



NICaN SACT Nurses Group

The Administration of Systemic Anti-Cancer  
Therapies

Clinical Competence Framework  
(Adult and Paediatric Services)

**December 2019**

For review December 2021

This document has been adapted from a "Clinical Competence Workbook" developed by the Infusional Services Department at Belfast City Hospital

## **Competence Profile**

### **Systemic Anti-Cancer Therapies Administration**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Clinical Area:** \_\_\_\_\_

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## Introduction

The aim of this profile is to establish your current knowledge and understanding, identify your learning needs, outline an action plan and assess competence in relation to the administration of anti-cancer therapies. It should also be used to support and guide your practice on an ongoing basis.

As registered nurses it is important to recognise and adhere to the NMC Code: Professional standards of practice and behaviour for nurses and midwives (2015) in relation to your professional practice in the administration of anti-cancer therapies. Professional accountability is integral to the delivery of care and nurses should ensure they demonstrate professional knowledge and competence at all times.

**Note: All nurses who are delivering systemic anti-cancer therapies (SACT) within Northern Ireland must demonstrate both theoretical and practical competencies annually. If, due to circumstances, practitioners are deemed to need additional support in the demonstration of their competence, it should be enacted forthwith, rather than waiting the maximum time.**

### How to use this Learning Profile

1. A Practice Assessor (PA) will assist you in achieving your competence in the administration of SACT. The role of a PA is to provide you with guidance and support and to be a resource for practical supervision, information, advice and assessment.

**A PA is someone who is currently SACT competent and has been administering SACT for at least one year in a high volume SACT administration clinical area.**

**A list of PAs will be approved by your Line Manager**

2. Prior to commencing supervised practice with a view to becoming competent in intravenous SACT, you must be competent in intravenous drug administration, venepuncture, cannulation and the care and maintenance of Central Venous Access Devices (CVADs).
3. You must complete the self-assessment of knowledge table on page 10-11, which refers to each learning outcome, before your initial assessment. This assessment will help you recognise your existing knowledge, understanding and skills and enable you to identify any knowledge gaps that will require development.
4. You must also complete the self-assessment questions on pages 12-15 prior to your initial assessment with a PA.
5. It is your responsibility to negotiate a formal meeting with a PA for the initial assessment. This assessment will involve:
  - Identifying your learning objectives
  - Planning your personal development
  - Planning/practical supervision in SACT administration.
6. A PA can be contacted at any time within this period for guidance, support, information, advice or interim assessments if required.

7. Use the reflective practice exercises within the profile to reflect and record on any activities or experiences that contribute to the maintenance of your competency in knowledge of SACT administration. These should reflect **positive** learning experiences as well as those that are **negative**.

**Note:** Please keep in mind that you must carefully consider the documentation of events in relation to patient and colleague confidentiality. You may prefer not to record the event in detail however, identify in your reflection the particular relevant learning experience that took place.

8. Following a period of supervised practice, it is your responsibility to contact a PA to negotiate a final assessment.
9. Simulation cannot be used in the initial assessment of competence for new staff, nor to deem competence for the practitioner's highest level of practice at annual update.
10. If at your final assessment, it is felt that you require further practice it will be necessary to arrange further supervision.
11. If completing in house introduction to SACT 2 day course, complete competencies to the level that equates to the practitioners clinical area. If completing QUB SACT module, complete competencies up to and including level 3A (see appendix 1).
12. Practical competence must be re-assessed annually and the assessment will incorporate a demonstration of competence to the highest level of competency that equates to the practitioner's clinical area. Therefore the entire framework does not need to be completed annually, just the practical assessment framework and feedback sections, in addition to the declaration of competence for the practitioners highest level of practice.

