

## Appendix 2

### SACT SAFE HANDLING AND ADMINISTRATION CERTIFICATE

#### 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 the Clinical assessments 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

#### 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

#### Declarations

To I declare that I am clinically competent to safely administer SACT and have successfully completed clinical assessments listed below, and had SACT competencies signed off in the Career and Education Framework for CYP Cancer Nurses V3.0 2022

- 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 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)

## Appendix 2

### Supervised administration record: Bolus

Supervised Administration Record: <b>Bolus Chemotherapy Medications</b>		Practitioner's name:				
The practitioner can administer medications safely and discuss complications and ongoing care. The practitioner and supervisor(s) should undertake observed assessments until they are both confident that competency has been achieved. A minimum of five assessments need to be undertaken and recorded.						
For each supervised practice the trainee must be  C = competent	Min level	Supervised assessments				
		1	2	3	4	5
<b>1. Legal and ethical issues</b>						
		Date	Date	Date	Date	Date
Demonstrates an understanding of their accountability and responsibility in relation to bolus chemotherapy medication administrations according to relevant legislation and their governing body. Ensure patient aware of entitlement to free prescriptions.	C					
Hand hygiene as per Local infection control guidelines maintained throughout the procedure.	C					
<b>2. Pre-administration assessment</b>						
Introduces self to patient and carer. Communicates with patient proposed plan of care and obtains informed consent.	C					
Review of treatment order.	C					
Ensures availability of prescribed and dispensed chemotherapy agents.	C					
Performs appropriate procedure for correctly identifying patient.	C					
Assesses patients' perceptions/ history including toxicity assessment.	C					

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Able to identify contraindications and/or pre-treatment monitoring requirements for prescribed treatment.	C					
Able to interpret critical tests and is aware of normal blood parameters.	C					
Use appropriate strategies to reduce anxiety to increase understanding and encourage concordance.	C					
Ensures good venous access patent and available for SACT.	C					
<p>Demonstrate appropriate selection and preparation of treatment environment and equipment including access to and functionality of emergency equipment:</p> <ul style="list-style-type: none"> <li>• Vital signs monitoring equipment available</li> <li>• Appropriate use of ANTT as per local policy</li> <li>• Appropriate use of PPE</li> <li>• Appropriate decontamination of drip stand and infusion device</li> <li>• Cytotoxic extravasation and spill kit are accessible</li> <li>• Eye wash kit available</li> <li>• Cytotoxic waste disposable containers accessible at point of treatment</li> </ul>	C					
Offers patient opportunity to attend to comfort needs prior to administration.	C					

3. Administration preparation						
Assemble necessary equipment: <ul style="list-style-type: none"> <li>• ANTT equipment as per local guideline</li> <li>• Intravenous administration set appropriate to treatment plan with needle free injection port</li> <li>• Intravenous fluid as compatible to fluid being administered</li> <li>• Appropriate dressing pack as per local guidance.</li> </ul>	C					
Establish venous access as per local policy and attach primed set following ANTT, ensuring line is safely secured.	C					
Confirm patency of patients' venous access by observing blood return. Adhere to local policy when accessing CVAD. Any concerns speak to senior nurse.	C					
4. Patient treatment confirmation						
Adheres to local SACT medicines policy.	C					
5. Administration technique						
Ensures appropriate PPE as per local policies.	C					
Administer medication in prescribed order i.e. pre medication then intravenous vesicant bolus etc.	C					
Set gravity infusion rate to an appropriate flow rate and pressure rate as per local policy	C					
If patient has peripheral venous access, check patency intermittently during administration. Intervene appropriately if patency decreases or ceases.	C					

Assess patient for venous complications, anxiety and hypersensitivity reactions during administration at an appropriate frequency. Intervene appropriately if complications and or reactions become evident.	C					
Utilises tray under the connection of the needless connection and luer-lock syringe to provide protection to the patient, chemotherapy nurse and environment from mechanical malfunction.	C					
Dispose of cytotoxic waste as per local cytotoxic waste management policy.	C					
<b>6. Termination of procedure</b>						
Documents episode of care conforming with NMC and local guidelines for records and record keeping.	C					
Ensure appropriate methods of communication are utilised to communicate necessary information to the MDT and/or other health care professionals.	C					
Ensures patient is aware that therapeutic interaction is completed and has adequate follow-up arrangements and has discharge medications if required.	C					

