



# Systemic Anticancer Therapy Guideline

## 1. Guiding Principles

All chemotherapeutic agents are classed as High Risk Medicines (HRM) as defined by the Australian Commission on Safety and Quality in Healthcare (ACSQH) "A PINCHS" (Anti-infective, Potassium and other electrolytes, Insulin, Narcotics (opioids) and other sedatives, Chemotherapeutic agents, Heparin and anticoagulants) Classification of HRM. In recognition of the high potential for patient harm due to medication misadventure associated with their use.

## 2. Guideline

The purpose of this guideline is to document WACHS Cancer Services specific minimum practice standards that are not already included in WA Health or WACHS policy documents for the care of **ADULT** patients receiving systemic anticancer therapy (SACT) and the management of anticancer medicines throughout the WA Country Health Service (WACHS).

This document is to be used in conjunction with:

- [Cancer Institute NSW, Cancer Treatments Online - eviQ](#) Endorsed for use in Clinical Practice Policy
- The Clinical Oncology Society of Australia (COSA) [Guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy](#)
- Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards [User Guide for Medication Management in Cancer Care](#) (*open in Chrome*)
- Australian Government Cancer Australia [Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer](#)
- Australian Government Cancer Australia [Optimal Cancer Care Pathways](#)
- [Related WA Health and WACHS Policy](#)
- Further information relating to specialty areas including Child and Adolescent Health Service (CAHS), Women and Newborn Health Services (WHNS) can be found via [HealthPoint](#).

WACHS Designated Cancer Treatment Units (DCTU) are:

- Regional Cancer Units: Esperance, Albany, Geraldton, Kalgoorlie, Northam
- TeleChemotherapy Units: Broome, Karratha, Narrogin

**Excluded** from this Guideline:

- Administration of SACT to children with cancer
- Administration at sites other than DCTUs
- Administration of systemic treatment for non-cancer diagnosis
- Intrathecal chemotherapy
- Intraperitoneal chemotherapy
- Trans arterial chemo-embolisation

- Hepatic artery infusional chemotherapy
- Intrapleural chemotherapy
- Intraocular chemotherapy
- Intraventricular chemotherapy.

### 2.1 Environment

SACT is only to be administered in accredited facilities with designated rooms that meet requirements for the administration of SACT, and the management of medical emergencies and resuscitation. SACT at sites other than DCTUs is only to be undertaken with the approval of the Regional Cancer Clinical Governance Group (RCCGG).

DCTUs administering SACT are to:

- Have site instructions available for the emergency management of the possible complications of SACT
- Onsite access to laboratory, imaging and blood products services
- Referral pathways in place for access to services not available on site in accordance with the [Optimal Care Pathways](#)
- Commence administration of SACT during normal working hours when there is appropriate compliment of nursing and medical staff available
- Administer SACT on days when there is a medical officer (MO) in attendance on site.

Minimal environmental requirements for SACT administration include the following:

- Allocation of an area that restricts access to unauthorised persons
- Sufficient room for movement of staff during administration of SACT and in the event of an emergency
- Oxygen and suction
- Adequate clinical lighting
- Treatment chairs suitable for the management of the patient in the event of an adverse reaction
- Refrigerator with a monitored alarm for storage of cancer treatment and supportive therapy drugs requiring refrigeration
- Appropriate secure storage for therapies not requiring refrigeration
- Provision of secure storage for waste and sharps containers
- Chairs and other horizontal surfaces including flooring, capable of repeated and easy cleaning and disinfection/cleaning of spills as required
- Hand washing facilities
- Shower facilities and toilets with lids
- SACT is ONLY to be administered on an inpatient ward where it forms a recognised part of the ward's activity, and where procedural information to guide the nursing care of the patient receiving SACT is available.

### 2.2 Education and training

In addition to mandatory training staff required to; transport, reconstitute or administer hazardous drugs or handle anything potentially contaminated with the unchanged drug

or active metabolites are to comply with [Managing risks of hazardous chemicals in the workplace – Code of practice July 2020](#)

All staff working with hazardous substances where assessment indicates there is a risk of occupational exposure; must be supported to complete appropriate education and training.

When a risk assessment indicates clinicians may come into contact with patients (and or related waste) who have received SACT in the past seven (7) days, including emergency department and ward staff, clinicians must complete on WACHS MyLearning, [EviQ: Module 1 Safe Handling of Hazardous Drugs and Related Waste \(QACAA EL2\)](#).

Hospital services staff, administrative staff and volunteers who may come into contact with SACT and related waste must complete on MyLearning [EviQ: Cancer ADAC Handling Antineoplastic Drugs and Related Waste Safely for Hospital Services \(SSR02 EL1\)](#).