### **Personal and Managerial Accountability**

- The assessment of your knowledge, understanding and skills by a PA does not allow you to relinquish your personal professional accountability for judging your own degree of competence (NMC, 2015). However, in order to maintain a high standard of practice, it remains essential that you obtain feedback relating to your competence from a competent practitioners and your PA.
- The evidence you are providing within this profile must be authentic and relevant. There also must be sufficient evidence to demonstrate competency.
- **You must not practice independently** until you possess the required knowledge, understanding and skills, have undergone a period of supervised practice and adequately demonstrated your learning through completion of this profile.
- **A PA will not sign** your completed profile until they are satisfied that you have fulfilled the competency requirement for each level.
- **A copy of your personal declaration of competencies must be returned to your department manager.**
- **For staff within Belfast City Hospital an additional copy must be forwarded to Infusional Services (IS), as proof of competence is only valid on receipt of declaration and entry onto the IS database.**
- **Please refer to NICaN (2016) Guidelines for the safe prescribing, handling and administration of SACT, Section 18, Education and Training**

## Competency Levels for Administration of SACT

Competency achievement may exclude some of the criteria within level 1 (if these treatments are not being administered within your unit)

	<b>Level Criteria</b>
<b>Level One</b>	<ul style="list-style-type: none"> <li><b>A.</b> Oral anti-cancer therapies</li> <li><b>B.</b> Ambulatory anti-cancer therapies (excluding vesicants or exfoliant agents)</li> <li><b>C.</b> Intermittent/continuous infusion (excluding vesicant or exfoliant agents)</li> <li><b>D.</b> Intermittent bolus (excluding vesicant or exfoliant agents)</li> <li><b>E.</b> Subcutaneous Injection</li> <li><b>F.</b> Intramuscular Injection</li> <li><b>G.</b> Intravesical anti-cancer therapies</li> <li><b>H.</b> Biological/targeted therapies (including immunotherapies)</li> </ul>
<b>Level Two</b>	<ul style="list-style-type: none"> <li><b>A.</b> <b>Direct bolus</b> of a vesicant agent via a <b>central venous access device</b></li> <li><b>B.</b> <b>Continuous infusion</b> of either a vesicant or exfoliant agent via a <b>central venous access device</b></li> </ul>
<b>Level Three</b>	<ul style="list-style-type: none"> <li><b>A</b> <b>Direct bolus</b> of a vesicant agent via a <b>Peripheral Cannula</b></li> <li><b>B.</b> <b>Continuous infusion</b> of either a vesicant or exfoliant agent via a <b>peripheral cannula</b></li> </ul>

## Intended Learning Outcomes

### *Knowledge and Understanding of SACT*

**On completion of this competency profile you are expected to:**

1. Demonstrate knowledge and understanding of the current policies/guidelines relevant to SACT administration including:
  - a. Medicines Code for your Trust
  - b. *Guideline for the safe prescribing, handling and administration of SACT*
  - c. *Trust extravasation policy for cytotoxic and non cytotoxic drugs*
  - d. *Anaphylaxis and hypersensitivity policies/guidelines*
  - e. *Peripheral Intravenous Cannulation policy & guidelines.*
  - f. *CVAD guidelines*
  - g. *COSHH guidelines.*
2. Describe the principles of cellular kinetics and pharmacokinetics.
3. List the chemotherapeutic classifications of SACT drugs.
4. State potential routes of anti-cancer therapies administration.
5. Demonstrate preparation, safe handling and administration of SACT.
6. Undertake nursing assessment and plan the nursing management of the patient receiving SACT.
7. Identify the information needs of the patient and the family prior to, during and following treatments.
8. Demonstrate an ability to care for and maintain venous access devices.
9. Demonstrate accountability with regard to documentation.