## Assessment sign-off

Supervised Administration Record: Bolus chemotherapy medications		Practitioner's name:	
Supervised administration No.1	Date:	Signed:	
Supervisor's comments			
Practitioner comments			
Supervised administration No.2	Date:	Signed:	
Supervisors comments			
Practitioner Comments			
Supervised administration No.3	Date:	Signed:	
Supervisor's comments			
Practitioner comments			

<b>Supervised administration No.4</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		
<b>Supervised administration No.5</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		

## Appendix 2

### Supervised Administration Record: Intravenous

Supervised administration record: <b>Intravenous Chemotherapy Medications</b>		Practitioner's Name:				
The practitioner can administer medications safely and discuss complications and ongoing care. The practitioner and supervisor(s) should undertake observed assessments until they are both confident that competency has been achieved. A minimum of five assessments need to be undertaken and recorded.						
For each supervised practice the trainee must be  C = competent	Min level	Supervised assessments				
		1	2	3	4	5
<b>1. Legal and ethical issues</b>						
		Date	Date	Date	Date	Date
Demonstrates an understanding of their accountability and responsibility in relation to intravenous chemotherapy medication administrations according to relevant legislation and their governing body.	C					
Hand hygiene as per local infection control guidelines maintained throughout the procedure.	C					
<b>2. Pre-administration assessment</b>						
Introduces self to patient and carer. Communicates with patient proposed plan of care and obtains informed consent.	C					
Review of treatment prescription.	C					
Ensures availability of prescribed and dispensed chemotherapy agents.	C					
Performs appropriate procedure for correctly identifying patient.	C					
Assesses patients' perceptions/ history including toxicity assessment.	C					
Able to identify contraindications and / or pre-treatment monitoring requirements for prescribed treatment.	C					

Able to interpret critical tests and is aware of normal blood parameters.	C					
Use appropriate strategies to reduce anxiety to increase understanding and encourage concordance.	C					
Ensures suitable venous access available and selects appropriate route as per prescription.	C					
Demonstrate appropriate selection and preparation of treatment environment and equipment including access to and functionality of emergency equipment <ul style="list-style-type: none"> <li>• Vital signs monitoring equipment available</li> <li>• Appropriate use of ANTT as per local policy</li> <li>• Appropriate use of PPE</li> <li>• Appropriate decontamination of drip stand and infusion device</li> <li>• Cytotoxic extravasation and spill kit are accessible</li> <li>• Eye wash kit available</li> <li>• Cytotoxic waste disposable containers accessible at point of treatment</li> </ul>	C					
Offers patient opportunity to attend to comfort needs prior to administration.	C					
<b>3. Administration preparation</b>						
Assemble necessary equipment: <ul style="list-style-type: none"> <li>• Follow local policy with regards to ANTT</li> <li>• Intravenous administration set appropriate to treatment plan with needle-free injection port</li> <li>• Intravenous fluid as compatible to fluid being administered</li> </ul>	C					
Establish venous access as per local policy and attach primed set following ANTT, ensuring line is safely secured	C					

Confirm patency of patients' venous access by observing blood return. Adhere to local policy when accessing CVAD. Any concerns speak to senior nurse	C					
<b>4. Patient treatment confirmation</b>						
Adheres to local SACT medicines policy.	C					
<b>5. Administration technique</b>						
Ensures appropriate PPE as per local policies.	C					
Confirms patency and safety of needle-free connection device on the intravenous administration set by administering 5ml of 0.9% sodium chloride in an appropriate luer-lock syringe.	C					
Administer medication in prescribed order i.e. pre-medication then intravenous vesicant bolus etc.	C					
Set infusion rate to an appropriate flow rate and pressure rate for medical devices.	C					
If patient has peripheral venous access, check patency intermittently during administration. Intervene appropriately if patency decreases or ceases.	C					
Assess patient for venous complications, anxiety and hypersensitivity reactions during administration at an appropriate frequency.	C					
Intervene appropriately if complications and or reactions become evident.	C					

