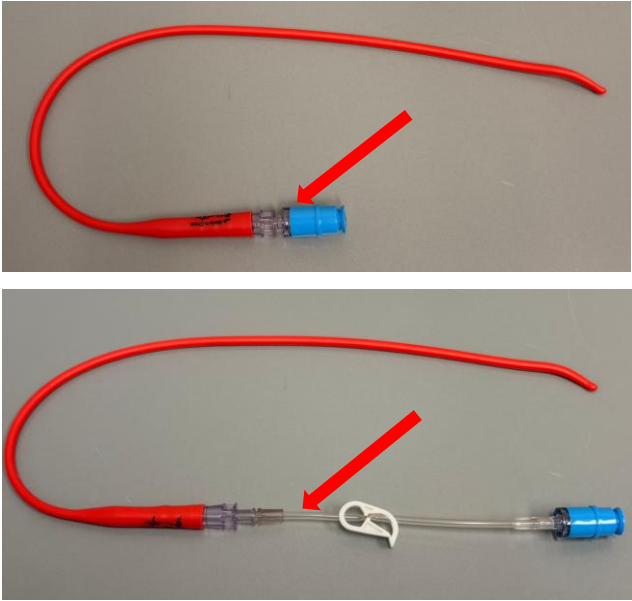

Using ChemoLock™ devices ([Appendix 1](#)):


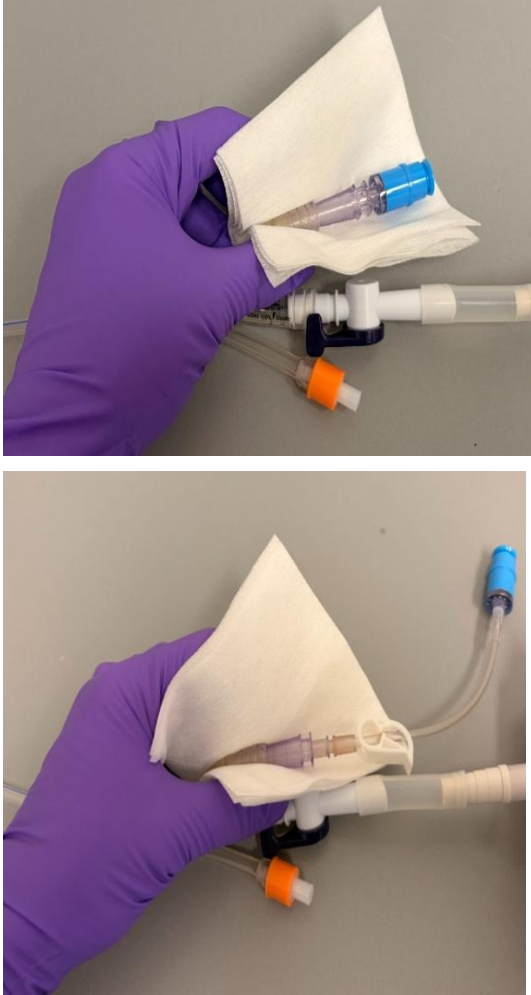
- These devices are CSTDs that provide a needle-free connection during the administration of HMs.
- They require a “click-to-lock” connection which ensures the devices cannot be disconnected involuntarily.
- HCPs should follow the [MUHC Hand Hygiene Procedure](#) and proper aseptic non-touch technique (ANTT) when handling these devices in order to decrease risks of infection.



