UKONS
Oncology Nursing Society

Systemic Anti-Cancer Therapy (SACT) Competency Passport

Oral, intravenous, subcutaneous and intramuscular SACT administration for adult patients

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Foreword

We are delighted to introduce this Systemic Anti-Cancer Therapy (SACT) Competency Passport. We believe that it will transform the way cancer nurses are trained to administer SACT in London.

This passport was initiated by London's lead cancer nurses, led by Catherine Oakley, Chemotherapy Nurse Consultant, from Guy's and St Thomas' NHS Foundation Trust; in partnership with United Kingdom Oncology Nursing Society (UKONS) and Capital Nurse.

Different training and assessment standards for roles in SACT across London, meant that training was often inconsistent and valuable time and money was spent retraining nurses.

This exciting passport is a first for a nursing specialism in London. The potential benefits are substantial. The passport will ensure SACT training is consistent, up-to-date and will standardise knowledge and best practice across London, as well as giving nurses a professional confidence boost and greater job satisfaction.

Once nurses have their passport training they can then move freely between employers, without the need for any retraining, which may result in savings and could help reduce waiting times for patients to be treated.

SACT treatments can be a very anxiety provoking time for patients, their families and friends. This passport will ensure that patients will benefit from high quality nursing care that is equally focused on safe drug delivery and supportive care – helping patients and their families manage both the psychological and the debilitating physical effects of SACT.

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September 2017

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1.1 Introduction

Welcome to the UK Oncology Nursing Society (UKONS) Competency Passport for the Safe Handling and Administration of Systemic Anti-Cancer Therapy (SACT). This document provides a competency and assessment framework for the administration of oral, intramuscular, subcutaneous and intravenous SACT for adult patients. It was initiated by London Lead Cancer Nurses and supported by CapitalNurse to standardise theoretical knowledge and competency of SACT nurses who may move between NHS trusts and partner organisations. The purpose is to provide a high quality tool that is recognised as a passport between participating organisations. Developed by an expert nursing panel, feedback has been incorporated from educationalists, oncology pharmacists, a patient and SACT nurses (assessors and those in training) from eight London trusts who piloted the competency passport during August 2017. Consultation suggests the current version is applicable to radiographer practice. UKONS intends to review and develop the document within a year of implementation. This will include further exploration of application to nursing, radiographer and pharmacist practice.

SACT treatment can be complex and put patients at risk of significant and potentially fatal toxicities. There are also risks to those who handle SACT from occupational exposure if control measures are inadequate (HSE 2017). It is essential that staff are trained and assessed as competent to safely administer SACT (HSE 2017). Supporting patients and their carers during SACT is as important as safe drug delivery. Patients are often fearful of a cancer diagnosis and of SACT treatments. Many struggle to manage the physical and psychological consequences of SACT and the associated disruption to normality (home and work lives).

There are three steps to competency attainment:

- Step one involves completion of the relevant theoretical sections, which serves as ‘The Passport’, and is not required to be repeated. The theoretical section is designed to be marked either by a clinician in practice e.g. practice educator or a course module leader.
- Step two requires completion of the relevant clinical practice competency sections.
- Step three involves completion of the annual reaccreditation certificate.

UKONS welcomes feedback on any element of this document, as we recognise SACT care continuously evolves and patients’ needs change. The feedback mechanism is via the UKONS SACT Members Interest Group (MIG).

1.2 Scope

The document provides a national standardisation of competence for the fundamental skills and knowledge required to safely handle and administer SACT. It is designed for clinicians handling and administering SACT and treating adult patients, e.g. nurses and radiographers. There is a particular focus on patient education/self-care. After completing this work-based competency clinicians will continue to develop their practice, which may include: Acute oncology care following SACT, the management of medium and longer-term toxicities, and more detailed knowledge on drug modalities of action.

The following are not covered in this document (although they are due to be covered in future publications): Specialised/less common routes of administration, e.g. intravesical, inhalation, isolated limb perfusion, intraperitoneal, topical, participating in the checking of intrathecal

chemotherapy. UKONS suggest that clinicians administering via these specialised routes complete the theoretical component (Step One).
The management of potential SACT-related acute emergencies is covered in this document (e.g. neutropenic sepsis, electrolyte imbalance, hypersensitivity/anaphylaxis, extravasation and tumour lysis syndrome). UKONS expects clinicians who administer SACT to have the knowledge and skills to recognise and escalate presenting concerns or commence treatment related to these areas.

Clinicians only need to complete the aspect pertinent to their role. Assessor professional discretion may be needed in certain instances, e.g. haematology nurses not completing optional scalp cooling questions. On transfer to another area the new employer has a responsibility to review the presented theoretical section and assess currency of answers and application in the new employment setting. It is recognised that some clinicians will only ever handle and administer a limited range of drugs via a single route, thus the document has been divided into the routes of administration.

It is recommended (but not mandated) that if a clinician named on the SACT register has not already completed the theoretical component (Passport) this should be undertaken and marked by an assessor at the point of re-accreditation.

Objectives are provided for Step One: The theoretical assessment section, to provide evidence of the work-based learning expected (see appendix 2). Therefore, UKONS encourages academic providers to adopt this document, as a part of SACT related modules.

1.3 Glossary of terms

Systemic Anticancer Therapy refers to all drugs, irrespective of their route of administration, with direct anti-tumour activity, including traditional cytotoxic chemotherapy such as cyclophosphamide, hydroxycarbamide, small molecule/antibody treatments such as imatinib, rituximab, immunotherapies such as nivolumab, ipilimumab and other agents such as interferon, thalidomide or lenalidomide. It DOES NOT include hormonal or anti-hormonal agents such as tamoxifen and anastrazole or intrathecal cytotoxic chemotherapy (ITC).

The term **Assessor** has been used throughout and can be interpreted according to local practice, e.g. the Assessor or Marker for the Theoretical Section and the Clinical Practice Section may differ. Guidance for assessors may be found at appendix 1.

The term **Clinician** has been used throughout and refers to nurses and radiographers who complete the theoretical section (Step One) and are assessed as competent to administer SACT (Step Two and Step Three).

1.4 Prerequisite competencies

Prior to the administration of SACT by any route prerequisite competence, as identified in local policies related to medicines management and SACT, should be completed. UKONS recommends for intravenous SACT administration prerequisite competencies include:

- Care and management of peripheral devices and central venous access devices (as applicable to role) including assessment of cannula gauge, and length for planned treatment, as well as vascular access device site and patency.
- Infusion device usage relevant to skill
- Calculations for medicines administration, i.e. correct dosing and infusion rate.

1.5 Prerequisite theoretical learning

Before clinicians complete the Passport, they should have received work-based education or attended a locally designed training day/programme, or a university module, which covers the following core knowledge components:

- What is cancer?
- How SACT drugs work
- Routes of SACT administration
- Patient assessment
- Toxicities of SACT
- SACT safe handling and administration
- Legal and professional Issues
- Prophylactic/supportive/rescue interventions
- The psychosocial impact of SACT treatment
- Patient education and self-care advice
- Advancing SACT practice – what is next?

1.6 Professional responsibility

Personal and professional accountability surrounding medicines management as determined by the clinicians governing body e.g. Nursing and Midwifery Council (NMC 2015) should be adhered to when completing this document.

1.7 Assessment process

Attaining Competence: Theoretical (The Passport) and Clinical Practice

Any registered clinician who is employed in a role that requires them to administer SACT should undertake the theoretical sections relevant to their role (i.e. expected routes of SACT administration). If a clinician's role changes, requiring administration via a different route, they should complete the associated relevant route section. All registered clinicians, regardless of level of practice, should demonstrate competency and maintain evidence of their SACT practice, including annual re-assessment. The clinical practice assessment documents provide evidence of learning and supervised practice. They will be kept by both the manager and clinician and can be used to inform professional revalidation. The steps to accreditation are detailed below and in Figure 1.

Step One: Complete the Passport (Theoretical Section)

The overall aim of the Passport is to ensure that clinicians involved in handling and administering SACT have a minimum level of knowledge prior to undertaking practice. The theoretical section (Passport) should be completed during a probationary/supernumerary period and before the clinical practice assessment, because the theory assessed in the theoretical assessment section underpins clinical practice. Passport completion ideally would be conducted concurrently with supervised practice to enable application of theory to practice. Pilot work shows completion of the theoretical sections takes approximately 22.5 hours.