# Intended Learning Outcomes

## Skills Assessment of SACT

To achieve competence you are expected to demonstrate the skills outlined in sections 1-8 whilst adhering to infection prevention control measures and the principles of ANTT

- 1. Awareness of the location of emergency equipment and management of associated emergencies**
  - a. Anaphylaxis and hypersensitivity
  - b. Extravasation
  - c. Spillage
  - d. Crash trolley
  - e. Eye wash
  
- 2. Patient education and informational needs**
  - a. Assess patient's current level of knowledge and understanding of side effects and potential complications of treatment
  - b. Give clear explanations
  - c. Check for information absorption and recall
  - d. Re-enforcement of key messages
  - e. Physical preparation
  
- 3. Selection and preparation of equipment**
  - a. Preparation of equipment, prescribed drugs and flushes
  - b. Priming of administration sets
  - c. Appropriate use of personal protective equipment
  - d. Correct protection and storage of drugs
  - e. Appropriate use of connections
  - f. Appropriate disposal equipment
  
- 4. Identification and checking of treatment**
  - a. Confirmation of pre-assessment and consent
  - b. Chart prescription / RISOH prescription
  - c. Confirm authorisation of treatment
  - d. Correct checking procedure
  - e. Patient identification
  
- 5. Drug Administration**
  - a. Practitioner position
  - b. Establishment of venous access
  - c. Correct handling and administration of drugs
  - d. Drug sequencing
  - e. Drug given at recommended rate
  - f. Appropriate observation
  - g. Correct flushing technique



**6 Disposal of equipment**

- a. Correct disposal of sharps
- b. Correct disposal of cytotoxic waste and any potentially contaminated bodily fluids
- c. Hand hygiene / decontamination

**7 Discharge advice**

- a. Contact numbers, including telephone helpline advice
- b. Treatment plans / dates
- c. Appropriate referrals to Primary Care
- d. Prescription / equipment

**8 Documentation of care in relevant charts/notes**

- a. Record administration details on prescription chart
- b. Record care and any administration complications in nursing notes
- c. Record cannula care in Peripheral Venous Observation Chart
- d. Record care of CVAD in Central Venous Observation Chart
- e. Record on fluid balance chart

**Self-Assessment of current knowledge, understanding and skills in relation to the learning outcomes**

At what level is your knowledge and understanding of skills in relation to the following learning outcomes? Tick boxes as appropriate

<b>Learning Outcomes:</b>	<b>I do not feel confident about this</b>	<b>I feel that this needs improvement</b>	<b>I feel confident about this</b>
<b>Knowledge and understanding of:</b>			
Current policies and guidelines relevant to SACT administration			
Principles in cellular kinetics and pharmacokinetics			
The chemotherapeutic classifications for SACT drugs			
Routes of administration			
The preparation, safe handling and administration of SACT			
Nursing assessment and management of the patient receiving SACT			
Informational needs of the patient and family prior to, during and following treatments			
Care and maintenance of venous access devices, potential problems and interventions			
Accountability with regard to documentation			

<b>Skills Assessment of:</b>	<b>I do not feel confident about this</b>	<b>I feel that this needs improvement</b>	<b>I feel confident about this</b>
Location of emergency equipment and management of associated emergencies.			
Patient preparation, educational and informational needs			
Selection and preparation of equipment			
Identifying and checking of treatment			
Drug administration			
Disposal of equipment			
Discharge advice			
Documentation of care in relevant charts/notes			

**Self-assessment of SACT Administration**

Please complete these questions to identify your learning needs:

**1. Describe the cell cycle and the function at each stage of the cell cycle.**

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**2. At which stage of the cell cycle are cells particularly resistant to SACT?**

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**3. Why do SACT drugs cause side effects?**

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**4. What is meant by neo adjuvant and adjuvant SACT?**

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**5. What is meant by the terms cell specific and non cell specific drugs?**

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**6. What is meant by the term 'nadir' and what advice is given to a patient at this time?**

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**7. What measurements are required to determine a person's body surface area for drug calculation for a SACT treatment?**

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**8. What patient identification and checking procedures should take place before commencing SACT administration?**

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**9. What personal protection equipment (PPE) should be worn when handling cytotoxic drugs?**