Administration of Intravesical Medications		
Equipment needed for intravesical administration		
<ul style="list-style-type: none"> • PPE according to the medication being administered (Refer to Appendix 2: PPE tip sheet) • Disposable incontinence garment if needed • Disinfectant wipes • Material necessary for the insertion of a urinary catheter • 1 Bard Flip-Flo valve when an indwelling catheter inserted • Urinary drainage bag with anti-reflux valve when an indwelling catheter must be inserted or is already installed • 2 disposable plastic-backed absorbent pads • 4X4 sterile gauze • Chlorhexidine/alcohol swabs (CHG/alcohol swabs) • 2 x sterile 10ml syringes • 2-3 ChemoLock™ injectors (Refer to Appendix 1: CTSDs at the MUHC) • Protective cap if necessary • Biohazard bag if necessary • G1 Hazardous waste container if necessary • Biohazard waste container • Syringe containing intravesical medication with CSTD injector with red cap (CL2000-RC), prepared by the pharmacy. Add a CSTD injector (CL2000S-RC) to medication syringe containing non-hazardous medication if it was not supplied by pharmacy ensuring medication is compatible with CSTD • For medication: 1-2 graduated connectors with ChemoLock™ Port (Refer to Appendix 1: CTSDs at the MUHC) • For BCG: 7.5”(19 cm) Extension Set w/ChemoLock™ Port, Clamp, Graduated Adapter (CL3967) (Refer to Appendix 1: CTSDs at the MUHC) • Injector (for CBI line) 		
Actions		Justifications/Precautions
1.	At the bedside, clean the work surface with a disinfectant wipe. Allow the surface to dry and then place a plastic-backed absorbent pad on it.	The pad will reduce the risk of contamination of the work surface by the HM.

Actions		Justifications/Precautions
2.	Verify integrity of intravesical medication container. If it is not intact or if there is presence of fluid in the transport bag, do not open and advise pharmacy.	
3.	Gather the required equipment listed above, the medication and appropriate PPE, and bring them to the bedside. Place transport bag containing HM on plastic backed absorbent pad on the work surface.	Keep hazardous medication in transport bag/container at bedside to reduce environmental contamination. Required PPE is based on the HM being administered. Refer to Appendix 2 : PPE tip sheet.
4.	Perform hand hygiene.	
5.	<p>Prepare a sterile 10 mL post-medication-administration syringe filled with air using ANTT:</p> <ul style="list-style-type: none"> Pick up a sterile 10 mL syringe and pull back plunger to the 4 mL mark to draw in air.  <ul style="list-style-type: none"> Connect a CSTD injector to the sterile 10 mL syringe. Grasp syringe and twist the CSTD injector straight into the syringe's tip until a click is heard and it rotates freely. The CSTD injector is now permanently attached to the syringe 	<p>Injecting the appropriate amount of air into the CSTD and the urinary catheter ensures the full medication-dose is delivered. Flushing with any solution is contraindicated because it dilutes the medication.</p> 
6.	Ensure a pique as well as a plastic-backed absorbent pad or disposable incontinence garment are under the patient's perineal area.	In the case of leakage, the pad will reduce the risk of contamination of the environment.
7.	Perform hand hygiene.	Refer to MUHC Hand Hygiene Procedure .

Actions		Justifications/Precautions
8.	<p>Using sterile technique, insert the appropriate urinary catheter into the patient and allow urine to drain completely, assessing characteristics of the urine before administering the medication.</p> <p>If a patient arrives at the clinic with an indwelling catheter, a new drainage bag must be attached before administration of HM.</p>	Administration of intravesical medication into an empty bladder decreases the dilution of the medication.
9.	<p>For a 3- way catheter, using aseptic technique, insert the Flip-Flo valve in the drainage lumen ensuring the valve is in the closed position. Attach the drainage bag.</p> 	Closing the valve before administering intravesical HM ensures that the medication remains in the bladder for therapeutic effect. If the valve is left open, the medication will drain into the collection bag through the tubing, reducing efficacy and compromising treatment outcomes.
10.	<p><u>Administration of intravesical medication using an indwelling catheter:</u></p> <p>Using aseptic technique, insert the tip of the graduated connector with port (CL3900) into the instillation lumen of the urinary catheter.</p> 	