The clinician should use a variety of resources, including local policies and learning materials, whilst also collaborating with experienced SACT staff to inform their answers. Signposting and

resources are found after each question. The completed theoretical section should be given to the assessor for marking and will be used as discussion/questioning points for the theoretical aspect of the clinical practice assessment. The assessor may expand during questioning to support their decision in signing off the theoretical aspect of the competency assessment.

Step Two: Clinical Practice Assessment Section

The clinician is expected to initially practice SACT handling and administration under direct supervision to gain competence and confidence. A clinician named on the trust SACT register should provide supervision, and be physically present, able to observe the trainee clinician and assist as required. Local policies will identify time frames for competency completion. There is an option for clinicians to complete the pre-treatment consultation competencies after consolidating SACT administration practice and understanding of patients' experiences.

To practice competently clinicians should demonstrate safety and skill in the handling and administration of SACT underpinned by theoretical knowledge. They should demonstrate ability to identify potential complications and propose action plans in accordance with national guidelines. Following completion of the Theoretical Assessment (Passport) and Clinical Practice Assessments the Competence Certificate will be completed and the clinician's name can be added to the Trust SACT register.

Step Three: Annual Reaccreditation

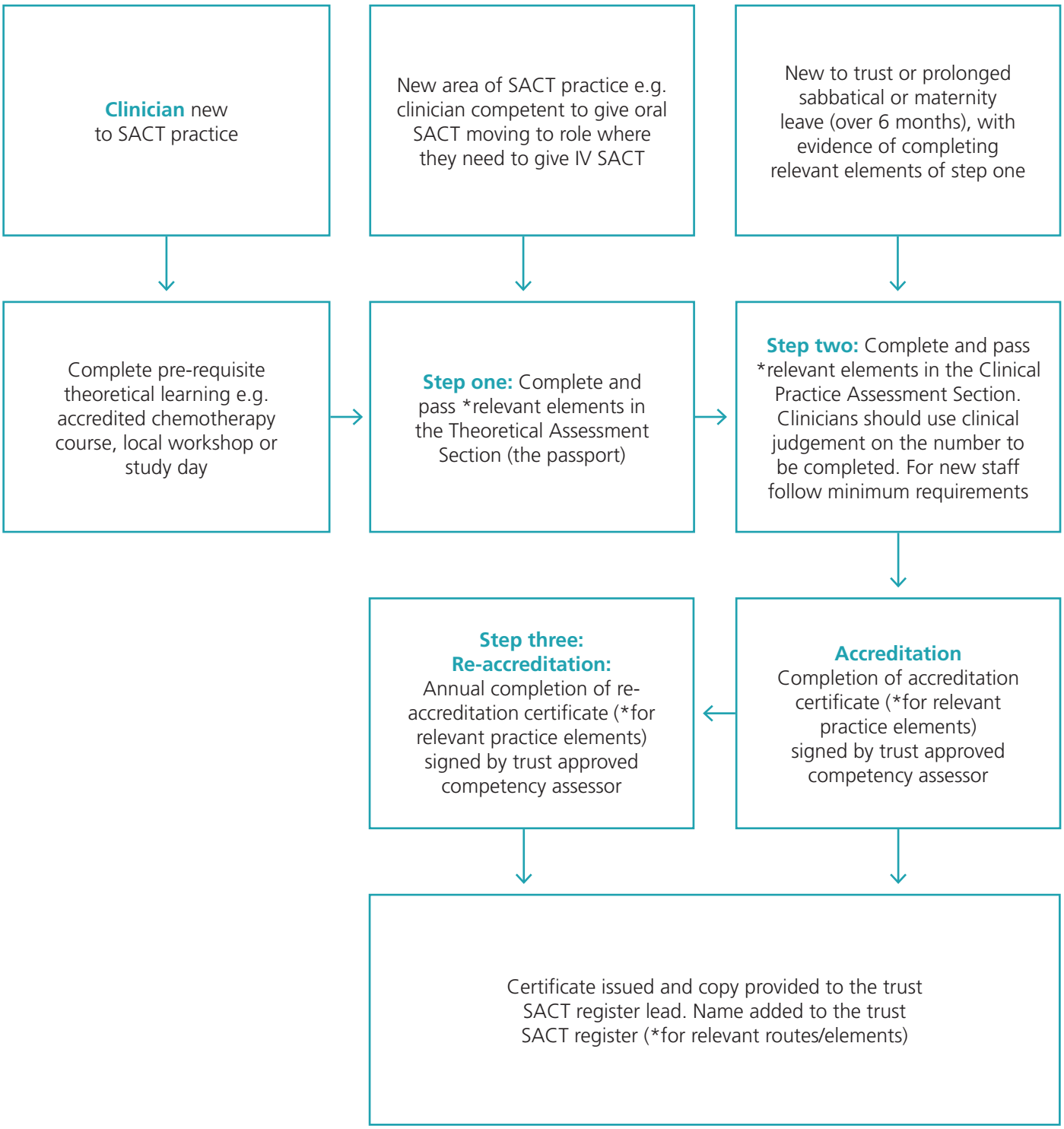
Annual competency is achieved by completing the reaccreditation certificate with a Trust approved SACT assessor. The Trust Approved Assessor competency certificates are found in appendix 3. The practice assessment criteria should be used to benchmark practice against when reaccrediting.

1.8 Sections to be completed

2.1, 2.5, 2.6 & 3.7.1	All clinicians regardless of route or specialty
2.2 & 3.7.2	Administering oral SACT
2.3 & 3.7.3	Administering intramuscular (IM) or subcutaneous (S/C) SACT
2.4 & 3.7.4	Administering intravenous (IV) SACT
3.7.5	Pre-treatment consultation all routes
3.7.6	Pre-treatment consultation oral

Figure 1.

Systemic Anti-Cancer Therapy (SACT) Handling and Administration Competency Pathway



Names will be removed from the register 12 months after the date of certification, unless there is evidence of successful re-accreditation.

* Relevant practice elements include oral, intramuscular, subcutaneous, intravenous routes of administration.

2.0 Step One

Theoretical Assessment Section
(The Passport)

Date Passport Commenced	
Clinician Name	
Clinician Designation	

2.1 Safe Handling and administration
2.1.2 Safe administration/Fitness to treat
2.1.3 Patient education, preparation, and self-care
2.1.4 SACT spillages
2.1.5 Oncology emergencies
2.2 Administering oral SACT
2.3 Administering intramuscular or subcutaneous SACT
2.4 Intravenous SACT
2.4.2 Infiltration and extravasation (oncology emergency)
2.4.3 Hypersensitivity/Anaphylaxis
2.4.4 Hair loss/scalp cooling (optional questions/role specific)
2.5 Regimen exercise: Commencement of theory to practice
2.6 Reflective account
2.7 Theoretical assessment signature page

2.1 Safe handling and administration

2.1.1 Safe handling

2.1.1.1. Describe what cytotoxic waste is and the safe handling precautions you would take when storing and handling cytotoxic drugs. (Local policies related to Waste and Personal Protective Equipment; HSE 2015; HSE 2017; ISOPP 2007; Polovich et al. 2014)

Cytotoxic Waste	
	Precautions
Handling: Personal Protective Equipment	

2.1.1.2 State the four main routes of absorption of SACT for staff when handling SACT. (HSE 2017; ISOPP 2007; Department of Health and Human Services 2004)

1	
2	
3	
4	

2.1.1.3 Identify tasks when a clinician could be potentially exposed to cytotoxic agents. (Local Chemotherapy/SACT Treatment Policy; ISOPP 2007; Department of Health and Human Services 2004)

Handling waste e.g. vomit, urine, stool, blood	
Transporting and waste disposal	
Cleaning up a spillage	

2.1.1.4 Outline the three ways in which cytotoxic agents have been reported to be toxic to treated patients and in animal models, i.e. the reason personal protective equipment must be worn for handling hazardous drugs. (Local Chemotherapy/SACT Treatment Policy; ISOPP 2007; Department of Health and Human Services 2004)