### **Registered Nurses (RN) Administering SACT**

The [EviQ Antineoplastic Drug Administration Course \(ADAC\)](#) is the endorsed prerequisite course for RN's administering SACT and is available on MyLearning.

Demonstration of competence, knowledge and proficiency in the administration of cancer treatment is only achieved following:

- Completion of all ADAC e-learning modules and additional modules dedicated to Central Venous Access Devices (CVAD), immunotherapy, neutropenic fever and extravasation
- An assessment of clinical skills and competency by an EviQ facilitator and or clinical assessor
- Clinical supervision that provides the opportunity to develop the clinical skills including in safe handling and administration of SACT, peripheral intravenous cannulation (PIVC) and CVAD maintenance
- Review of practical competencies and completion of ADAC reassessment e-learning module every 2 years.

RN's who are able to demonstrate evidence of prior competency when appointed must apply for recognition of prior learning with the WACHS Cancer Nurse Educator and complete the ADAC reassessment e-learning module and the ADAC competency reassessment.

### **Clinical Pharmacists**

Pharmacists who provide care to cancer patients must have the appropriate skills and competencies to ensure the safe use of these medicines.

A set of key competencies have been developed by The Clinical Oncology Society of Australia (COSA) [Guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy](#)<sup>2</sup>

A pharmacist must be able to recognise situations where they need to seek advice and support from an appropriate source e.g. WACHS Cancer Pharmacist.

- DCTUs vary in the level of care they are able to provide therefore there will be differences in pharmacists' responsibilities depending on the WA Health Clinical Service Framework (CSF)<sup>12</sup> level of service
- TCU's: the WACHS Cancer Pharmacist will provide support to the Regional Pharmacists on a patient by patient basis
- Pharmacist working in cancer services are to demonstrate the appropriate knowledge and understanding and be locally authorised to provide cancer care.
- When/if an authorised pharmacist is not available then the WACHS Cancer Pharmacist will provide support to the regional pharmacist on a patient by patient basis.

Examples of professional courses and programs for pharmacists working in cancer services include:

- [Foundation Clinical Practice for Cancer Pharmacists](#) – COSA Cancer Pharmacist Group (CPG).
- [Advanced Clinical Practice for Cancer Pharmacists](#) – COSA CPG.
- [Society of Hospital Pharmacists of Australia \(SHPA\)](#)

### Medical Officers

Medical officers prescribing SACT must be registered with the Medical Board of Australia as a Specialist Medical Oncologist or Haematologist and credentialed with WACHS.

Advanced Trainees must only prescribe SACT under the supervision of a consultant.

On site MO assisting with the management of a patient having SACT do not need additional formal education. However, the MO must have access to the medical records and access to information related to the side effects of treatment. The MO must be proficient in managing anaphylaxis and infusion reactions and be able to escalate issues to the treating consultant.

### 2.3 Patient Referral Pathway

The pathway for referring regional patients with a cancer diagnosis to medical oncology services is outlined in the [WACHS Referral to Regional Cancer Centres Medical Oncology Services Procedure](#).

### 2.4 Partnering with Consumers

Partnering with consumers and carers is fundamental to high quality and safe cancer services. Effective communication between health service providers, staff, communities, consumers and carers supports patient and carers to manage their own health and make informed decisions regarding their cancer treatment. The [Partnering with Consumers Guideline](#) must be considered by all staff to strengthen and improve the ways we listen and work with consumers and carers across cancer services.

### 2.5 Consent to Treatment

Patients undergoing SACT and other procedures in the DCTUs must be provided with comprehensive treatment related information and their consent documented as per the [WA Health Consent to Treatment Policy](#).

Consent must be document on the [WACHS MR59A Consent to Cancer Treatment Form](#) and is specific for both protocol and duration of treatment.

### 2.6 Medical Alerts

The [WA Health Clinical Alert Medical Alert Policy 2017](#) does not provide guidance on responding to time dependent risks associated with SACT including the risk of neutropenic sepsis, Immunotherapy related adverse events (irAEs) and BCG sepsis.

A WACHS [Medical Alert Cancer Treatment](#) document is available and must be attached to the patient medical records. The management of these alerts is determined at regional level.

The patient must be provided with the appropriate cancer treatment alert card

The following cards are available for printing on site in Appendix 1

- Risk of neutropenic fever
- Risk of irAEs
- Risk of BCG sepsis
- Risk of neutropenia and irAE's.