Actions		Justifications/Precautions
11.	<p><u>Administration of intravesical medication or BCG using an intermittent catheter:</u></p> <p>Using aseptic technique, insert the tip of the graduated connector with ChemoLock™ Port (CL 3900) or the tip of the graduated connector of the extension set with ChemoLock™ Port (CL3967) into the drainage lumen of the urinary catheter.</p> <p>Squeeze the clamp closed if using the extension set with CSTD port.</p> 	 <p>When the catheter is shorter, installation of the extension set with the CSTD port increases the distance between the nurse and the medication, making administration safer. It can also provide better ergonomic control when administering HM while using an intermittent catheter. The added separation also reduces risk of biohazard exposure.</p>
12.	Place a disposable plastic-backed absorbent pad under the connection between where the administration system and the urinary catheter will be placed	In the case of unexpected leakage, the pad will reduce the risk of contamination.
13.	Doff gloves. Perform hand hygiene.	Refer to MUHC Hand Hygiene Procedure .
14.	Don appropriate PPE.	<p>The surface of the syringe containing intravesical HM is considered potentially contaminated with HM so handle with appropriate PPE.</p> <p>Required PPE is based on the medication being administered. Refer to Appendix 2: PPE tip sheet.</p>

Actions		Justifications/Precautions
15.	<p>Remove the medication from the plastic bag with zip closure, and transport bag (if applicable), and place it on the plastic-backed absorbent pad that is on the work surface. Keep transport bag to discard used equipment.</p> <p>The intravesical HM will come from pharmacy connected to a primed CSTD injector with a red protective cap.</p> 	
16.	<p>Using the non-dominant hand, wrap the connection site between the catheter and the graduated connector with ChemoLock™ Port (CL3900) or graduated connector of the extension set with ChemoLock™ Port (CL3967) with a dry, sterile 4 X 4 gauze to absorb any potential leaks.</p> 	<p>Observation of leakage during administration of antineoplastic agent would initiate troubleshooting.</p>

Actions		Justifications/Precautions
17.	Using the dominant hand which has not touched the catheter, disinfect the CSTD port with CHG/alcohol swab for 15 secs and let dry completely.	
18.	Using the dominant hand, hold the syringe containing the intravesical medication with the CSTD injector and remove red protective cap from end of CSTD injector. Attach the CSTD injector on the syringe containing the medication to the CSTD port. Push straight together until an audible click is heard which confirms a secure connection.	Always handle the HM at waist level to minimize the risk of splashes to face 
19.	For intravesical administration of BCG using the graduated connector of the extension set with ChemoLock™ Port (CL3967) , open the clamp on the extension set connected to the CSTD port.	
20.	While holding the gauze in place at the connection site between the catheter and the graduated connector, slowly and continuously instill the complete dose of medication into the bladder. If using the graduated connector of the extension set with ChemoLock™ Port (CL3967) for the administration of BCG, clamp the extension set after instilling the complete dose of medication.	
21.	Disconnect the CSTD injector connected to the medication syringe from the CSTD port by pressing the release clips on the CSTD injector. Dispose the medication syringe into the appropriate waste container.	
22.	Disinfect CSTD port on the graduated connector with a CHG/alcohol swab for 15 seconds and let dry completely.	
23.	Connect the post-administration syringe filled with air to the catheter by connecting the CSTD injector to the CSTD port. Push straight together until an audible click is heard which confirms a secure connection.	
24.	Ensure gauze remains in place wrapped around the connection site between the catheter and the graduated connector with ChemoLock™ Port (CL3900) or graduated connector of the extension set with ChemoLock™ Port (CL3967) to absorb any leaks.	