1	
2	
3	

2.1.1.5 Explain why SACT that requires reconstitution is performed in a pharmacy department as opposed to a patient treatment area. (HSE 2015; Polovich et al. 2014)

2.1.1.6 Outline how SACT made in pharmacy should be transported and where cytotoxic drugs should be stored on the ward/unit. (ISOPP 2007; HSE 2015)

Transporting	Storing

2.1.1.7 Identify the key actions that limit exposure and ensure safe disposal of waste. (Clinical Reasoning)

2.1.1.8 Describe how cytotoxic waste/unused drugs and patient excreta should be disposed of in a clinical setting. How should they be labeled and where should they be stored prior to collection? (Local Waste Policy; ISOPP 2007; Department of Health and Human Services 2004)

Type of waste, labeling and storage	Where do you place, when to replace, and how to secure/ close?
All sharps, syringes and unused/unwanted/expired cytotoxic medication (including infusion bags that contain a volume of SACT)	
All other items used in the preparation, administration and handling of SACT, e.g. intravenous administration sets AND waste contaminated with cytotoxic medicines which is of a disposable nature, e.g. incontinence pads	
Contaminated linen (sweat, vomit, stool, blood)	

Sealed unwanted/unused items that have not left the clinical environment.	
Labeling cytotoxic waste bags and sharps boxes	
Storage of waste	

2.1.1.9 Outline what is recommended for staff who are pregnant in terms of safe handling. (Local SACT Treatment Policy; Gilani and Giridharan 2014; ISOPP 2007)

2.1.2 Safe administration/fitness to treat.

2.1.2.1 Describe below, as if to a new member of staff, what cytotoxic chemotherapy is, why it may be given in combination, and potential common toxicities. (Cancer Research UK 2014b; Macmillan Cancer Support 2017b; Morgan 2003; Perry 2008; Franks & Knowles 2005; Stein and Pardee 2004)

What is cytotoxic chemotherapy?	
Why cytotoxic drugs may be given in combination (Please refer to the cell cycle and describe the five phases)	
Common toxicities	

2.1.2.2 Describe why cytotoxic chemotherapy affects healthy cells, e.g. bone marrow, gastro intestinal tract or hair follicle cells. (Rahma & Khleif 2011; King 2006)

2.1.2.3 Describe the symptoms a patient may experience due to bone marrow depression following systemic chemotherapy. (Local Haematology Parameters; Cancer Research UK 2014d; Goldie 2008)

Dose Limiting Toxicity	Effect on patient	Normal Blood Parameters	
Anaemia: Reduced haemoglobin (Hb)		Female	Male
Thrombocytopenia: Reduced platelets			
Leukopenia: Reduced total white blood cells (WBC)			
Neutropenia: Reduced neutrophils			

2.1.2.4 Describe the significance of assessing the physiological function of the organs prior to administering SACT. (Canadian Cancer Society 2017; Livshits et al. 2014; Barrett and Linebaugh 2008; Park et al. 2013; Armstrong et al. 2005)

Organ function	Why do we need to assess?	What test or investigation is often requested?
Liver function		
Cardiac function		
Renal function		
Lung function		

Reproductive function		
Neurological function (Include cold dysenthesia and peripheral neuropathy)		
Blood haematology functioning		

2.1.2.5 Describe below, as if to a patient, how the following SACT targeted biological/ immunotherapies work and their common toxicities. (Cancer Research UK 2014a; Cancer Research UK 2017; Davey 2015; Macmillan Cancer Support 2012a; Macmillan Cancer Support 2012b; Mayo Clinic (2016); Melosky 2014; National Cancer Institute 2011; National Cancer Institute 2017a; National Cancer Institute 2017b; Murphy 2011; Young et al. 2006)

Category	Modality of Action Basic Description	Common Toxicities
Immunotherapies (Checkpoint inhibitor drugs)		

Monoclonal antibodies		
Anti-angiogenics e.g. vascular epidermal growth factor inhibitors		
Cancer growth blockers (small molecule inhibitors) e.g. tyrosinekinase inhibitors		
Cancer vaccines		

2.1.2.6 Describe who is responsible for **gaining consent** for patients receiving SACT. State how long consent is valid, how long this lasts, and which treatment(s) it covers. Indicate why consent is a continual process. (Local policies related to Consent and SACT Treatment; Treleaven et al. 2005)

Who is responsible?	
How long does consent last and which treatment(s) is covered?	

2.1.2.7 Describe the process you would follow immediately prior to commencing treatment before you sign the confirmation of consent (either manually or electronically). Include how the patient is involved in each aspect of the process. (Local Consent Policy and SACT Policy; Treleaven et al. 2005)

Patient checks when confirming	Consent form/documentation checks
When and who should confirm consent?	

2.1.2.8 Describe how you would explain to a patient what the following words might mean for them and the treatments purpose. (National Chemotherapy Board 2016)

Definition	Explanation and Meaning
Neo-adjuvant	
Adjuvant	
Curative	

Palliative	
Phase III clinical trial	

2.1.2.9 State how many people should check SACT immediately prior to administration in your organisation, and what qualifications they must have. (Per local SACT Treatment Policy)

Number of Clinicians to check

2.1.2.10 Describe the checks you make before administration of SACT via any route. (Local SACT Treatment Policy)

The prescription	
Patient identity	
Patient fitness to treat (Specific to first cycle only)	
Patient fitness to treat (Each cycle)	
The drug and the dose	

2.1.2.11 Describe what the abbreviations below stand for, explain what they mean, and using the information in the boxes, determine the dose in milligrams the patient is due (in clinical practice this will also then be dose-banded). (Mathijssen et al. 2006)

	Stands for	What is it means?	Calculation
BSA			**BSA** Height 170.6 cm / Weight 56.2kg = BSA = 1.6 Drug dose = 75mg/m^2 Therefore, the drug prescribed should be:
AUC (e.g. used to determine carboplatin dosing)			**AUC** GFR = Glomerular Filtration Rate AUC = 5 EDTA GFR 90ml/min Drug dose = (GFR+25)x5 Therefore, the drug prescribed should be: 90 + 25 = 115 115 x 5 =

2.1.2.12 Describe how you confirm that the **dose** of chemotherapy you are due to administer is correct. Outline your actions if the dose is incorrect. (Local SACT Treatment Policy; Gurney 2002)

2.1.2.13 Describe below the purpose of the Common Terminology Criteria for Adverse Events (CTCAE) and explain what grades 0-5 mean in relation to a SACT toxicities (e.g. diarrhoea, nausea). (US Department of Health and Human Services 2010; UKONS 2016)

Purpose	
Grade 0	
Grade 1	
Grade 2	
Grade 3	

Grade 4	
Grade 5	

2.1.3 Patient education, preparation, and self-care.

2.1.3.1 Describe the information/advice you would give a patient/carer concerning the following to ensure their safety and help manage treatment complications when receiving SACT. Include the potential psychological impact of each. (Bloomfield and Tanay 2012; Cramp and Byron-Daniel 2012; Cancer Research UK 2015; Ikeda et al. 2017; Jones et al. 2015; Macmillan Cancer Support 2016; Macmillan 2017; Macmillan 2017a; UKOMIC 2015; Riola et al. 2010; Basch et al. 2011; Gracia et al. 2012)

	Prevention Advice	Patient Recognition Advice (Signs and Symptoms)
Increased risk of infection and susceptibility to bruising (Please ensure you mention the NADIR and when this occurs)		

Tumour lysis syndrome		
Risk of deep vein thrombosis development		
Fatigue		

General skin care		
Mouth care		
Nausea and vomiting		

Diarrhoea		
Loss of appetite and taste changes		
Intimacy and sexual activity		
Fertility (Include barrier protection and fertility preservation options)		

2.1.3.2 Ask some of your patients how they felt about starting SACT (what worries or concerns did they have). Consider the psychological and social impact of receiving SACT (use the topics above to guide your thoughts). (Macmillan website patient stories; speaking to patients and clinical reasoning; Oakley et al. 2016)

