# Systemic Anticancer Therapy Procedure

## 1. Purpose

The purpose of this procedure 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:

- Anticancer Therapy Prescribing Procedure
- TeleChemotherapy Policy
- Cancer Institute NSW, Cancer Treatments Online - eviQ
- 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 (ACSQHC) National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care
- Australian Government Cancer Australia Optimal Cancer Care Pathways and Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer
- Related WA Health and WACHS Policy
- Further information relating to specialty areas including Child and Adolescent Health Service (CAHS), Women and Newborn Health Services (WNHS) can be found via HealthPoint.

This procedure pertains to **all anticancer therapy** prescribed for the treatment of adults with cancer at all WACHS Designated Cancer Treatment Units (DCTU), which includes Regional Cancer Units and TeleChemotherapy Units.

**Excluded** from this Procedure:

- 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. Procedure

## 2.1 Environment

All systemic anticancer therapies are classed as High Risk Medicines (HRM) by the ACSQHC, in recognition of the high potential for patient harm due to medication misadventure associated with their use.

SACT is only to be administered in accredited facilities with designated areas 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 WACHS Central and Regional Cancer Clinical Governance Groups (RCCGG).

**DCTUs administering SACT**

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/beds 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 medicines 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

Staff required to transport, reconstitute or administer hazardous medicines or handle anything potentially contaminated with the unchanged medicine or active metabolites are to comply with Managing risks of hazardous chemicals in the workplace – Code of practice. Education and training requirements will vary for staff based on their role, workplace and clinical duties.

The primary focus of education and training should be on safely procedures that ensures staff recognise and safely manage potential and actual hazards. All staff must receive training and ensure vigilance in their use of appropriate Personal Protective Equipment (PPE).

Risk assessments are undertaken to identify those staff with an occupational risk and to determine the levels of education and training required.

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 are to 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 are to complete on MyLearning eviQ: Cancer ADAC Handling Antineoplastic Drugs and Related Waste Safely for Hospital Services (SSR02 EL1).

All medical, pharmacy and nursing staff are to have the appropriate training in the use of the Oncology Management System (OMS) for the prescribing, verification and administration of anticancer treatment.

All staff must be supported to complete WACHS mandatory and recommended education and training. Refer to online training modules available on the WACHS Learning Management System – MyLearning and the WACHS Cancer Services Share Point for other OMS relating training material, including workflows and Quick Reference Guides (QRGs).

**Nurses Administering SACT**

The eviQ anti-cancer drug administration course (ADAC**)** is the endorsed education training programme for nurses administering SACT. ADAC is to be completed via MyLearning and certificates downloaded as evidence of completion. Once all modules are successfully completed, the declaration on MyLearning is to be signed.

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

- completion of all 7 ADAC e-Learning modules and associated eQuizzes
- completion of additional modules including:
  - adult neutropenia, fever and sepsis
  - central Venous Access Devices
  - extravasation
  - monoclonal antibodies and immune checkpoint inhibitors
- attendance at WACHS facilitated ADAC workshops
- 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 Central Venous Access Device (CVAD) maintenance
- discuss with local facilitator or education team to complete the competency reassessment using the eviQ ADAC reassessment of clinical competency tool.

Nurses 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 eviQ ADAC reassessment of clinical competency tool.

**Clinical Pharmacists**

Pharmacists who provide care to cancer patients must have an appropriate level of knowledge to provide comprehensive care for patients receiving SACT. The WACHS Pharmacy Cancer Services Learning and Competency Framework (The Framework) has

been developed to support the training of pharmacists and technicians to cancer services, accessible via WACHS Cancer Services SharePoint. The eviQ Pharmacy anti-cancer drug course (PAD) is an endorsed training module for pharmacists working in cancer services and is incorporated into the Framework. Completion of the Framework will require completion of each task and include certificates, workbook, verification log, record of supervised practice and other supportive documents, which will be evaluated for completion and competency.

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.

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 can provide therefore there will be differences in pharmacists' responsibilities depending on the WA Health Clinical Services Planning and Programs Policy Framework level of service. Pharmacist working in cancer services are to demonstrate the appropriate knowledge and understanding and be locally authorised to provide cancer care.

WACHS Cancer Pharmacists (central) will provide support to the Regional Pharmacists on a patient-by-patient basis. When an authorised pharmacist is not available, then the WACHS Cancer Pharmacists (central) 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:

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

**Medical Officers**

Medical officers (MO) prescribing SACT must be registered with AHPRA as a Specialist Medical Oncologist or Haematologist and credentialed with WA Country Health Service, in accordance with the WACHS Medical Credentialing and Compliance Requirements Guideline.

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 healthcare record 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, radiation oncology and haematology services is outlined in the WACHS Cancer Services Referral 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 Standard 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 WACHS Consent to Treatment Policy.