Actions		Justifications/Precautions
25.	For intravesical administration of BCG using the graduated connector of the extension set with ChemoLock™ Port (CL3967) , open the clamp on the extension set connected to the CSTD port.	
26.	Instill appropriate amount of air to allow emptying of the contents of the catheter for full administration of medication.	At time of removal of catheter, injection of air also limits the risks of splashes during removal process.
27.	In the case the patient is receiving sequential treatment or is incontinent of urine, the catheter remains in place for the appropriate dwell time. In the case the catheter is to be removed immediately following instillation of medication, proceed to step 33.	
28.	Doff PPE and dispose in the biohazard bag, biohazardous waste container or G1 hazardous waste container.	
29.	Wash hands with soap and water.	Soap and water removes HM residue that may be present on hands.
30.	After the prescribed dwell time of the intravesical medication has elapsed, perform hand hygiene and don appropriate PPE.	Required PPE is based on the medication being administered. Refer to Appendix 2 : PPE tip sheet.
31.	Open Flip-Flo valve and completely drain urine/medication into drainage bag. Close Flip-Flo valve on drainage bag.	
32.	If administering a second intravesical medication, repeat steps 15 through 31 to complete administration of the second medication.	

Actions		Justifications/Precautions
33.	<p>For the removal of catheter used for administration of medication:</p> <ul style="list-style-type: none"> • If an indwelling catheter in place, deflate balloon using a sterile 10 ml syringe. • Place a 4 X 4 gauze at the level of the urinary meatus during the removal of the catheter to absorb any potential leaks. Bend the urinary catheter to prevent reflux of urine • Remove the entire catheter set-up in one piece. Ensure to do the removal over the plastic-backed absorbent pad. • Place the catheter setup on the plastic-backed absorbent pad. <p>If an indwelling catheter must remain in place, the drainage bag must be replaced:</p> <ul style="list-style-type: none"> • 96 hours after a G1 HM was instilled. • 7 days after BCG was instilled. 	
34.	Discard both plastic-backed absorbent pads and contents in the transport bag or a biohazard bag then dispose in the appropriate waste container.	
35.	Doff PPE and dispose in appropriate waste container.	
36.	Wash hands with soap and water	Washing hands with soap and water effectively removes HM residue that may be present.
37.	Provide patient with washcloth and ask that they wash their urinary meatus with soap, rinsing well with water. Support patient as required. If there is a risk of any degree of incontinence, request patient to wear a disposable incontinence garment.	

6. DOCUMENTATION IN CHART

- The medication administered must be immediately signed in the CMAR. Before administration, independent double checks of medication must be completed and documented as per protocol: [“Independent Double Check \(IDC\) Protocol for High Alert Medications - Adult and Pediatric Sites”](#).
- Document medication on intake/output documentation sheet/section in patient chart if required.
- Any adverse reactions should be documented in the nursing notes, and the medical or prescribing team must be advised.
- Document education provided to patient/caregiver.

7. PATIENT/CAREGIVER EDUCATION

Education to the patient needs to be provided when administering intravesical HM, minimally, but not limited to:

- Staff must assist the patient to ensure safe position changes (e.g., avoid disconnection, reposition the drape) during dwell time of intravesical HM.
- To reduce environmental contamination and exposure to others, patients are encouraged to use restroom facilities at home when urinating whenever possible.
- Urinate while seated to prevent splashes.
- Close the lid of the toilet and flush twice.
- Wash hands and genitals very carefully with soap and water after each void
- Be aware of the **96h period of G1 HM** presence in biological fluids and taking appropriate precautions to prevent exposure to others.
- For the **first 6 hours following intravesical BCG treatment, starting from the first void after instillation of BCG**, the patient must be taught to:
 - Add 250-500 ml of sodium hypochlorite to the toilet bowl
 - Add sodium hypochlorite to the toilet bowl after urinating. Close the lid and leave solution in the toilet bowl for 15 minutes before flushing.
 - Repeat each time the toilet is used during this 6-hour period.
 - Avoid getting urine on their skin. Any area of skin in contact with urine should be washed thoroughly with soap and water
 - Urine splashes should be wiped up with strong disinfectant or diluted sodium hypochlorite (2 tablespoons per 1 cup of water).
- If an indwelling catheter must remain in place following intravesical administration of HM, the drainage bag must be replaced:
 - 96 hours after a G1 HM was instilled.
 - 7 days after BCG was instilled.
- Understanding the reason for a purple identification bracelet and poster (inpatients only).

