

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

Name of Nurse: .....NMC Pin: .....

Assessor Name: .....Title: .....

Hospital Start Date: .....

Unit/ Department/ Ward Start Date: .....

Date of Assessment: .....

### What does this competency Cover?

- This competency assessment is concerned with the skills and knowledge required to safely deliver SACT only (excluding Intrathecal route).
- This document presumes existing competence in the fundamental skills of; communication, patient information giving, infection prevention & control, maintaining a safe environment, consent & privacy & dignity.
- This competency presumes that education and assessment of the infusion pumps used locally has occurred (either by the company representative or appropriately trained local mentor or Clinical Practice Educator) and this is recorded in the nurse's medical device passport.

**Goals and Outcome:** To safely administer systemic anti-cancer therapy (this includes cytotoxics, monoclonal antibodies, targeted therapies etc)

### This competency meets the following KSF Measures:

Common/Core Competences	Role Specific Competences:
GEN97HSC 33, GEN 13, AC3, IPC 2, ENTO WRV1, ENTO HSS1, HSC24, GEN63, HT4, HSC 234, M&L D1, ICF:FS	CHS48, HSC 21, CS1 (where appropriate), GEN98, GEN14, GEN35, M&L D7, HSC43, LLUK L8.2010, BA3, PHS08, HSC452, CHS39, CHEM13, HSC414, CHS22, CHS23, AG1, CS6, CHEM5, CHEM1.2011, CHS49, CHEM8.2011, CHS3, CHEM2.2011, CHEM4.2011, CHEM7.2011, CHEM9.2011, CHEM 18, CHEM 19, PHARM50, CHEM 20, HSC224, CM D5, HSC426, MH37, CM G5, HSC434, HSC3115, CM C5, GEN44

### Roles and responsibilities and the assessment process

#### Assessment Guidance

- Any professional undertaking this competency is expected to be working within their professional code, their job description, to have awareness of their professional & legal responsibilities, and aspects pertaining to accountability.
- Development to undertake the administration of SACT needs to be at the discretion of the individual's manager and in line with service requirements.
- Nurses are required to have successfully completed all assessments outlined in the Medicines Management policy prior to undertaking this competency, which include:
  - a) The intravenous workbook (where appropriate) and consolidated this skill.
  - b) The SACT Drug Administration Knowledge and Skills workbook (Adult Nurses), Or Workbook 1&2 An Introduction to the principles of Safe Handling and Administration of Cytotoxic Medication and Young People (Paediatric and Teenage and Young Adults nurses) Or completed an academic module concerning the safe handling and administration of SACT.
- The date and time of the assessment should be agreed in advance between both parties.
- Re-assessment should occur every 2 years to ensure the maintenance of competence and can also occur at anytime following a manager's request: e.g. for re-education post medication error.
- Competency assessment is an ongoing process undertaken through direct observation of practice (NMC, 2008)

#### Nurse

- The nurse is welcome to be assessed once they have practiced under direct supervision, feel competent to do so and deemed ready to be assessed by their practice supervisor / mentor
- Self-preparation is vital for successful completion of this competency.
- The nurse should have recently read a copy of most up to date version of 'The Code, Standards of conduct, performance and ethics for nurses and midwives' and the relevant trust policies before undertaking this competency.
- It is the nurse's responsibility to photocopy the declaration page and provide a copy for the assessor, their manager and retain the original for their personal development file.

#### Competency Assessors

- The assessor should take time to read the competency criteria and the certificate of proficiency before assessing the nurse. This will help to focus attention on the requirements of the assessment and the responsibility of the role.
- The assessor must have been administering SACT for a year or more, and has an in up-to-date competency themselves. They must be on the Trust chemotherapy register as an Assessor.
- The Lead assessor for the Trust will have assessed the main assessors. The main assessors will be Matrons, Sisters / Charge nurses, and Clinical Practice Educators.
- The assessor must only complete the declaration of competency form once they are satisfied the nurse is safe to practice independently and has completed ALL sections of the competency document.
- If a nurse does not meet the requirements outlined in this competency and it is identified that further knowledge or skill is required a development plan should be created. This development plan may include recommendations to: complete a workbook or a relevant academic module or undertake specific self-directed study. The outcome of this competency will be communicated to the nurse's manager and if unsuccessful may require a further period of supervised practice. Any restrictions on practice should be at the discretion of the practitioners manager (in discussion with the lead assessor where necessary) and appropriate plans initiated to support the nurse to return to independent SACT handling and administration.
- It is the assessor's responsibility to ensure that the nurse is entered on to the Trust SACT register as per local policy once successful completion of the competency assessment has been verified.