Before starting treatment
Receiving treatment

2.1.3.3 Outline the local and national support services available to your patients and their carers. How can you help patients to access these services? Discuss what is available with your assessor e.g. counselling, cancer information, clinical nurse specialists, occupational therapy, physiotherapy, survivorship services. (Patient support websites; e.g. Macmillan, CRUK, Lymphoma Association)

Local and national patient and carer support services and how to refer

2.1.3.4 Outline the precautionary advice you would give a relative/carer about safe handling of body fluids/waste, when doing the laundry/cleaning, contact with family members/children, and sexual activity/pregnancy following cytotoxic chemotherapy. (Haddadin and Cook 2014)

	Advice provided
How long do precautions need to be taken for?	
Body fluids (urine, stool, vomit, saliva, sweat, semen and vaginal secretions)	

Hand washing	
Doing the laundry	
Cleaning the bathroom and other surfaces	
Wearing gloves	
Family members and children	

2.1.3.5 Describe what you need to check with the patient before you or they leave the care environment, i.e. discharged from hospital/sent home/you leave the home following SACT. (Clinical Reasoning; SACT Treatment Policy; Discharge Policy)

2.1.4 SACT spillages

2.1.4.1 State where the SACT spillage policy and kit are located in your clinical area. How you would manage a cytotoxic spillage? (Practical Orientation; Local Spillage Policy)

Where is the spillage kit found?	Where is the policy found?
Management of a dry and wet (liquid) spillage	

2.1.4.2 Describe the action you would take if staff are contaminated by SACT spillage. How would you replace the spillage kit once it had been used? What documentation would you complete? (Local Spillage Policy; Record Keeping / Documentation Policy; Waste Management Policy)

Actions	Replacing spillage kit	Documentation

2.1.5 Oncology emergencies

2.1.5.1 Describe the effect the following SACT-related oncology emergencies could have on the patient. In addition to patient reassurance, outline the immediate nursing management of the identified emergencies. (BMJ Best Practice 2017; Jones et al. 2015; NICE 2012; UKONS 2015)

Oncology Emergency	Potential life-threatening impact on patient	Immediate nursing management
Neutropenic sepsis		Ongoing assessment/monitoring of: Immediate interventions: (as prescribed/ necessary):
Severe nausea and vomiting		On-going assessment/monitoring of: Immediate Interventions (as prescribed/ necessary):
Severe mucositis Severe mucositis		On-going assessment/monitoring of: Immediate interventions (as prescribed/ necessary):

Tumour lysis syndrome (TLS)		On-going assessment/monitoring of: Immediate interventions(as prescribed/ necessary):
Severe diarrhoea		Ongoing assessment/monitoring of: Immediate interventions (as prescribed/necessary):

2.1.5.2 Describe the effect the following immunotherapy related toxicities could have on the patient and the immediate nursing management of each, in addition to patient reassurance. Please note immunotherapy related emergencies can occur after treatment completion. (Friedman and Postow 2015; Naidoo et al. 2015)

Toxicity	Potential impact on patient	Immediate nursing management
Pneumonitis		On-going assessment/monitoring of: Interventions (as prescribed/necessary):

Colitis		On-going assessment/monitoring of: Interventions (as prescribed/necessary):
Skin		On-going assessment/monitoring of: Interventions (as prescribed/necessary):

2.1.5.3 State where the hypersensitivity/anaphylaxis policy is in your clinical area, and where the hypersensitivity kit and arrest trolley are located. (Practical Orientation)

Policy location	Hypersensitivity kit location	Arrest trolley location

2.1.5.4 Describe how you would prevent, recognise and treat both a hypersensitivity reaction and anaphylactic reaction to SACT. (Local Hypersensitivity and Anaphylaxis Policy; Local Desensitisation Policy Resuscitation Council UK 2008; Rosello et al. 2017)

Hypersensitivity	
Patient prevention advice/ reassurance	
Patient recognition advice	

Patient emergency treatment	
Anaphylaxis	
Staff recognition	Airway: Breathing: Circulation:
Patient emergency treatment	

2.1.5.5 Describe what actions you would take following hypersensitivity/anaphylactic reactions? (Clinical Reasoning)

2.2 Administering oral SACT

2.2.1 Outline the four most frequently used SACT drugs administered orally in your area of practice and explain how they work. Where possible, try and ensure examples include a range of SACTs with differing modalities of actions. (Chemocare 2002-2017)

	Name of SACT	Modality of action
1		
2		
3		
4		

2.2.2 In relation to the four drugs named above, describe the conditions they are routinely prescribed for, the parameters assessed (per protocol), and significant/frequently occurring toxicities of each. (Local Drug Protocol; Chemocare 2002-2017)

Name of drug	Condition/ disease group prescribed for	Usual treatment schedule	Parameters assessed	Significant & frequently occurring toxicities

2.2.3 Describe how would you assess and educate the patient (friends or family) to self-administer oral SACT. (Cancer Research UK 2015a; MASCC 2012; Oncology Nursing Society 2016)

Patient assessment elements (consider suitability to take oral formulation and contraindications)
Patient education elements

2.2.4 Describe the risk factors for non-adherence with oral SACT and what helps patients to adhere. (Oncology Nursing Society 2016; Oncology Nursing Society VOICE 2016; Oakley et al. 2010a; Oakley et al. 2010b; Regnier Denois et al. 2011; Verbrugghe et al. 2012; Walker 2016)

Risk factors for non-adherence	Factors that help adherence

2.2.5 Describe your nursing actions if you suspect oral SACT medication adherence is poor/suboptimal. (Clinical Reasoning)

2.2.6 Describe your actions if you dropped an oral SACT drug prior to administration. (Clinical Reasoning; Waste Management Policy)

Dropped in clinical environment	Disposal of unwanted drugs

2.2.7 Describe what precautions patients and relatives should take when handling oral SACT. (Local Chemotherapy/SACT Treatment Policy; HSE 2015 HSE 2017; ISOPP 2007; Polovich et al. 2014)

Patient	
Relative/Carer	

2.2.8 Describe how patients should dispose of left over oral SACT at home. (Clinical Reasoning; Waste Management Policy)

Disposal of unwanted drugs

2.3 Administering intramuscular (IM) or subcutaneous (S/C) SACT

2.3.1 Outline three of the most frequently used SACT drugs that are administered by intramuscular and/or subcutaneous injection in your area of practice and explain how they work. Please ensure examples include a range of SACT's with differing modalities of actions (where possible). (Chemocare 2002-2017; EMC 2017)

	Name of SACT	Modality of action (How it works.)
1		
2		
3		

2.3.2 Describe the conditions the three drugs named above are routinely prescribed for, the parameters assessed (per protocol), and significant/frequently occurring toxicities of each. (Local Drug Protocol; Chemocare 2002-2017; Young et al. 2006)

Name of drug	Condition/ disease group prescribed for	Usual treatment schedule	Parameters assessed	Significant and frequently occurring toxicities

2.3.3 Describe how you would identify suitable patients to self-administer intramuscular/subcutaneous SACT. How would you educate patients to self-administer and/or educate their friends/family to support self-administration? (Clinical Reasoning; SACT Policy; Medicines Management Self-administration policy; Leveque 2014)

Identifying patients	Education and documentation

2.3.4 Describe the advantages and disadvantages of the intramuscular or subcutaneous route for the administration of SACT. (Leveque 2014)

Advantages	Disadvantages

2.4 Intravenous SACT

2.4.1 Outline the four most frequently used SACT drugs that are administered by intravenous route in your area of practice and explain how they work. Where possible try and ensure examples include a range of SACTs with differing modalities of actions (i.e. include a cytotoxic, an immunotherapy, and a monoclonal antibody). (Local Drug Protocol; Chemocare 2002-2017)

	Name of SACT	Modality of action (How it works.)
1		
2		
3		
4		

2.4.2 Describe the conditions the four drugs named above are routinely prescribed for, the parameters assessed (per protocol), and significant/frequently occurring toxicities of each (Local Drug Protocol; Chemocare 2002-2017)

Name of drug	Condition/ disease group prescribed for	Usual treatment schedule	Parameters assessed	Significant and frequently occurring toxicities

2.4.3 Outline the specific measures needed to further reduce the risk of spillage when working with intravenous SACT. (Local Chemotherapy/SACT Treatment Policy; HSE 2017; ISOPP 2007; Polovich 2014).