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**10. Name 5 routes of administration for SACT?**

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**11. Name the most common reason for dose-reducing a cytotoxic drug?**

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**12. What are the 5 classifications of cytotoxic drugs relating to the potential for it to cause tissue damage if extravasated?**

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**13. Define the term extravasation?**

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**14. How would you manage an extravasation with vincristine?**

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**15. Give two examples of a level one chemotherapy administration according to the NCCN chemotherapy Competency Framework**

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**16. Define what an inflammatory drug is and give an example of same**

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**17. Define what an exfoliant drug is and give an example of same**

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**18. According to the NICA chemotherapy Competency Framework give an example of a level 3A SACT drug**

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**19. According to the NICA chemotherapy Competency Framework how would you administer a level 3A SACT treatment?**

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**20. Name two SACT drugs in your area that have a high risk of a hypersensitivity reaction or anaphylaxis?**

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**21. What are the signs and symptoms of anaphylaxis?**

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**22. What action should be taken following an anaphylactic reaction?**

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**23. Name two 'SACT' drugs that can cause peripheral neuropathy**

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**24. A patient who is on oral anti-cancer therapy rings the helpline to state that they have missed taking a dose of medication. What advice would you give them?**

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**25. Give an example of a SACT treatment and explain what discharge advice you would give the patient?**

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**26. A patient is going home with an elastomeric infusor system attached; what would the patient need to be given prior to discharge to ensure safety in the home?**

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**27. What steps should be taken if a SACT spillage takes place?**

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**28. Name one immune checkpoint inhibitor and briefly outline its mode of action**

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**29. State 3 common toxicities associated with immune checkpoint inhibitors and outline the patient management of one of these.**

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**30. Within what timeframe can toxicities of immune checkpoint inhibitors develop, following completion of treatment?**

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**Level One Practice Assessment Framework**

Following a period of learning a PA will use this framework to assess your achievements and to plan any further action if required.

Level	A		B		C		D	
Learning Objectives	Oral anti-cancer therapies		Ambulatory anti-cancer therapies (excluding vesicant or exfoliant agents)		Intermediate/Continuous Infusion (excluding vesicant or exfoliant agents)		Intermittent Bolus (excluding vesicant or exfoliant agents)	
<b>The practitioner should be able to demonstrate competency in:</b> (Numbers and letters below relate to headings on page 8-9. Insert the relevant letters in the boxes to the right to indicate which skills require further practice and which skills the nurse is competent in. (eg requires further practice 1c&d, competent 1a&b )	Requires Further Practice	Competent	Requires Further Practice	Competent	Requires Further Practice	Competent	Requires Further Practice	Competent
<b>1. Location of emergency equipment</b> a b c d e								
<b>2. Patient preparation, education and Informational needs</b> a b c d e								
<b>3. Selection and preparation of equipment</b> a b c d e f								
<b>4. Identification and checking of treatment</b> a b c d e								
<b>5. Drug administration</b> a b c d e f g								
<b>6. Disposal of equipment</b> a b c								
<b>7. Discharge advice</b> a b c d								
<b>8. Documentation of care in relevant charts/notes</b> a b c d e								

### Level One Practice Assessment Framework

Following a period of learning a PA will use this framework to assess your achievements and to plan any further action if required.

Level One	E		F		G		H	
Learning Objectives	Subcutaneous Injection		Intramuscular injection		Intravesical		Biological Therapies	
<b>The practitioner should be able to demonstrate competency in:</b> (Numbers and letters below relate to headings on page 8-9. Insert the relevant letters in the boxes to the right to indicate which skills require further practice and which skills the nurse is competent in. (eg requires further practice 1c&d, competent 1a&b )	Requires Further Practice	Competent	Requires Further Practice	Competent	Requires Further Practice	Competent	Requires Further Practice	Competent
<b>1. Location of emergency equipment</b> a b c d e								
<b>2. Patient preparation, education and Informational needs</b> a b c d e								
<b>3. Selection and preparation of equipment</b> a b c d e f								
<b>4. Identification and checking of treatment</b> a b c d e								
<b>5 Drug administration</b> a b c d e f g								
<b>6. Disposal of equipment</b> a b c								
<b>7. Discharge advice</b> a b c d								
<b>8. Documentation</b> a b c d e								

# Practical Assessment Feedback

## Level ONE SACT administration

To be completed as needed if further comments are required.