**Outcome**

**Theoretical Application:**

**Safe**

**Unsafe**



Outcome	Theoretical Application:	Safe	Unsafe
<p>1. Demonstrates an understanding of the professional roles and responsibilities in relation to safe SACT practice.</p>	<p>a) Explains the professional and legal responsibilities with respect to the consent process for SACT with respect to:</p> <ul style="list-style-type: none"> <li>• Written and verbal information</li> <li>• Informed and valid consent</li> <li>• Withdrawing consent</li> <li>• Consent if treatment plan amended</li> <li>• Consent to Examination and Treatment Policy</li> <li>• Professional sphere and scope of competence and confidence.</li> <li>• NMC Code of Conduct and other local policy</li> </ul> <p>b) Explains differences within area in which he/she works to ensure meeting required standards i.e. JACIE, Research trial Standard Operating Procedure.</p>		
<p>2. Demonstrates knowledge and understanding of the correct storage, transportation &amp; preparation conditions of SACT.</p>	<p>a) Shows the assessor the designated storage areas, and explains rationale for their use with respect to:</p> <ul style="list-style-type: none"> <li>• Room temperature SACT drugs</li> <li>• Refrigerated items SACT drugs</li> </ul> <p>b) Shows the assessor the designated transportation bag/box used to transfer cytotoxic material from the aseptics department to the ward/department, and explains it's rationale for use and the necessary PPE to be worn.</p> <p>c) Shows the assessor the location of spillage kit and its contents and explains how to deal with spillage – wet and dry spillage</p> <p>d) Shows the assessor how to find the trust spillage protocol and explains the documentation to be completed afterwards.</p> <p>e) Explains the rationale for</p> <ul style="list-style-type: none"> <li>• How to spike an IV infusion bag.</li> <li>• The use of Protective personal equipment</li> <li>• The purple cytotoxic bins</li> </ul> <p>f) Explains the rationale for the selection of appropriate administration sets, with respect to:</p> <ul style="list-style-type: none"> <li>• Light sensitive and Filtered administration sets</li> </ul>		
<p>3. Demonstrates knowledge of the HSE Intrathecal chemotherapy guidance in terms of the cautions necessary &amp; explains how this relates to ones current nursing role.</p>	<p>a) Shows where to find information and advice, with respect to:</p> <ul style="list-style-type: none"> <li>• Trust Policy and Lead Intrathecal Chemotherapy Nurse</li> </ul> <p>b) Explains the measures in place to reduce the risk of the wrong drug being given intrathecally and names drugs known to have caused harm/death in the past, with respect to:</p> <ul style="list-style-type: none"> <li>• Competency assessment and the register and relevance in the clinical area the nurse works</li> <li>• Vinka alkaloids - Minibags verses syringes – Adult and Paediatric Setting.</li> <li>• Presentation of signed prescription to pharmacy regarding release of drug</li> </ul>		