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10. APPROVAL PROCESS

Committees	Date approved [yyyy-mm-dd]
<input type="checkbox"/> Adult Clinical Practice Review Committee (CPRC)	2026-01-22
<input type="checkbox"/> Adult Pharmacy and Therapeutics (P&T) (if applicable)	
<input type="checkbox"/> Table des directeurs (if applicable)	

11. REVIEW DATE

To be updated in maximum 4 years or sooner if presence of new evidence or need for practice change

12. REFERENCES

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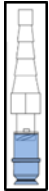
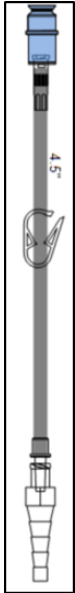
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Clinical Protocol: Administration of Intravesical Medication using Closed System Transfer Devices 30 mars 2026
Revision date: due march 2030

Appendix 1: CSTDs used for the intravesical administration of HM at the MUHC

GRM	Name and REF#	Description	Picture
<p>1061064 (1062337 with red cap)</p>	<p>Spinning ChemoLock™ injector CL-2000S-RC</p>	<ul style="list-style-type: none"> • Can be connected to the end of a tubing or syringe • Locks on - cannot be removed • Spinning design prevents accidental disconnection during hazardous medication administration • Priming volume: 0.34 mL 	
<p>1061067</p>	<p>Graduated Connector w/ ChemoLock™ Port CL 3900</p>	<ul style="list-style-type: none"> • Volume of port: 0.1 mL 	
<p>1061068</p>	<p>7.5" (19 cm) Appx 1.5 ml, Ext Set w/ ChemoLock™ Port, Clamp, Graduated Adapter CL 3967</p>	<ul style="list-style-type: none"> • Tubing volume: approximately 1.5 mL • Volume of port: 0.1 mL 	

Appendix 2: PPE tip sheet

Safe Handling of Hazardous Medications (PARENTERAL route ^a)

a Parenteral route (what is NOT the enteral route):

- **injection**: IM, IV, SC, epidural, intra-arterial, intra-articular, intracardiac, intracavernous, intradermal, intraocular, intra-ophthalmic, intra-osseous, intraperitoneal, intrapleural, intraspinal, intrathecal, intra-uterine, intraventricular, intravesical, intravitreal, urethral.
- **irrigation**: intraperitoneal, intrapleural, intravesical.
- **inhalation**: endotracheal, inhalation, nebulisation.
- **Topical**: (cream, ointment, gel, drops, strips): topical, ophthalmic, otic, intranasal, intravaginal.

PREPARATION ^b (parenteral route)		Gloves « chemo »	Gloves regular	Gown « chemo »	Gown regular	Facial protection		Respiratory protection
								 N95
Injection, irrigation, inhalation, topical	G1 ^c	2 pairs		✓		✓	∅	✓
	G2 G3		1 pair		✓	✓	∅	✓

b Preparation:

- The term preparation refers here to the steps that precede the actual administration of the medication, steps that lead to a format ready to administer and that are normally not executed at patient's bedside (ex: vial reconstitution, syringe withdrawal, tubing installation on bag). (Example of steps at bedside (administration): connection with other tubings and priming.)

c Protection for G1:



- A G1 injectable medication is normally always prepared by pharmacy. But exceptionally, it may be prepared by the nursing or medical personnel. In that case, follow the protection recommendations found in the table above.

ADMINISTRATION (parenteral route)		Gloves « chemo »	Gloves regular	Gown « chemo »	Gown regular	Facial protection		Respiratory protection
								 N95
Injection	G1	2 pairs		✓		✓ ^d or	✓ ^d	∅
	G2 G3		1 pair		✓			
Inhalation / nebulization / irrigation ^e	G1	2 pairs		✓		✓	∅	✓
	G2 G3		1 pair		✓			
Topical (cream, ointment, drops)	G1	2 pairs		✓		✓ ^d	∅	if liquid
	G2 G3		1 pair		✓			

d Facial protection:

- If splash risk.






e If irrigation HIPEC (Hyperthermic intraperitoneal chemotherapy):

- Wear Shoe Covers (2 pairs)  and Cartridge Mask  as Respiratory protection.