Comments (Please Circle)	
<u>Level 1</u> A B C D E F G H	Date: _____ Practice Assessor's Signature: _____
<u>Level 1</u> A B C D E F G H	Date: _____ Practice Assessor's Signature: _____
<u>Level 1</u> A B C D E F G H	Date: _____ Practice Assessor's Signature: _____
<u>Level 1</u> A B C D E F G H	Date: _____ Practice Assessor's Signature: _____
<u>Level 1</u> A B C D E F G H	Date: _____ Practice Assessor's Signature: _____

# Practical Assessment Feedback

## Level ONE SACT Administration

To be completed as needed if further comments are required.

Comments (Please Circle)	
<p><u>Level 1</u> A B C D E F G H</p>	<p>Date: _____</p> <p>Practice Assessor's Signature: _____</p>
<p><u>Level 1</u> A B C D E F G H</p>	<p>Date: _____</p> <p>Practice Assessor's Signature: _____</p>
<p><u>Level 1</u> A B C D E F G H</p>	<p>Date: _____</p> <p>Practice Assessor's Signature: _____</p>
<p><u>Level 1</u> A B C D E F G H</p>	<p>Date: _____</p> <p>Practice Assessor's Signature: _____</p>
<p><u>Level 1</u> A B C D E F G H</p>	<p>Date: _____</p> <p>Practice Assessor's Signature: _____</p>

### Level Two Practice Assessment Framework

Following a period of learning a PA will use this framework to assess your achievements and to plan any further action if required.

Level 2	A		B	
<b>Learning Objectives</b>	<b>Direct bolus of a vesicant agent via a central venous access device</b>		<b>Continuous infusion of either a vesicant or exfoliant agent via a central venous access device</b>	
<b>The practitioner should be able to demonstrate competency in:</b> (Numbers and letters below relate to headings on page 8-9. Insert the relevant letters in the boxes to the right to indicate which skills require further practice and which skills the nurse is competent in. (eg requires further practice 1c&d, competent 1a&b )	<b>Requires Further Practice</b>	<b>Competent</b>	<b>Requires Further Practice</b>	<b>Competent</b>
<b>1. Location of emergency equipment</b> a b c d e				
<b>2. Patient preparation, education and informational needs</b> a b c d e				
<b>3. Selection and preparation of equipment</b> a b c d e f				
<b>4. Identification and checking of treatment</b> a b c d e				
<b>5. Drug administration</b> a b c d e f g				
<b>6. Disposal of equipment</b> a b c				
<b>7. Discharge advice</b> a b c d				
<b>8. Documentation</b> a b c d e				

# Practical Assessment Feedback

## Level TWO SACT Administration

To be completed as needed if further comments are required.

Comments (Please Circle)	
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____

# Practical Assessment Feedback

## Level TWO SACT administration

To be completed as needed if further comments are required.

Comments (Please Circle)	
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 2</u> A B	Date: _____  Practice Assessor's Signature: _____

**Level Three Practice Assessment Framework**

Following a period of learning a PA will use this framework to assess your achievements and to plan any further action if required.