Outcome	Theoretical Application:	Safe	Unsafe
4. Demonstrates knowledgeable of the routes of the administration of SACT, and the rationale underpinning the choices	a) Explains the rationale for the different routes used predominately within their clinical area in relation to the patient and the regimen <ul style="list-style-type: none"> <li>• Intravenous / Oral / Subcutaneous or Intramuscular/ Intrathecal</li> <li>• Topical / Isolated Limb Perfusion / Intra-arterial / Intra-cavity: Intra-vesical, Intra-peritoneal, intra-pleural, intra-ventricular (where appropriate)</li> </ul>		
5. Demonstrates knowledge of the common and possible complications associated with IV SACT and the ability to assess the suitability, patency and site of the device prior to administration of SACT	a) Explains how one would prevent, recognise and treat the following complications <ul style="list-style-type: none"> <li>• Phlebitis: Chemical, mechanical and infective</li> <li>• Extravasation</li> <li>• Flare reactions</li> <li>• The absence of blood return from a CVAD: Persistent withdrawal occlusion</li> <li>• The inability to flush a CVAD: Occlusion</li> </ul> b) Explains the principles of safe venous site assessment in terms of flushing, with respect to <ul style="list-style-type: none"> <li>• Volume of solution</li> <li>• Technique, and the product</li> </ul> c) Explains the preferable locations for peripheral cannulation and which areas should be avoided.		
6. Demonstrates knowledge and understanding of oral SACT, the risks and associated risk management principles	a) Explains rationale as to why only clinicians listed on the Local SACT prescribing Registers are authorised to prescribe SACT including repeat oral prescriptions. b) Explains the rationale of the need for a pre-treatment consultation specific to oral SACT. c) Explains what actions would be taken in terms of prescribed/dispensed oral therapy if a patient's ability changed in terms of cognition, ability to swallow, or dexterity has altered.		
7. Demonstrates knowledge of the differences between research / clinical trial SACT from standard treatment (All Nurses)	a) Explains what a Serious adverse event is and how to report it. b) Explains who to refer to for support and how to access the relevant clinical trial protocols both in and outside of working hours. c) Explains how to determine what specific patient monitoring may be required and how to discover what these are and where these are to be documented e.g. fluid balance chart, daily weights d) Demonstrates how to access information about side effects for clinical trial drugs		
8. Demonstrates knowledge & understanding of the different groups of SACT drugs, their actions	a) Explains the cell-cycle and the difference between cell-cycle phase specific drugs and cell cycle non-specific drugs and can give one example of each b) Explains why single or combination therapy is used c) Lists a minimum of three different groups of SACT drugs and gives a brief description of their modality of action (must include at least one targeted therapy). d) Demonstrates where to find detailed information about the specific drugs and drug regimens to be administered, including clinical trial protocols.		

Outcome	Theoretical Application:	Safe	Unsafe
<p>9. Demonstrates and ability to recognise and respond to common SACT side effects and the interventions patients can use to try and reduce, prevent or cope with these.</p>	<p>a) Names one SACT drug that could cause each of the following common side effects and explains the associated nursing and medical management for each.</p> <ul style="list-style-type: none"> <li>• Acute nausea and vomiting</li> <li>• Stomatitis and mucositis</li> <li>• Diarrhoea</li> </ul> <p>b) Gives one clinical example of a SACT drug that can cause the following organ toxicities, and explains the associated nursing / medical monitoring required for each, demonstrates where results of investigations can be found and actions to be taken if the results are unavailable.</p> <ul style="list-style-type: none"> <li>• Cardiac Toxicity</li> <li>• Pulmonary Toxicity</li> <li>• Nephrotoxicity</li> <li>• Hepatic Toxicity</li> </ul> <p>c) Gives one recent practical example of the patient/ carer education in terms of strategies to prevent/reduce and manage their side effects. This must include evidence of</p> <ul style="list-style-type: none"> <li>• Information resources utilised</li> <li>• Documentation: information prescriptions</li> </ul> <p>d) Explains the difference between immediate, short and long term side effects and how these can impact on Quality of life, function-ability and rehabilitation &amp; survivorship.</p> <p>e) Explains how side effect grading is determined and why it is needed in clinical practice e.g. Common Toxicity Criteria.</p> <p>f) Explains which patients receiving SACT is at risk of myelo-suppression and the associated complications, with respect to:</p> <ul style="list-style-type: none"> <li>• Blood Results – reference ranges</li> <li>• Nadir of individual drug(s)</li> <li>• Nurse assessment and monitoring</li> </ul>		
<p>10. Demonstrates the rationale underpinning the administration of supportive treatment</p>	<p>a) Explains the rationale, the timing, routes of administration and side effects for the pre-medication and supportive treatment prescribed on the proforma e.g. anti-emetic, pre-hydration and antihistamines.</p>		