2.4.4 Describe what a 'never event' is concerning intrathecal chemotherapy administration, and outline who can check intrathecal chemotherapy. (Local Intrathecal Policy; NHS England 2015; NHS Improvements 2014)

Concerns	Who can check intrathecal SACT

2.4.5 Describe what dose banding is and why it is necessary? (NHS England 2016)

2.4.2 Infiltration and extravasation (oncology emergency)

2.4.2.1 Describe where the infiltration/extravasation policy is in your clinical area. Identify where the management kit is located and list its contents? (Local Policy)

Where is the policy located?	Where is the management kit located?	Extravasation kit/pack contents

2.4.2.2 Describe the difference between an infiltration, and an extravasation incident and outline four venous access checks you make before and during administration, or if a patient reports discomfort during SACT administration. (Dougherty 2008; Dougherty and Lister 2015; EONS 2007; Royal College of Nursing 2016)

Infiltration	Extravasation

Check	
1	
2	
3	
4	

2.4.2.3 Describe how you would prevent, recognise and treat both a SACT infiltration and extravasation (consider both peripheral and central access) (Fidalgo et al. 2012; Doellman et al. 2009; EONS 2007)

Prevent	Venous assessment/site:	
	Device:	
	Administration:	
Recognise		
Treat	Extravasation Emergency treatment:	Infiltration:

2.4.2.4 Outline four of the most frequently given SACT drugs in your clinical area for the classification vesicant, irritant, or non-vesicant.

Classification	SACT drug
Non vesicant inflammatory or neutral drug	
Vesicant	
Irritant	

2.4.2.5 Describe what factors/condition, other than extravasation, may cause discomfort/pain during peripheral SACT administration and how would you prevent, recognise and treat them. (Dougherty and Lister 2015)

Factors/ Condition	Prevent, recognise, treat
Flare reaction	Prevent: Recognise: Treat:
Phlebitis (Chemical, Infective Mechanical)	Prevent - Chemical: Prevent - Infective: Prevent - Mechanical: Treat all: Treat - Chemical/Mechanical: Treat - Infected:

Venous spasm	Prevent: Recognise: Treat:

2.4.2.6 Describe what actions you would take following emergency management of an infiltration/ extravasation. (Local Infiltration/Extravasation Policy)

2.4.3 Hypersensitivity/Anaphylaxis

2.4.3.1 State four drugs that have the potential to cause an infusion reaction and indicate the likelihood of these events occurring. (ESMO 2017)

Drug	Likelihood (High > 30% and Moderate Risk> 5%)

2.4.4 Hair loss/ Scalp cooling (optional questions/role specific)

2.4.4.1 How would you explain how scalp cooling works to a patient and how effective this is? (Local Scalp Cooling Policy; Scalp cooling manufacturers guidelines; Breastcancer.org 2017; Cancer Research UK 2014c; Nangia et al. 2017)

2.4.4.2 Describe how you would explain to a patient the benefits/advantages and disadvantages of scalp cooling and for whom it would be unsuitable or contraindicated. (Local Scalp Cooling Policy; Scalp cooling manufacturers guidelines; Breastcancer.org 2017; Cancer Research UK 2014c; Rugo et al. 2017)

Patient Benefits	Patient Risks	Unsuitable/Contraindicated for

2.4.4.3 Outline which drugs would be appropriate for scalp cooling and the pre and post infusion time for each (per local policy). (Local Scalp Cooling Policy; Scalp cooling manufacturers guidelines)

Suitable drugs	
Pre and post infusion times	

2.4.4.4 Outline how you would apply the scalp-cooling cap to achieve maximum benefit and what self-care advice you would provide. (Local Scalp Cooling Policy; Scalp cooling manufacturers guidelines)

On application	
On removal	
Self-care advice before	
Self-care advice following	

2.4.4.5 What advice/information would you give to patients to assist and alleviate any discomfort associated with scalp cooling? (Breastcancer.org 2017)

2.4.4.6 Describe the potential psychological impact of hair thinning/loss, when this is likely to start and suggestions/reassurance you can provide to patients. (Breastcancer.org 2017)

2.5 Regimen exercise: Commencement of theory to practice

(Chemocare 2002-2017; Local Protocol)

2.5.1 Use a **true patient case** to complete this table.

SACT regimen/ Name of protocol:	Clinical use/and treatment intention:
Cycle length:	Number of cycles: Days in the cycle:

State drug(s) in the regimen and specify route of administration	Mode of action	Emetogenic risk	Neutropenia risk	Extravasation risk (if IV)

List required pre-administration nursing checks

State the routine pre medications required e.g. steroids, anti-emetics	State clinical reason for use and modality of action	Common toxicities of pre-medication	Patient advice regarding pre-medication

Name supportive medication/TTOs required for the patient e.g. GSCF/ Blood Transfusion/anti-emetics	Rationale for use	Modality of action

2.5.2 What short and long-term toxicities did you inform the patient about? How will these be managed?

Short-term	Nursing management

Long-term	Nursing management

2.6 Reflective account

Please write a short reflective account, having holistically assessed a patient due to receive or receiving SACT, specifically focusing on your assessment and actions relating to their psycho-social-emotional and spiritual needs.

1. What was the nature of the event/experience? *Think about: How you approached the assessment, what questions you asked, what tools or documentation you used, how you established the patient's understanding and gained insight into their concerns, and how you attempted to develop a trusting rapport, how you provided support throughout the assessment.*

2. What did you learn from it or feedback and or experience? *Think about what went well, what might not have gone so well or could be done better in future.*

3. How does your reflective learning relate to your Code of Professional Practice?

2.7 Theoretical assessment signature pages

Assessor/Marker Signature		
Formative assessment	Formative feedback	Name, signature and designation of **Assessor**
Date:		
Summative assessment	Name, Signature and Designation of **Approved Assessor**	
Date:		

3 Step Two

3.1 All clinicians/routes
3.2 Route specific – oral SACT
3.3 Route specific – intramuscular (IM) or subcutaneous (SC) SACT
3.4 Route specific – intravenous (IV) SACT
3.5 Pre-treatment consultation all routes
3.6 Pre-treatment consultation – additional elements for oral SACT
3.7 Clinical Practice Assessment Section: Signature pages and competency certificate

Clinical Practice Assessment Section
Practice Assessment Criteria

3.1. All Clinicians / All Routes

Professional and legal accountability

Demonstrates knowledge of professional and legal accountability and responsibility in relation to the administration of SACT

- Takes responsibility for the safety of self and others
- Ensures that the appropriate consent procedure has been completed/undertaken
- Can state responsibility in relation to the administration of SACT
- Care delivered is based on evidence and best practice guidelines
- Communicates effectively with other members of the multidisciplinary team in relation to patient care
    - Communicates well both verbally and in writing
    - Maintains accurate records
- Communicates effectively with patients and their carers
    - Develops a rapport with patients and their carers
    - Actively listens to patients and their carers
    - Can detect both verbal and non-verbal cues
    - Responds appropriately

Pre-treatment checks and discharge

Demonstrates competence in pre-treatment checks

- Ensures that the appropriate consent procedure has been completed/undertaken i.e. signed and correct regimen/patient, and in date.
    - Ensures pre-treatment checking of body surface area and drug dosages with in date weight/bloods/investigations e.g. EDTA/MUGA/ECHO and confirms dose prescribed is correct, i.e. body weight within 10% of initial prescription dosing or annotation explaining any variation.
    - Correctly interprets dose modifications, delays or omissions and makes appropriate review plans where needed.
    - Outlines normal blood values and their relevance to fitness to treat or need for escalation.
    - Assesses pre-treat clinical toxicity review and correctly interprets pre-treatment clinical assessment and toxicity grading documentation, and relates to fitness to treat.
    - Ascertains if any changes since toxicity review or uses a recognised toxicity-grading tool, pre-SACT checklist or patient's record book and relates to fitness to treat.
- Ensures that patient has appropriate advice to manage own post-treatment care. Checks patients/carers understanding of how to take supportive medication, e.g. anti-emetics and what to do if any problems are experienced