### 2.7 Prescribing, Verification, Procurement and Dispensing of Treatment

SACT protocols must be WACHS endorsed. [The Cancer Institute NSW, Cancer Treatments Online](#)- eviQ are endorsed for use in WACHS

Medication orders for SACT must be prescribed on the appropriate WACHS endorsed medical record form ([MR860 series Fiona Stanley Hospital Antineoplastic Therapy Charts](#) or when a MR860 is not available, on the MR170G WACHS Antineoplastic Therapy Charts available from the WACHS Cancer Pharmacist).

Prescribing, dispensing and administration must comply with the [WACHS Anticancer Therapy Prescribing Procedure](#).

### 2.8 Management of Dose Reductions

In country WA SACT is compounded at a Therapeutic Goods Administration (TGA) licensed commercial facility and transported to site in time for administration to the patient.

**The administration of a part dose from a bag, syringe or infusor is not to be attempted.**

Manipulation of doses after supply of SACT in pre-prepared bags, syringes or infusion devices has been associated with under and overdosing and can have serious or life-threatening outcomes.

Risks include:

- Miscalculation of the volume of the reduced dose
- Inadvertent administration of the entire contents of the prepared dose for example; by not clamping the bag or reprogramming the pump.
- Part dose cannot be physically administered for example; if the drug is to be delivered via an elastomeric device.

When a patient has a dose reduction applied at short notice and their drug/s have been prepared and are onsite ready for administration:

- Notify pharmacy and request the drug to be remade
- Reschedule the patient for the treatment
- Notify the prescribing medical oncologist/haematologist
- Return drugs to pharmacy for safe disposal

This can result in delay of the treatment and is to be considered when making clinical decisions related to the appropriateness of an individual patient's treatment at a DCTU.

### 2.9 Comprehensive Care

Patients receiving SACT are to receive coordinated care aligned with their goals of care and treatment plan to prevent and manage the risks associated with SACT.

- At all times the clinician with the overall accountability for patient care during an admission or outpatient service event for treatment is to be identified
- Individual patient treatment plans are to be discussed by a tumour specific
- Goals of Patient Care are to be documented on admission to the service for priority patients in accordance with [WACHS Goals of Patient Care \(Adults\) Guideline](#)
- Multidisciplinary team meeting and the outcomes available in the medical records
- Measures are to be in place to maintain patient privacy and dignity
- Offer the presence of a chaperone where appropriate to patient and clinician requirements as per [WACHS Chaperone Policy](#)
- Provide the opportunity for an accredited interpreter and/ or Aboriginal Liaison Officer where appropriate to the patient's language or communication requirements
- Provide opportunities for carers to accompany patients to appointments and treatments
- Patients are to be assessed and screened for risks by nursing staff using the [WACHS Nursing Admission, Screening & Assessment Tool - Adults MR111](#)
- Provide opportunities to include patients and carers in education sessions, Time Out Procedure and in clinical handovers
- Provide patients with the WACHS treatment diary, assist patients to use the diary and encouraged it's use.
- Provide patients with a take home spill kit if required.



## 2.10 Documentation

Documentation of outpatient consultations and inpatient care is to be in accordance with:

- [WACHS Health Record Management Policy](#)
- [My Health Record Policy](#)
- [WACHS Documentation Clinical Practice Standard](#)
- [WACHS TeleChemotherapy Procedure](#).

## 3. Definitions

<b>Carer</b>	A person who provides personal care, support and assistance to another individual who needs it because they have a disability, a medical condition (including a terminal or chronic illness) or a mental illness, or are frail and/or aged
<b>Patient</b>	A person who is receiving care in a health service organisation
<b>Cytotoxic</b>	Agent capable of disrupting growth and function of both healthy and diseased cells. Various mechanisms of action
<b>Systemic Anti-Cancer Therapy (SACT)</b>	Anti-cancer drugs (including oral agents) used in the treatment of solid tumours and haematological cancers through the delivery of agents that travel through the blood to cells all over the body
<b>TeleChemotherapy</b>	A model of care that enables regional medical oncology and haematology patients to receive low risk cancer treatments at a local site with the support of specialist clinicians based at a metropolitan cancer centre via video supervision
<b>Telehealth</b>	The provision of healthcare remotely by means of telecommunications technology

## 4. Roles and Responsibilities

All health care professionals must work within their scope of practice appropriate to their level of training and responsibility. This includes medical, nursing, midwifery, pharmacy, allied health staff and ancillary staff employed or contracted to provide clinical services within WACHS.

Further information may be found via [HealthPoint](#) or the [Australian Health Practitioner Regulation Agency](#).

### The WACHS Cancer Clinical Governance Group

Overarching governance of development and review of cancer treatment protocols, prescribing tools and related processes.