Utilises sterile gauze square under the connection of the needless connection and luer-lock syringe. Fully covering the connection when applying to the syringe plunger, providing protection to the patient, chemotherapy nurse and environment from mechanical malfunction.	C					
Dispose of cytotoxic waste in an appropriate manner conforming to local SACT waste management policy.	C					
<b>6. Termination of procedure</b>						
Documents episode of care conforming with NMC and local guidelines for records and record-keeping.	C					
Ensure appropriate methods of communication are utilised to communicate necessary information to the MDT and/or other health care professionals.	C					
Ensures patient is aware that therapeutic interaction is completed and has adequate follow-up arrangements and has discharge medications if required.	C					

## Assessment Sign-off

<b>Supervised Administration Record: Intravenous chemotherapy medications</b>		<b>Practitioners name:</b>	
<b>Supervised administration No.1</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			
<b>Supervised administration No.2</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			
<b>Supervised administration No.3</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			

<b>Supervised administration No.4</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		
<b>Supervised administration No.5</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		

## Appendix 2

### Supervised administration record: Oral

Supervised Administration Record: Oral chemotherapy medications		Practitioner's name:				
The practitioner can administer medications safely and discuss complications and ongoing care. The practitioner and supervisor(s) should undertake observed assessments until they are both confident that competency has been achieved. A minimum of five assessments need to be undertaken and recorded.						
For each supervised practice the trainee must be C = competent	Min level	Supervised assessments				
		1	2	3	4	5
<b>1. Legal and Ethical Issues</b>						
		Date	Date	Date	Date	Date
Demonstrates an understanding of their accountability and responsibility in relation to oral chemotherapy medication administrations according to relevant legislation and their governing body.	C					
Demonstrates an understanding of care needs of patients and carers which are specific to oral medications.	C					
Hand hygiene as per local infection control guidelines maintained throughout the procedure.	C					
<b>2. Pre-administration patient and carer education and assessment</b>						
Introduces self to patient and carer.	C					
Discusses chemotherapy patient information leaflet with patient and carer.	C					
Asks the patient/carer what they understand about the treatment and provides opportunities for questioning/discussion throughout assessment.	C					

<p>Able to assess the patient's/carer's ability to self-medicate</p> <ul style="list-style-type: none"> <li>• Ensure patient's/carer's ability to take medication correctly</li> <li>• Ensures patients/carers can effectively monitor of side effects</li> <li>• Ensure patients/carers recognise when to call for support and report symptoms or side effects.</li> </ul>	C					
<b>2. Pre-administration patient and carer education and assessment</b>						
<p>Explain/discuss regimen and intended number of cycle including treatment gaps.</p>	C					
<p>Explain/discuss how and when to take the oral chemotherapy medication.</p>	C					
<p>Explain/discuss what to do in the event of missing a dose.</p>	C					
<p>Explain/discuss what to do in the event of vomiting after a dose.</p>	C					
<p>Explain/discuss the need for, and how to obtain, further supplies.</p>	C					
<p>Explain/discuss the role of their GP in supporting them during treatment.</p>	C					
<p>Explain/discuss safe handling, storage and disposal of oral chemotherapy.</p>	C					
<p>Explain/discuss possible drug interactions including herbal or other supplements.</p>	C					
<b>4. Patient self-monitoring</b>						
<p>Explain/discuss how to access in and out-of-hours help and support.</p>	C					

Explain/discuss potential side effects including fertility issues.	C					
<b>5. Provision of written information</b>						
Ensure patient/carer understands written information that is provided.	C					
Written information should include: <ul style="list-style-type: none"> <li>• The patient's individualised treatment regime/plan</li> <li>• Chemotherapy alert card</li> <li>• Chemotherapy diary</li> <li>• In-out-of-hours advice line information</li> <li>• Next appointment with health care professional</li> </ul>	C					
<b>6. Patient support during chemotherapy</b>						
Able to assess patient/carer needs for supportive services, and demonstrates knowledge of and ability to refer for support. For example, community nursing services, palliative care team.	C					
Ensures patient is informed of free prescription service.						
<b>7. Nurse administration of oral chemotherapy medications</b>						
Patient identification is agreed and checked prior to dispensing medication.	C					
The patient's prescription is verified and checked prior to dispensing.	C					
Establishes that critical tests have been performed as per protocol.	C					
Able to interpret critical tests and is aware of normal blood parameters.	C					
Reviews the patient's performance status and fitness to undergo treatment.	C					
Assessment of toxicities is undertaken prior to each cycle of treatment.	C					