Level 3	A		B	
<b>Learning Objectives</b>	<b>Direct bolus of a vesicant agent via a peripheral cannula</b>		<b>Continuous Infusion of either a vesicant or exfoliant agent via a peripheral cannula</b>	
<b>The practitioner should be able to demonstrate competency in:</b> (Numbers and letters below relate to headings on page 8-9. Insert the relevant letters in the boxes to the right to indicate which skills require further practice and which skills the nurse is competent in. (eg requires further practice 1c&d, competent 1a&b )	<b>Requires Further Practice</b>	<b>Competent</b>	<b>Requires Further Practice</b>	<b>Competent</b>
<b>1. Location of emergency equipment</b> a b c d e				
<b>2. Patient education and informational needs</b> a b c d e				
<b>3. Selection and preparation of equipment</b> a b c d e f				
<b>4. Identification and checking of treatment</b> a b c d e				
<b>5. Drug administration</b> a b c d e f g				
<b>6. Disposal of equipment</b> a b c				
<b>7. Discharge advice</b> a b c d				
<b>8. Documentation</b> a b c d e				



# Practical Assessment Feedback

## Level THREE SACT Administration

To be completed as needed if further comments are required.

Comments (Please Circle)	
<u>Level 3</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u> A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u> A B	Date: _____  Practice Assessor's Signature: _____

# Practical Assessment Feedback

## Level THREE SACT Administration

To be completed as needed if further comments are required.

Comments	Please Circle	
<u>Level 3</u>	A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u>	A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u>	A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u>	A B	Date: _____  Practice Assessor's Signature: _____
<u>Level 3</u>	A B	Date: _____  Practice Assessor's Signature: _____

# Reflective Practice Guide

## SACT Administration

Please reflect on the procedure being practiced, discuss with a PA and complete the following questions. If you feel it is necessary, you may photocopy the guide and repeat this process.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Procedure supervised by:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**1. Give a clear and detailed description of the event.**

*Guide:* Review each intended learning outcome and reflect on how they influenced your approach to this particular procedure.

**2. What went particularly well during the procedure?**

*Guide:* Reflect on the actions and behaviours of yourself and others.

**3. What did not go particularly well during the procedure?**

*Guide:* Were there any complications? Was there anything you would have changed or done differently?

**4. What alternative actions or behaviours may have been possible to improve the procedure?**

**5. Discuss what you have learnt from this experience.**

# Northern Ireland Cancer Network

## *Declaration of Attendance and Competence Form*

I have completed the theory regarding administration of Systemic Anti-Cancer Therapies (SACT)

Practitioner's Name (Print) _____	Signature: _____
Title/Band: _____	Date: _____
Clinical Area: _____	
Practice Assessor (Print) _____	Signature: _____

I have completed a period of observation and supervised practice; have been formally assessed and am now competent in administration of SACT in the following levels:

<b><u>Level One A</u></b>	
Practitioner's Name (Print) _____	Signature: _____
Title/Band: _____	Date: _____
Clinical Area: _____	
Practice Assessor (Print) _____	Signature: _____

<b><u>Level One B</u></b>	
Practitioner's Name (Print) _____	Signature: _____
Title/Band: _____	Date: _____
Clinical Area: _____	
Practice Assessor (Print) _____	Signature: _____

<b><u>Level One C</u></b>	
Practitioner's Name (Print) _____	Signature: _____
Title/Band: _____	Date: _____
Clinical Area: _____	
Practice Assessor (Print) _____	Signature: _____

**Level One D**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level One E**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level One F**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level One G**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level One H**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level Two A**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level Two B**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level Three A**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**Level Three B**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**I have completed the learning profile and am competent to undertake SACT administration**

Practitioner's Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Band: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Practice Assessor (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Please submit a copy of this form to your Department Manager (and Infusional Services if in BCH)