### **Regional Cancer Clinical Governance Groups**

Leadership, accountability, clinical governance and strategic and operational planning. Regional groups are to escalate issues that cannot be resolved locally and important issues that have WACHS wide significance to the WACHS Cancer Clinical Governance Group.

## **5. Compliance**

The Regional Cancer Clinical Governance Group (RCCGG) is to ensure the following licences, audits and registers are complete and incident reports actioned:

- The use of cyclophosphamide requires a license from Government of Western Australia Department of Mines, Industry Regulation and Safety - Worksafe.
- Worksafe fine, improvement notices, probation notices etc
- Record of cytotoxic drug waste kept in the workplace
- Risk assessment reports
- Hazardous chemicals register
- Workplace monitoring reports
- WACHS Antineoplastic therapy audit results
- Incident reports
- Health monitoring records
- Training records.

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## **6. Records Management**

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

## **7. Evaluation**

Compliance monitoring is the responsibility of RCCGG, Clinical Nurse Managers of the Cancer Treatment Units, Operations Managers and Regional Pharmacists at each site.

## **8. Standards**



[National Safety and Quality Health Service Standards: 2.4, 2.6, 2.7, 4.1.1, 4.1.2, 4.2.1, 4.2.2, 4.4.2, 4.5.2, 4.11.1, 4.11.2, 5.15, 6.3, 6.4, 8.10, 8.11.](#)

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards [User Guide for Medication Management in Cancer Care](#) <sup>3</sup>

Australian Commission on Safety and Quality in Health Care (ACSQHC) [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#)

## 9. Legislation

[Carers Recognition Act 2004](#)

[Occupational Safety and Health Act 1984](#)

[Occupational Safety and Health Regulations 1996](#)

[Medicines and Poisons Act 2014](#)

[Medicines and Poisons Regulations 2016\)](#)

[Privacy Act 1988](#)

[State Records Act 2000](#)

[Health Practitioners Regulation National Law \(WA\) Act 2010](#)

## 10. References

[Cancer Institute NSW, Cancer Treatments Online - EviQ](#)

[Clinical Oncology Society of Australia \(COSA\) Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy \(2017\)](#)

[NSW Government Cytotoxic Drugs and Related Waste – Risk Management 2017](#)

[AS2567- 2002 Laminar flow cytotoxic drug safety cabinets](#)

[AS4273-1999 Guidelines for the design, installation and use of pharmaceutical isolators](#)

[The Society of Hospital Pharmacists of Australia \(SHPA\) Standards of Practice for Clinical Pharmacy Services\(2016\)](#)

[Clinical Oncological Society of Australia, Cancer Pharmacists Group, Positions Statement: Safe handling of monoclonal antibodies in healthcare settings 2013](#)

Alexander M, King J, Bajel A, Doecke C, Fox P, Lingaratnam S, Melor J, Nicholson L, Roos I, Saunders T, Wilkes J, Zielinski R, Byrne J. MacMillan K, Mollo A, Kirsas S, Green M. 2014 Internal medicine Journal. Position Paper: Australian consensus guidelines for the safe handling of monoclonal antibodies for cancer treatment by healthcare personnel. 44

[Government of Western Australia Department of Health, WA Health Clinical Services Framework 2014 -2024.](#)

[Australian Government Cancer Australia Optimal cancer care pathways](#)

[Safe Work Australia Managing risks of hazardous chemicals in the workplace – Code of practice July 2020](#)

[Australian Government Cancer Australia Optimal Care pathway for Aboriginal and Torres Strait Islander people with cancer](#)

[National Health and Medical Research Council, The Australian Guidelines for the Prevention and Control of infection in Healthcare \(2019\)](#)

[Australian Government Department of Health Australian Immunisation Handbook.](#)

[AS/NZS 1716:2012 Respiratory protective devices](#)  
[Office of Industrial Relations Worksafe Health and Safety Queensland Workplace Health and Safety Queensland, Guide for handling cytotoxic drugs and related waste 2017](#)  
[Cytotoxic Drugs and related Waste: A risk Management Guide for South Australian Health Services 2015](#)