Hypersensitivity/anaphylaxis
Demonstrates ability to detect and manage hypersensitivity and anaphylactic reactions in conjunction with other members of the multidisciplinary team • Identifies potential risk factors, drug potential to cause hypersensitivity • Systematically observes for occurrence of signs and symptoms when administering a SACT drug • Explains the immediate actions to be taken in the event of both hypersensitivity and anaphylactic reactions • Can state which members of the multidisciplinary team should be contacted to provide further management – has the number ready in high risk patients/drugs
Handling
Demonstrates competence in handling SACT drugs to ensure the safety of patients, staff and the environment • Prepares equipment and the environment to reduce the risk of contamination • Acts in accordance with local policies and procedures in the transport and storage of SACT drugs. • Takes measures to assess risk and minimise exposure • Handles SACT in a manner which reduces the potential for spillage, splashing, airborne or skin contamination (NB oral SACT can be in liquid form e.g. Etoposide) • Wears personal protective clothing in accordance with local policies and guidelines
Demonstrates knowledge of procedures for dealing with a spillage of SACT • Can explain the actions to be taken in the event of a spillage • Ensures equipment and personal protective clothing necessary to deal with spillage is readily available in the area where the SACT are administered • Can explain procedures for dealing with contaminated linen, equipment • Can explain procedures for dealing with SACT contamination of skin or eyes
Administration
Demonstrates competence in the safe administration of SACT • Takes measures to ensure 5 rights of drugs administration (right patient, right drug, right dose, right time, right route) • Reviews the patient's allergy history, ensuring no previous reaction to drugs due to give as a part of regimen • Documents episode of care in an appropriate manner conforming with employers' and professional bodies' guidelines for records and record keeping, i.e. on e-prescribing system (if used) • Disposes of waste according to local policy.
3.2 Route Specific: Oral
Demonstrates competence in handling oral SACT • Handles oral SACT in a manner which reduces the potential for skin contamination and wears PPE per policy • Can explain what information they would give to patients and carers about how to safely handle oral SACT

3.3 Route Specific: Intramuscular and Subcutaneous
Demonstrates proficiency in administering SACT by IM and / or SC injection • Identifies appropriate injection sites for IM and SC SACT, explains rationale for selection • Selects the correct needle gauge/size • Takes precautions to protect the health of patients, colleagues and self when administering SACT, i.e. positioning of patient and sharps bin • Administers IM injection using Z track technique and explains rationale • Monitors the patient during and post administration
3.4 Route Specific: Intravenous
Demonstrates competency in the safe handling of IV SACT • Takes precautions to protect the health of patients, colleagues and self when administering SACT, i.e. high sided tray, flat surfaces, spike bag in tray, ensure not going to cut bag when opening outer packaging, limit sharps near infusion bags, maintain closed system, consider priming with compatible diluent (not always possible) • Recognises any precautions to be taken with specific drugs e.g. IV fluid compatibility
Demonstrates proficiency in administering intravenous SACT via a peripheral or central venous access • Assesses the patency of venous access prior to administration • Monitors the patient during administration
Demonstrates knowledge of the signs and symptoms of extravasation and the immediate treatment • Demonstrates the ability to detect and manage an extravasation in conjunction with other members of the multidisciplinary team • Can identify potential risk factors for extravasation • Can identify irritant and vesicant drugs • Observes for signs and symptoms of an extravasation • Can state signs and symptoms of an extravasation from a peripheral device and distinguishes this from other causes, e.g. flare reaction • Can state signs and symptoms of an extravasation from a central venous access device (if appropriate) • Can explain immediate actions to be taken if extravasation of a vesicant drug should occur • Can state which members of the multidisciplinary team should be contacted to provide further management • Ensures that equipment and drugs necessary to deal with an extravasation are available in the area where SACT is administered • Can explain the procedure for documenting and reporting an extravasation

Demonstrates competence in administration of ambulatory continuous infusional SACT (for clinicians using an ambulatory SACT device) (if ambulatory administration relevant to role)

- Ensures ambulatory infusion device is correctly set up and/or programmed as appropriate according to device used
- Uses aseptic non-touch technique to access CVAD to connect and disconnect ambulatory infusion device
- Demonstrates correct technique for flushing of CVAD following infusion device disconnection
- If receiving ambulatory SACT can clearly explain to patients or carers how to check and manage the ambulatory infusion device, including when and who to contact if they have any concerns and how to manage any leaks or spillage of SACT
- Ensures arrangements made for patient follow up for disconnection or renewal of ambulatory infusion – if applicable.

3.5 Pre-treatment Consultation: All Routes

Demonstrates competence in pre-consultation preparation

- Reviews the treatment order ensuring presence of:
- The SACT referral form that lists approved regimen, indication, planned number of cycles and previous therapy.
- Medical history including medicines review and allergy status
- Prescription that is valid/legal/completed and signed by the prescriber
- Administration appointment scheduled if required
- Ensures availability of prescribed and dispensed SACT and/or pretreatment supportive agents (if required)
- Acquires pre-SACT consultation checklist (where utilised)

Acquires appropriate written information to offer to patients including:

- 24-hour contact details and related alert cards/bands
- Risk of deep vein thrombosis development whilst on treatment and related alert cards
- Specific drug information sheets
- Patient treatment plan (if available)
- Traffic light symptom reporting tool (if available)
- Ensures appropriate environment accessible to perform consultation to maintain confidentiality and dignity.

Demonstrates competence in initiation of consultation

- Establishes therapeutic relationship between clinician patient and carers.
- Greets and identifies patient in accordance with dignity guidelines.
- Introduces all clinicians present to the patient.
- Attains consent from patient for others to be present (i.e. family, friends, students)
- Outlines structure and estimated length of consultation
- Elicits, acknowledges and addresses concerns
- Assess patient's existing understanding of disease, planned treatment, toxicities and provides opportunities for questioning/discussion throughout the consultation

Demonstrates competence in delivering the consultation

- Delivers a consultation that is interactive and encourages patients and carers to ask questions
- Actively listens to patients and their families
- Can detect both verbal and non-verbal cues
- Responds appropriately
- Addresses patient's and carer's immediate concerns at the outset.
- Assesses patient supportive care needs and refer on if required e.g. liaise with CNS, research nurse, refer to counsellor (where necessary)
- Can advise patients/carers on how to access relevant information, advice and support
- Does not overwhelm the patient with information
- Provides information and educates according to patient/carer need regarding the treatment plan

Demonstrates competence in supporting patients and significant others in managing side-effects of other drugs used in conjunction with SACT regimens

- Can explain side-effects of other drugs used in conjunction with specific drug regimens
- Plans and provides evidence-based care in relation to the side-effects of these drugs and individual information needs
- Educates patient and carers about:
    - Anticipated toxicities
    - How to minimise toxicities (suggesting evidence-based self-care approaches)
    - Who to contact with any problems.
    - Check patients/carers understanding of how to take the supportive medication and what to do if any problems experienced
    - Advise patients/carers on how to access relevant information and support
    - Checks patients'/carers' understanding of what to do if any problems experienced.