Tip-sheet:

Final approval: MUHC Hazardous Medication Committee (March 2025)
Adapted from the **Prevention Guide, Safe Handling of Hazardous Drugs, ASSTSAS, 2021**

PPE for Administration of BCG and non-hazardous medication

Administration (parenteral route)	Gloves Regular 	Gown Regular 	Facial Protection 	Respiratory Protection 	Shoe Covers 
BCG	1 pair		✓	N95 mask	1 pair
Non-Hazardous	1 pair		✓		

Appendix 3: Precautions for handling biological fluids sign

<p>PRÉCAUTIONS AVEC LES LIQUIDES BIOLOGIQUES Après administration d'un médicament dangereux du groupe G1</p>	<p>PRECAUTIONS WITH BIOLOGICAL FLUIDS After administration of hazardous medication in group G1</p>	
<p>Pendant 96 heures après que le patient ait reçu la dernière dose</p>	<p>For 96 hours after the patient received the last dose</p>	
<p>REVÊTIR L'ÉQUIPEMENT DE PROTECTION LORS DE LA MANIPULATION DES LIQUIDES BIOLOGIQUES</p> <ul style="list-style-type: none"> ▶ Blouse de protection de chimiothérapie ▶ 1 paire de gants de chimiothérapie (mettre 2 paires pour manipulation de la literie visiblement souillée) ▶ Protection faciale si risque d'éclaboussure 		<p>PUT ON PROTECTIVE EQUIPMENT WHEN HANDLING BIOLOGICAL FLUIDS</p> <ul style="list-style-type: none"> ▶ Protective chemotherapy gown ▶ 1 pair of chemotherapy gloves (use 2 pairs to handle visibly soiled linen) ▶ Splash-proof face protection
<p>GESTION DES LIQUIDES BIOLOGIQUES</p> <ul style="list-style-type: none"> ▶ Vider les liquides biologiques dans le macérateur ou la toilette ou lingerie ▶ Tirer la chasse d'eau deux fois (sauf au site Glen qu'une seule fois) ▶ Solidifier les liquides et les jeter dans les déchets G1-dangereux 		<p>MANAGEMENT OF BIOLOGICAL FLUIDS</p> <ul style="list-style-type: none"> ▶ Empty biological fluids into the macerator or toilet ▶ Flush twice (except at the Glen site only once) ▶ Solidify liquids and dispose in G1-Hazardous waste
<p>JETER DANS LES DÉCHETS G1-DANGEREUX</p> <ul style="list-style-type: none"> ▶ Culottes d'incontinence et couches jetables ▶ Équipements de protection jetables utilisés 		<p>DISPOSE IN G1-HAZARDOUS WASTE</p> <ul style="list-style-type: none"> ▶ Incontinence underwear and disposable diapers ▶ Disposable protective equipment used
<p>LAVAGE DES MAINS AVEC EAU ET SAVON</p>		<p>HAND WASHING WITH SOAP AND WATER</p>
<p>Consulter la procédure lors de déversement et d'exposition accidentelle à des médicaments dangereux.</p>		<p>Consult the procedure in the event of accidental spill and exposure to hazardous medication.</p>
<p>LIT N° BED N°</p>	<p>DATE ET HEURE DE DÉBUT START DATE AND TIME</p> <p>(AAYY/MM/JD) (00:00)</p>	<p>DATE ET HEURE DE FIN ENDING DATE AND TIME</p> <p>(AAYY/MM/JD) (00:00)</p>
<p>DM-6945 (REV 2025/07/30) MUHC Repro CUSM G2-000034</p>		