### 11. Related Forms

[MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults](#)  
[MR140 WACHS MER/Code Blue Response](#)  
[MR179 WACHS Peripheral Intravenous Cannula Observation Record](#)  
[MR179A WACHS Central Venous Access Device \(CVAD\) Insertion and Assessment Record](#)  
[MR179B WACHS Central Venous Access Device \(CVAD\) Insertion Site Assessment Continuation Sheet](#)  
[MR179C WACHS CVAD Access-Dressings Continuation Sheet](#)  
[MR 59 WACHS Cancer Coordination Admission Form](#)  
[MR 59A WACHS Consent to Cancer Treatment](#)  
[MR 59B WACHS Cancer My Education Checklist](#)  
[MR 59C WACHS Cancer Nursing Assessment and Care Plan](#)  
[MR 59D WACHS Cancer Treatment Infusion Observation Chart](#)  
[MR 59E WACHS Cancer Services Continuation Sheet](#)  
[WACHS Medical Alert Cancer Treatment](#)  
[WACHS Safety Risk Report Form \(SRRF\)](#)

### 12. Related WACHS Policy Documents

[Admission, Discharge and Intra-Hospital Transfer Clinical Practice Standard Anticancer Therapy Prescribing Procedure \(Using Fiona Stanley Hospital MR860 Charts\)](#)  
[Assessment and Management of Inter-Hospital Patient Transfers Policy](#)  
[Cancer Institute NSW- Cancer Treatments Online - EviQ - Endorsed For Use In Clinical Practice Policy](#)  
[Central Venous Access Devices \(CVAD\) and Long Peripheral Venous Catheter \(PVC\) Management Clinical Practice Standard](#)  
[Chaperone Policy](#)  
[Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy](#)  
[Documentation Clinical Practice Standard](#)  
[Environmental Cleaning Policy and Procedures](#)  
[Falls Prevention and Management – Clinical Practice Standard](#)  
[Goals of Patient Care \(Adults\) Guideline](#)  
[Hazard/Incident Management Procedure](#)  
[Health Record Management Policy](#)  
[Infection Prevention and Control Policy](#)  
[Inter-Hospital Clinical Handover Form Procedure](#)  
[Malignant Spinal Cord Compression - WACHS Clinical Practice Standard](#)  
[Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure](#)  
[Medication Administration Policy](#)

Printed or saved electronic copies of this policy document are considered uncontrolled.  
Always source the current version from [WACHS HealthPoint Policies](#).

[Nursing Management of the Neutropenic ADULT Haematology and Oncology Patient Procedure](#)  
[Occupational Safety and Health Policy](#)  
[Patient Identification Policy](#)  
[Personal Protective Equipment \(PPE\) Procedure](#)  
[Peripheral Intravenous Cannulae \(PIVC\) Management Clinical Practice Standard](#)  
[Referral to Regional Cancer Centres Medical Oncology Services Procedure](#)  
[Safe Handling and Administration of Monoclonal Antibodies Guideline](#)  
[TeleChemotherapy Procedure](#)  
[Waste Management Policy](#)

### 13. Related WA Health System Policies

[Clinical Handover Policy – MP0095](#)  
[Clinical Incident Management Policy 2019 – MP0122/19](#)  
[Complaints Management Policy - MP 0130/20](#)  
[Credentialing and Defining Scope of Clinical Practice Policy - MP 0084/18](#)  
[Health Technology Governance Policy - MP 0072/17](#)  
[High Risk Medication Policy - MP 0131/20](#)  
[Information Security Policy – 0067/17](#)  
[Medication Review Policy - MP 0104/19](#)  
[My Health Record Policy - 0094/18](#)  
[National Safety and Quality Health Service Standards Accreditation Policy - MP 0134/20](#)  
[Recognising and Responding to Acute Deterioration Policy – MP 0086/18](#)  
[Statewide Medicines Formulary Policy - MP 0077/18](#)  
[WA Clinical Alert MedAlert Policy - MP 0053/17](#)  
[WA Health Consent to Treatment Policy – OD 0657/16](#)  
[WA Open Disclosure Policy - OD 0592/15](#)

#### 13.1 WA Health System Supporting Documents

[Clinical Risk Management Guidelines for the Western Australia Health System](#)  
[National Hand Hygiene Initiative in Western Australian Healthcare Facilities](#)  
[Post Fall Multidisciplinary Management Guidelines for Western Australian Health Care Settings 2018](#)  
[WA Pressure Injury Prevention and Management Clinical Guideline](#)  
[You Matter a guideline to support engagement with consumers carers and communities in health](#)

### 14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

### 15. Appendix 1

[Alert Cards](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

<b>Contact:</b>	Cancer Services Nurse Practitioner	<b>EDRMS Record #</b>	ED-CO-15-93655
<b>Directorate:</b>	Nursing & Midwifery Services	<b>Date Published:</b>	19 September 2023
<b>Version:</b>	2.03		

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

---

Printed or saved electronic copies of this policy document are considered uncontrolled.  
Always source the current version from [WACHS HealthPoint Policies](#).