Outcome	Theoretical Application:	Safe	Unsafe
11. Demonstrates knowledge & understanding of the acute oncology and emergency presentations associated with SACT.	a) Ability to prevent, recognise and manage/treat the following SACT related emergency situations: <ul style="list-style-type: none"> <li>• Neutropenic Sepsis</li> <li>• Tumour Lysis Syndrome</li> <li>• Nausea and Vomiting</li> <li>• Dehydration</li> <li>• Haemorrhage</li> <li>• Thrombus / Pulmonary Embolism</li> <li>• Allergic/hypersensitive reactions – including likelihood reaction with the with the drugs on the proforma</li> <li>• Anaphylaxis</li> </ul>		
12. Demonstrates the ability to provide information to a patient undergoing SACT treatment	a) Provides the patient (or assessor), with information regarding: <ul style="list-style-type: none"> <li>• Information on where and how they are to receive these drugs and frequencies of future appointments</li> <li>• How to cope with side effects at home – self care and self management strategies</li> <li>• Provision of relevant supportive written material e.g. MacMillan Cancer Care Information, Locally produced booklets and hand held records .</li> <li>• Types of supportive therapy they may receive during the SACT journey</li> <li>• 24-hour contact numbers.</li> </ul>		
13. Demonstrates the ability to holistically assess patients receiving SACT therapy	a) Provides a recent example of a completed holistic assessment of a patient receiving SACT b) Gives one recent practical example of referral made to other health care professionals as a result of holistic assessment (e.g. Palliative Care Team, Social Services, Discharge Planning Team, Psychological medicine, Community nurses or Occupational Therapist). c) Gives one practical example of when they had to discuss with the multidisciplinary team a situation where the patient was not fit to receive treatment to demonstrate an understanding of both physical and psycho-social aspects. d) Explains the process regarding assessing pregnancy status per policy & how to access support in terms of fertility f) Explains how to determine whether a patient is at risk of partial or total alopecia and how to assess their suitability to receive scalp cooling, as well as how to provide it.		

**Practical** (For specific details on the assessment criteria in each section refer to *Trust Educational Training Tool Systemic anti-cancer therapy (SACT) pre-administration Nurse prompt Guide*). (In no particular order)

Outcome. The assessor has witnessed that nurse has	Safe	Unsafe	Outcome. The Assessor has witnessed that the nurse ....	Safe	Unsafe
1. Ensured that consent present.			8. Ensured that any concerns regarding patient understanding of outcomes 6 & 7 above are addressed including carer concerns.		
2. Ensured that blood results within acceptable range as per protocol			9. Ensured consent re-confirmed as per local policy		
3. Ensured that baseline investigations have been assessed and there are no documented concerns			10. Initiated the appropriate monitoring charts and care plans (where appropriate) e.g. fluid balance		
4. Ensured that the toxicity & clinical patient assessment is documented as per local policy.			11. Ensured that venous access suitable and assessed as patent		
5. Ensured that a recent height & weight is recorded and the correct SACT dose has been prescribed and dispensed as per protocol.			12. Ensured that the verification (checking) process has been completed as per local policy.		
6. Ensured that the patient has received an appropriate pre-treatment consultation and has had documented their understanding of the treatment intent, side effects, 24 hour contact details and treatment schedule.			13. Worn the relevant Protective personal equipment and safely handled the SACT during the checking, preparation, administration and disposal processes and correctly disposed of waste in line with local and national policy.		
7. Assessed the patient's emotional and psychological willingness to proceed to receive treatment.			14. For IV infusion SACT Justified their practical actions with respect to: <ul style="list-style-type: none"> <li>• Priming or not priming administration set with SACT.</li> <li>• Giving via side arm of free flowing infusion (where appropriate).</li> <li>• Frequency of checking for blood back flow (where appropriate).</li> <li>• Flushing on completion.</li> <li>• The order of drug administration.</li> <li>• The weighing of bags.</li> <li>• Timings of the drugs on the prescription (Day, cycle &amp; time)</li> </ul>		

# **SACT Safe Handling and Administration Competency Declaration**

To be signed by the nurse once they have successfully completed the whole competency and deemed safe by assessor to practice independently

I feel competent to independently safely handle and administer systemic anticancer therapy

Nurse Signature: .....Name: ..... Date: .....

I have observed .....and consider them competent to safely handle and administer systemic anticancer therapy

Assessor Signature: .....Name: ..... Date: .....

(Please retain original for your Personal Development File and a copy for your line manager)