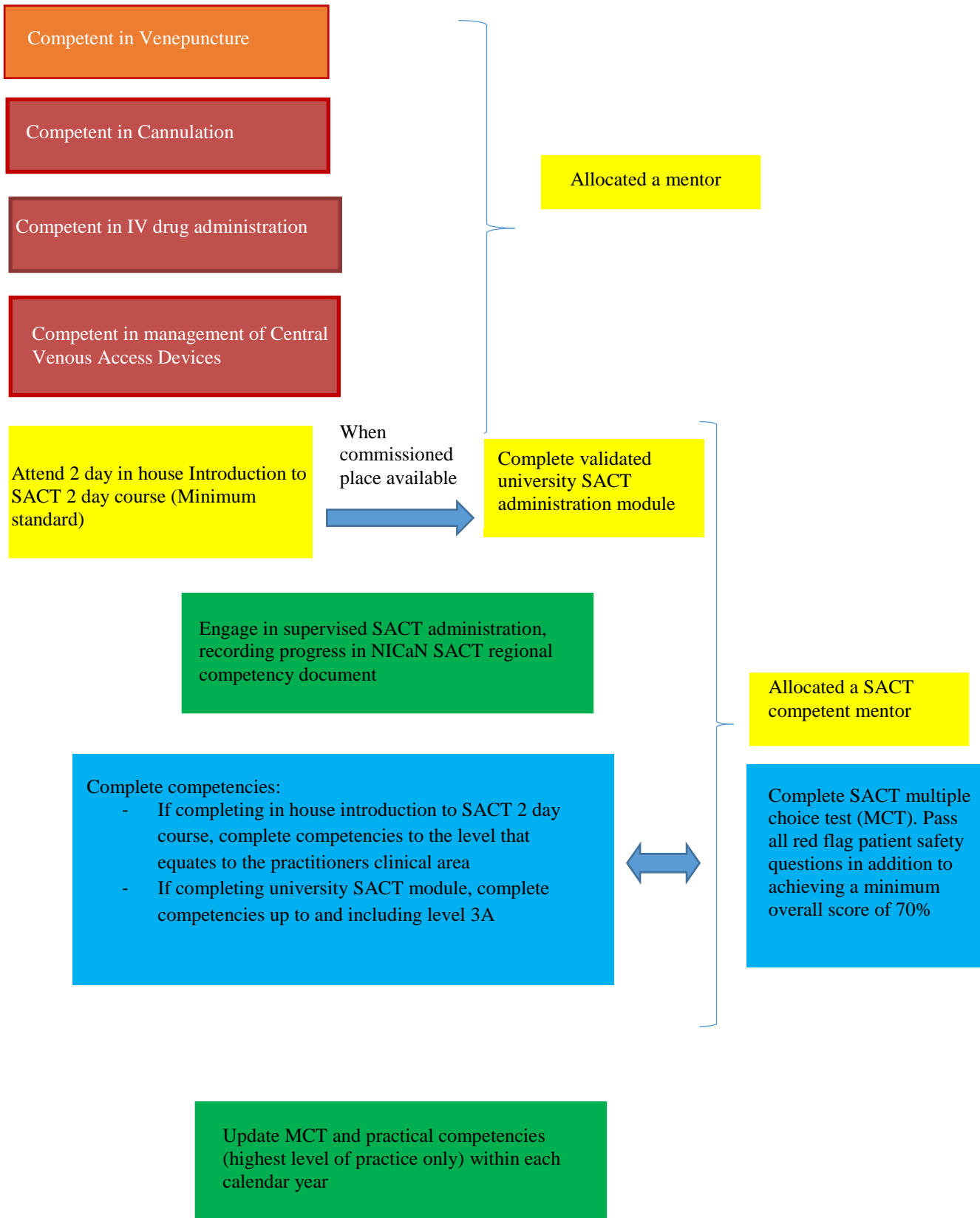
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- Northern Ireland Cancer Network Policies and Guidelines on: (www.cancerni.net)
  - Acute Oncology Guidelines
  - Antiemetic guideline for adult patients receiving SACT and/or radiotherapy
  - Management of SACT Extravasation
  - Guidelines for the use of granulocyte colony stimulating factor (GSCF) in adult oncology & haematology patients with solid tumours for SACT.
  - Checkpoint inhibitor immunotherapy toxicity management
  - Management of Onc/Haem adult patients with neutropenic sepsis
  - Management of SACT hypersensitivity.
  - Safe prescribing, handling and administration of SACT
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# Appendix 1 IV SACT Competency Process Flowchart - attain SACT competency within 12-18 months of working within oncology/haematology