Identifies any contraindications and monitoring requirements for each prescribed treatment.	C					
Ensures appropriate PPE is worn as detailed in Trust policy.	C					
Aware of safe disposal procedures for all equipment used as per local policy.	C					
Explain/discuss principles of safe handling of bodily fluids.	C					
Documents episode care in accordance with NMC and local guidelines for record keeping.	C					
Can demonstrate effective communication with MDT and other health care professionals involved in the patient's care.	C					

## Assessment Sign-off

<b>Supervised Administration Record: Oral chemotherapy Medications</b>		<b>Practitioners name:</b>	
<b>Supervised administration No.1</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			
<b>Supervised administration No.2</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			
<b>Supervised administration No.3</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			

<b>Supervised administration No.4</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		
<b>Supervised administration No.5</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		

## Appendix 2

### Supervised Administration Record: Subcutaneous/intramuscular chemotherapy medications

Supervised Administration Record: Subcutaneous/Intramuscular chemotherapy medications		Practitioner's Name:				
The practitioner can administer medications safely and discuss complications and ongoing care. The practitioner and supervisor(s) should undertake observed assessments until they are both confident that competency has been achieved. A minimum of five assessments need to be undertaken and recorded.						
For each supervised practice the trainee must be  C = competent	Min level	Supervised assessments				
		1	2	3	4	5
<b>1. Legal and ethical issues</b>						
		Date	Date	Date	Date	Date
Demonstrates an understanding of their accountability and responsibility in relation to intramuscular/subcutaneous chemotherapy medication administrations according to relevant legislation and their governing body.	C					
Hand hygiene as per local infection control guidelines maintained throughout the procedure.	C					
<b>2. Pre-administration patient and carer education and assessment</b>						
Introduces self to patient and carer.	C					
Discusses chemotherapy patient information leaflet with patient and carer.	C					
Asks the patient/carers what they understand about the treatment and provides opportunities for questioning/discussion throughout assessment.	C					
Reviews the treatment order and confirms the route is suitable for the agent.	C					
Ensures availability of prescribed and dispensed chemotherapy agents.	C					
Performs correct procedure for correctly identifying patient.	C					

Assesses patient perceptions/ history including toxicity assessment.	C					
Use appropriate strategies to reduce anxiety to increase understanding and encourage concordance.	C					
Communicates with patient proposed plan of care & obtains informed consent.	C					
Demonstrate appropriate selection and preparation of treatment environment and equipment including access to and functionality of emergency equipment <ul style="list-style-type: none"> <li>• Vital signs monitoring equipment available</li> <li>• Appropriate use of ANTT as per local policy</li> <li>• Appropriate use of PPE</li> <li>• Cytotoxic spill kit is accessible</li> <li>• Eye wash kit available</li> <li>• Cytotoxic waste disposable containers accessible at point of treatment</li> </ul>	C					
<b>3. Administration preparation</b>						
Assemble necessary equipment: <ul style="list-style-type: none"> <li>• Follow local policy with regards to ANTT</li> <li>• Appropriate ANTT equipment as per local guidance</li> <li>• Selection of appropriate needle gauge</li> </ul>	C					
<b>4. Patient/ Treatment confirmation</b>						
Ensures appropriate PPE as per local SACT policy.	C					
<b>5. Administration Technique</b>						
Confirms needle and syringe are firmly connected.	C					
Administer injection as per local guidelines via appropriate site.	C					

Dispose of cytotoxic waste in an appropriate manner conforming to local SACT waste management policy.	C					
<b>6. Termination of procedure</b>						
Documents episode of care conforming with NMC and local guidelines for records and record-keeping.	C					
Ensure appropriate methods of communication are utilised to communicate necessary information to the MDT and/or other health care professionals.	C					
Ensures patient is aware that therapeutic interaction is completed and has adequate follow-up arrangements and has discharge medications if required.	C					

## Assessment Sign-off

<b>Supervised Administration Record: Subcutaneous/Intramuscular chemotherapy medications</b>		<b>Practitioner's Name:</b>	
<b>Supervised administration No.1</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			
<b>Supervised administration No.2</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			
<b>Supervised administration No.3</b>	<b>Date:</b>	<b>Signed:</b>	
Supervisor's comments			
Practitioner comments			

<b>Supervised administration No.4</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		
<b>Supervised administration No.5</b>	Date:	Signed:
Supervisor's comments		
Practitioner comments		