3.6 Pre-treatment Consultation: Additional elements for Oral SACT

Demonstrates competence in supporting & educating patients and significant others in managing side-effects of oral SACT

- Able to assess patient/carer ability to self-medicate:
    - Cognitive and physical ability to take medication correctly and monitor toxicities
    - Judge when to interrupt treatment and call the hospital if required
- Explain/discuss
    - Regimen and intended number of cycles, including treatment gaps.
    - How and when to take the tablets
    - What to do in the event of a missed dose
    - The need for and how to obtain further supplies
    - The role of the GP in the treatment

• Principles of safe handling, storage and disposal • The use of medicine spoons, oral syringes or cups • Explains dose alteration i.e. doses will be individually adjusted to suit the patients and dosing may be interrupted or modified during treatment. This will not be detrimental to treatment. Failure to interrupt treatment appropriately could lead to longer delays.
Demonstrates competence in ending the consultation • Refers patient to relevant disciplines, e.g. counsellor, community practitioners • Ensures patient has been given future appointment for treatment • Summarises the key points of the consultation. • Documents episode of care in an appropriate manner conforming with employers and professional bodies guidelines for records and record keeping

3.7 Clinical practice signature pages and certificate

3.7.1 Safe handling and administration

Minimum Requirement: On at least two occasions: All Clinicians / All Routes		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Summative assessment	Name, signature and designation of **Clinician**	Name, Signature and Designation of **Trust Approved Assessor**
Date:		

3.7.2 Administering oral SACT

Minimum Requirement: On at least two Oral Administrations		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Final Assessment	Name, signature and designation of **Clinician**	Name, signature and designation of **Trust Approved Assessor**
Date:		

3.7.3 Administering intramuscular (IM) or subcutaneous (S/C) SACT

Minimum Requirement: on at least three occasions– one of which should be a subcutaneous Rituximab (If administered in your area)		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Date:		

Date:		
Final Assessment	Name, signature and designation of **Clinician**	Name, signature and designation of **Trust Approved Assessor**
Date:		

3.7.4 Administering intravenous SACT
(Complete the administration type relevant to role)

Minimum Requirement: On at least four administrations via an ambulatory device		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Date:		
Date:		

Final Assessment	Name, signature and designation of **Clinician**	Name, signature and designation of **Trust Approved Assessor**
Date:		

Minimum Requirement: On at least four administrations via infusion device		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Date:		
Date:		
Final Assessment	Name, signature and designation of **Clinician**	Name, signature and designation of **Trust Approved Assessor**
Date:		

Minimum Requirement: On at least four administrations via bolus		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Date:		
Date:		
Final Assessment	Name, signature and designation of **Clinician**	Name, signature and designation of **Trust Approved Competency Assessor**
Date:		

3.7.5 Pre-treatment Consultation: All Routes

Minimum Requirement: On at least two Pre-Treatment Consultations – All Routes		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Final Assessment	Name, signature and designation of **Clinician**	Name, signature and designation of **Trust Approved Competency Assessor**
Date:		

3.7.6 Pre-treatment Consultation: Additional elements for Oral SACT

Minimum Requirement: On at least two occasions		
Formative assessment	Formative feedback	Name, signature and designation of Clinician and **Supervisor**
Date:		
Final Assessment	Name, signature and designation of **Clinician**	Name, signature and designation of **Trust Approved Competency Assessor**
Date:		

3.7.7 UKONS SACT Safe Handling and Administration Certificate

UKONS SACT Safe Handling and Administration Certificate

1.Personal Development

☐ I have successfully completed a SACT training package
☐ I have successfully completed pharmacy's assessment and competency package to dispense supportive medicine to chemotherapy patients (where relevant)
☐ I have successfully completed UKONS Clinical Competence for the Safe Handling and Administration of Systemic Anti-Cancer Therapy (SACT) Theoretical Section (Passport) OR provided evidence of theoretical understanding i.e. accredited module/course transcript/previously completed a theory workbook that assesses the same content to the same standard or above

2. Policies and Standards

I have read and understood the current trust/local/alliance
☐ Medicines Policy and related Codes of Practice
☐ Standards for the Safe Use of Oral Anticancer Medicines (where relevant to role)
☐ Local SACT Policy: State name, number, and year of publication……..
☐ Other (organisation specific): State Name, number, year of publication……

3. Declarations

☐ I declare that I am clinically competent to safely administer SACT and have successfully completed UKONS Clinical Competence for the Safe Handling and Administration of Systemic Anti-Cancer Therapy (SACT) Clinical Practice Assessments for the following route(s) of administration.

- ☐ Intravenous (Bolus)
- ☐ Intravenous (Infusion)
- ☐ Intravenous (Ambulatory device)
- ☐ Intramuscular/subcutaneous injection
- ☐ Oral
- ☐ Other (please state):

☐ I declare that I am competent to conduct SACT Pre-Treatment Consultations
☐ I declare that I am competent to electronically document on the local e-prescribing system (if used)
☐ I understand that my name will be removed from the register 12 months after the date of certification unless I successfully complete re-accreditation
☐ I understand that if my name has been removed from the register, my rights to administer SACT on the local e-prescribing system (if used) will be revoked unless I successfully complete re-accreditation.

Signed: _____ Date: _____

Name: _____

Position: _____ (Clinician)

I certify that _____ is deemed safe and competent to administer SACT independently via the routes indicated above.

Signed: _____ Date: _____

Name: _____

Position: _____ (Trust Approved SACT assessor)

Your name will be removed from the register at *Named Trust* **on** DD/MM/YYYY

(Original of assessment record to be kept by the Clinician and a copy made for the manager)

UKONS SACT Safe Handling and Administration Re-accreditation Certificate
(Annual Completion)

1. Personal Development.

☐ I have, within the previous 12 months, demonstrated continual professional development in relation to SACT handling and administration, (e.g. through attending workshop, local SACT update session, or conference presentations) and use evidence-based practice.

2. Policies and Standards.

I have read and understood the current trust/local:

☐ Medicines Policy and related Codes of Practice
☐ Standards for the Safe Use of Oral Anticancer Medicines (where relevant to role)
☐ Clinical Chemotherapy Service Operational Policy
☐ Other (organisation specific) please name:

3. Pre-treatment Consultation – Communication Assessment Skills

☐ I conduct pre-treatment consultations in a holistic way through application of good communication and information delivery skills (e.g. obtain concerns before delivering information about SACT and check understanding)
☐ I ensure patient/carers are aware of key SACT toxicities as listed within regimen consent forms.
☐ I reconfirm patient consent to SACT.

4. Pre-treatment Checks

☐ I ensure all pre-treatment investigations have been carried out and results are appropriate.
☐ I ensure SACT is prescribed according to approved protocols.

5. Route of Administration

I am competent to safely deliver SACT via the following route(s) (tick as appropriate) according to UKONs Clinical Competence for the Safe Handling and Administration of Systemic Anti-Cancer Therapy (SACT) Clinical Practice Assessment Criteria

☐ Intravenous (Bolus)
☐ Intravenous (Infusion)
☐ Intravenous (Ambulatory device)
☐ Intramuscular/subcutaneous injection
☐ Oral
☐ Other (please state):

6. Post Treatment Checks

☐ I remain competent to dispense supportive medicine (where applicable).
☐ I ensure patient and carers can adhere with supportive medication administration requirements and I can provide related patient education (where necessary).
☐ I ensure patients and carers are aware of 24-hour acute oncology contact numbers.

7. Declarations

☐ I wish my name to remain on the Register of Clinicians accredited to administer SACT as per route(s) selected above
☐ I remain competent to administer SACT
☐ I remain competent to electronically document on the local e-prescribing system (where applicable).
☐ I understand that my name will be removed from the register 12 months after the date of certification unless I apply for re-accreditation.
☐ I understand that if my name has been removed from the register, my rights to administer SACT on the local prescribing system (where applicable) may be revoked unless I apply for re-accreditation

Signed: _____ Date: _____

Name: _____

Position: _____ (Clinician)

I have observed _____ handling and administration of SACT and related assessment skills. I certify that s/he is safe to administer SACT independently (via the routes indicated above) according to UKONs Clinical Competence for the Safe Handling and Administration of Systemic Anti-Cancer Therapy (SACT) Clinical Practice Assessment Criteria.

Signed: _____ Date: _____

Name: _____

Position: _____ (Trust Approved SACT Assessor)

Your name will be removed from the register at *Named Trust* **on** DD/MM/YYYY

(Original of assessment record to be kept by the Clinician and a copy made for the manager)

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6 Appendices

Appendix 1: Guidance for Assessors

1.1 Marking the Theoretical Section (Passport)

A copy of the Assessors' Guide (answers) is available to any UKONS member whose role encompasses acting as the Lead Chemotherapy Clinician for their Trust and who can distribute the document within their organisation as appropriate.

The answers in the Assessors' Guide are based on national/local policies, research and patient-friendly resources. They are intended as a guide to support the marking process. It is recognised that local variations will apply. The theoretical section is designed to be marked either by a clinician in practice, e.g. practice educator or a course module leader. The term Assessor has been used throughout and can be interpreted according to local practice e.g. the Assessor or Marker for the Theoretical Section and the Clinical Practice Section may differ.