## Appendix two – Service user feedback

### Information for nurses and their mentors

The service user feedback overleaf should be copied and distributed to patients who have been administered SACT by the nurse undertaking SACT competency assessment. Preferably this should incorporate both patients receiving their first course and patients who have had several courses of treatment. Please indicate at the top of the form what cycle/course number of SACT that the patient is undertaking at the time feedback was given. **The service user feedback form should be given to the patient by the mentor rather than the nurse undertaking the assessment**, to ensure anonymity for each patient providing feedback. The nurse undertaking SACT competency assessment must return a **minimum of two** service feedback forms with his/her completed SACT clinical competence framework **on the first occasion that (s)he attains competence.**

The ward/unit sister will ensure that **service user feedback is obtained from a selection of nurses** from their clinical area **who are completing their annual assessment** (ie not every nurse will need to have a service user evaluation completed every year)

We trust that the involvement of patients/carers in the assessment process will be a positive measure to offer useful information which helps us to continually improve the service we provide. If there is any feedback that indicates that the service delivered by the nurse undertaking SACT competency assessment could be improved, this should be discussed between the mentor and nurse in a supportive manner. If there are any serious concerns highlighted, these should be escalated to the ward sister of the nurse

**SACT cycle/course number** \_\_\_\_\_ (to be completed by mentor)

### **Information for Service User / Carer / Family**

We would like to give you the opportunity to provide feedback about your experience with the nurse who administered your anti-cancer therapy

There are some important things for us to highlight before you decide if you wish to take part:

- Feedback received will help to inform the nurse's learning about administering anti-cancer therapies and your care afterwards
- Your comments will help the nurse to think about their practice and role
- Your name/details will not be recorded on this form. This means that as the nurse will be administering anticancer therapies to several patients, they will not know that it is you who provided the feedback.
- You can say you do not wish to fill in the form
- If you do not want to take part your care will not be affected.
- Should you require any help in completing the form then please ask a member of your family, carer/ friend or the person who gave you the form (usually the nurse's mentor)

If you would like to take part all that you need to do is fill out the form on the next page. This involves some tick box questions and space for a comment, if you wish to write one.

Nurse's Name: \_\_\_\_\_

1. Did the nurse introduce him/herself and explain their role?  
Yes   
No   
Not sure
  
2. Did the nurse adequately explain the treatment to you prior to and during administration?  
Yes   
No   
Not sure
  
3. Did the nurse ensure you understood potential complications or side-effects of the treatment?  
Yes   
No   
Not sure
  
4. Were you satisfied that they gave you an opportunity to ask any questions or express any concerns you may have had in relation to your treatment?  
Yes   
No   
Not sure
  
5. Did the nurse provide you with information about what to expect following your treatment (including information on the telephone helpline and when your next treatment would be)?  
Yes   
No   
Not sure
  
6. Using a score of 0 – 10 (with 0 meaning very poor and 10 meaning excellent), how well did the nurse communicate with you?  
0 - 10  
Score
  
7. If applicable how could the nurse improve upon his/her communication with you?

8. Did the nurse make you feel safe and well cared for? Yes   
No   
Not sure

9. Is there anything that the nurse could do better in the future? Yes   
No   
Not sure

If Yes, what would you suggest?

10. Using a score of 0 – 10 (with 0 meaning very unsatisfied and 10 meaning extremely satisfied), overall how satisfied were you with service that the nurse provided? 0 – 10   
Score

Would you like to provide any other comments?

Thank you for taking the time to provide this feedback