1.2 Regimen Exercise: Commencement of Theory to Practice.

This exercise is to support the clinician to transfer knowledge into clinical practice and build confidence. The clinician should choose a SACT regimen commonly used in their clinical area and populate the table. If they find this exercise helpful or the Assessor suggests it would be beneficial, further copies can be made. We recommend a **true patient case** informs completion of this table.

1.3 Practicing under supervision

Clinicians can administer SACT under direct supervision as part of their SACT administration competency training. Supervision may be given by any clinician who has been assessed as competent in the administration of SACT, is regularly practicing and has experience of administering the particular regimen or agent and are not personally involved in regaining competence, i.e. post drug error.

UKONS suggests a minimum practice requirement for clinicians new to SACT administration, which is route specific and outlined in the Regimen Exercise and Clinical Practice Assessment section. The last of the Minimum Practice Requirements is considered the final assessment and is conducted by the Trust approved SACT Assessor.

For each practice requirement the relevant Practice Assessment Criteria should be used to measure competence against.

1.4 Who can assess SACT competence?

SACT Assessors will be Band 6 or above clinicians who have attained SACT competency and are practicing regularly. Assessors will have completed the mentorship preparation programme (or equivalent) and/or have a recognised teaching qualification. A certificate for this role may be found at appendix 3.

There is usually a Trust named person who holds assumed competence, such as a lead or consultant nurse e.g. lead/consultant chemotherapy nurse, lead/consultant cancer nurse. This

professional is encouraged to obtain peer assessment and feedback from a colleague performing the same role in another trust.

The trust named person would subsequently assess day unit matrons, day unit/ward managers, and practice educators to fulfill their role as a Trust Approved SACT Assessor. They in turn can then train others to be assessors only with the approval of the trust named person.

1.5 Assessor Signatures

1.5.1 The Passport (Theoretical Competence) Assessor/Marker Signature

The Assessor/Marker is signing to indicate that the Passport has been completed to a satisfactory standard and the Clinician has achieved theoretical competence.

1.5.2 The Clinical Practice Assessment Signature

The clinician and assessor signatures indicates that:

- The Clinician has achieved theoretical competence, and practiced in line with the Practice Assessment Criteria on their final assessment(s), and can therefore safely handle and administer SACT independently, according to local policy and protocol.
- The Clinician will take accountability for their practice in line with their professional bodies code of conduct.

1.6 New, Experienced, and Returning Practitioners

(See SACT handling and administration competency pathway figure 1. p8).

1.6.1 New to SACT

Any Clinician new to SACT should have completed the prerequisite competencies and theoretical learning. The theoretical and practice supervision sections of this document should be completed prior to undertaking the final competency assessment.

1.6.2 Transferring employers or areas of practice

Clinicians transferring to a new employer or area of practice with existing evidence of training and theoretical knowledge in SACT handling and administration will not be required to complete the theoretical sections of this passport. The exception would be where the clinician is required to develop their portfolio of practice. Evidence may consist of an accredited module/course or previously having completed a theory workbook that assesses the same content as the theoretical sections of this passport and to the same standard. In the absence of evidence of theoretical knowledge UKONS would recommend the theoretical section (Passport) is completed.

The new employer should be satisfied that the individual is competent and can demonstrate awareness and application of local procedure and policies. Therefore, ALL clinicians are required to complete/re-complete the clinical practice assessment sections relevant to their new role

Local policy or clinical judgment will dictate the number of times a transferring, competent professional should complete the Clinical Practice Assessments.

1.6.3 Returning to work after a break from practice or infrequently handling or administering.

Absence from work/not administering SACT for a period of over 6 months requires re-assessment of clinical competence i.e. step two

All clinicians deemed competent in SACT safe handling and administration are expected to take responsibility for maintaining/updating their knowledge and practice. However, clinicians that administer SACT on an infrequent basis or do not feel competent in any aspect of handling or administration of SACT should seek further training and re-assessment.

Appendix 2: Theoretical Objectives for Step One

2.1 Safe Handling and Administration

2.1.1 Safe handling:

- To ensure the safe handling of SACT

2.1.2 Safe administration/fitness to treat:

- To ensure the safe handling and administration of SACT.
- To ensure understanding about how SACT drugs work/treatment intent.
- To ensure understanding of SACT toxicities, how to assess these and when to withhold treatment and escalate concerns about fitness to treat.

2.1.3 Patient education, preparation, and self-care measures:

- To ensure correct processes for informed patient consent to SACT are followed.
- To ensure patients and carers understand potential SACT toxicities and how to manage and report these when required.
- To understand and be able to support the psychological and social impact of SACT
- To ensure patients and carers are enabled to self-care following SACT administration. Through managing supportive medications, safe handling of body fluids/waste, identifying and reporting toxicities

2.1.4 SACT spillages

- To ensure knowledge about how to reduce the risk of a spillage and safely respond to a spillage incident.

2.1.5 Oncology emergencies

- To ensure knowledge about oncological emergencies, including definitions and how to prevent, recognise and treat these.

2.2 Administering oral SACT

- To ensure the safe handling and administration of oral SACT.
- To understand core patient and carer education components for oral SACT
- To understand reasons for poor adherence and how these may be addressed

2.3 Administering intramuscular (IM) or subcutaneous (S/C) SACT

- To ensure the safe handling and administration of IM and S/C SACT.

2.4.1 Administering intravenous SACT

- To ensure the safe handling and administration of intravenous SACT.

2.4.2 Infiltration and extravasation (oncology emergency)

- To prevent, recognise and treat infiltration/extravasations, minimising risk to the patient
- Maintain patient safety and comfort

2.4.3 Hypersensitivity/anaphylaxis

- To ensure knowledge about which SACT drugs cause hypersensitivity/anaphylaxis and the likelihood

2.4.4 Hair loss/scalp cooling

- To demonstrate understanding of rationale for scalp cooling
- To ensure patients feel well supported with hair loss/thinning, and are given accurate information/advice about scalp cooling procedures and hair care.

2.5 Regimen Exercise: Commencement of Theory to Practice

- To ensure the ability to transfer knowledge into clinical practice and build confidence

2.6 Reflective account.

- To ensure learning has occurred from experience and consideration is given towards planning and delivering high quality care.

Appendix 3

UKONS SACT Safe Handling and Administration Trust Assessor Certificate

☐ I am a registered, band 6/above, clinician e.g. nurse with more than 6-month practice in administering SACT.

☐ I am authorised in my position according to the Trust Chemotherapy Treatment policy/Medicine Management Policy to become an assessor in the following routes of administration and areas of practice:

- ☐ Intravenous (Bolus)
- ☐ Intravenous (Infusion)
- ☐ Intravenous (Ambulatory device)
- ☐ Intramuscular/subcutaneous injection
- ☐ Oral
- ☐ Other (please state):

☐ I declare that I am competent to assess Pre-Treatment Consultations

☐ I will utilise UKONS Clinical Competence for the Safe Handling and Administration of Systemic Anti-Cancer Therapy (SACT) Clinical Practice Assessment Criteria when conducting assessments

☐ I have successfully completed the SACT training and competency package and/or have had my SACT competency re-accredited in the last 12 months.

☐ I have successfully completed an approved Mentorship training programme or equivalent.

☐ I have read and understood the Trust Clinical Chemotherapy Service Operational Policy or equivalent.

☐ I have read and understood the Trust Medicines Policy and related Codes of Practice

☐ I understand that my name may be removed from the register 12 months after the date of certification unless I apply for re-accreditation.

Signed: _____ Date:_____

Name: _____

Position: _____ (Clinician)

I certify that _____ is capable of conducting a competency assessment for clinicians in the safe handling and administering SACT.

Signed: _____ Date:_____

Name: _____

Position: _____ (Trust Approved Person Only)

Your name will be removed from the register at *Name Trust* on DD/MM/YYYY

(Original of assessment record to be kept by the Clinician and a copy made for the manager)

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CAPITAL nurse

NHS WALES GIG CYMRU

RM Partners
Accountable Cancer Network

UCLH Cancer Collaborative NHS

NHS
Guy's and St Thomas'
NHS Foundation Trust

NHS
King's College Hospital
NHS Foundation Trust

NHS
Lewisham and Greenwich
NHS Trust