Where a course of treatment is required, a single consent to treatment form may be completed. The consent to treatment form must specify that it is for the entire course of treatment. Consent must be documented on the MR59A WACHS Cancer Services – Patient Consent to Cancer Treatment Form and is specific for both protocol and duration of treatment.

## 2.6 Medical Alerts, Allergies and Adverse Drug Reactions

MP 0053/17 Patient Alert Policy 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.

The WACHS Medical Alert Cancer Treatment document must be attached to the patient healthcare record. The management of these alerts is determined at regional level.

The patient must be provided with the appropriate cancer treatment alert card. The following Cancer Treatment Alert Cards are available for printing on site:

- risk of neutropenic fever
- risk of irAEs
- risk of BCG sepsis
- risk of neutropenia and irAEs.

All known medication allergies and/or adverse drug reactions (ADRs) must be recorded on the medication order or in the allergy section of the patient record in the OMS. This information, including type of known reaction and date of occurrence must also be documented in the patient healthcare record. If no allergies are reported by the patient, then ‘nil known allergies’ is to be recorded.

If a new patient alert (anaesthetic condition, medical condition, medication, or dietary related risk) is identified during an episode of care, the treating clinician must initiate a patient alert by completing the patient alert notification MR Alert 2 / Clinical Alert Notification form and is entered onto the Patient Administration System (PAS).

## 2.7 Prescribing, Treatment Planning, Documentation and Consent

Prescribing systemic anticancer treatment is to be read in accordance with the WACHS Anticancer Therapy Prescribing Procedure.

## 2.8 Pharmacist Verification, Procurement and Dispensing of Treatment

The cancer pharmacist is to undertake clinical verification of all systemic anticancer therapy and document completion in accordance with COSA Guidelines.

A pharmacist verification pending bloods is to be undertaken prior to ordering SACT.

All cytotoxic SACT that require aseptic compounding are to be externally procured by the regional pharmacist via the iPharmacy application to a Therapeutic Goods Administration (TGA) licensed sterile compounding facility e.g., Baxter Compounding and delivered to each recipient site within agreed timeframes. When ordering SACT to be compounded by Baxter Compounding, refer to: Baxter Compounded Anticancer Therapies – closed system sets attached for a list of attachments which are to be requested.

The regional pharmacist or technician is to dispense all required medications (pre/post, supportive and compounded medications) as per current PBS and relevant dispensing guidelines.

In exceptional circumstances and as per the Australian Consensus Guidelines for safe handling of monoclonal antibodies for cancer treatment by healthcare personnel 2014[7] and WACHS Safe Handling and Administration of Monoclonal Antibodies Guideline non-hazardous SACT, such as subcutaneous fixed dose monoclonal antibodies and supportive therapies, may be supplied for preparation using a closed system and appropriate personal protective equipment (PPE) within the cancer unit. Non-cytotoxic SACT that require complex dosage calculations at the point of compounding are to be prepared in a sterile licenced compounding facility.

The regional pharmacy is responsible for ensuring dispensing of SACT is compliant with the Pharmaceutical Benefit Scheme (PBS) Efficient Funding of Chemotherapy or relevant PBS schedules where indicated, and PBS claims are reconciled to correct warnings and errors. Copy of medication order, paper prescriptions and digital records are to be stored as per PBS and Poison Regulations.

The cancer pharmacist must review blood and laboratory test results within 24 to 48 hours of anticancer therapy administration or as clinically appropriate for the protocol, and ensure results are within acceptable parameters, or otherwise escalated to the prescriber.

If an issue presents at any time within verification, procurement or dispensing of SACT, the cancer pharmacist is to liaise with the prescriber to update and reauthorise treatment and nursing staff subject to rescheduling.

## 2.9 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.

**ATTENTION**

**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 reprograming the pump
- part dose cannot be physically administered for example, if the medicine is to be delivered via an elastomeric device.

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

- notify pharmacy and request the medicine to be re-made
- reschedule the patient for the treatment
- notify the prescribing medical oncologist/haematologist
- return medicines to pharmacy for safe disposal or storage.

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.

## 2.10 Patient Education

Education of the patient and their caregiver(s) is to begin at the initial visit and be a continuous and vital part of the treatment journey. When care is coordinated between sites, nursing staff are to provide information which is consistent and appropriate to the individual treatment being delivered. The nurse providing education is to complete MR59B WACHS Cancer Services - My Education Checklist. This process is to be documented in the patient's healthcare record.

Education is to be delivered in an open communication style which includes:

- inclusion of family, friends and caregiver(s) on the basis of the patients learning needs, abilities and preferences
- family members, carers, Aboriginal Health Care Workers or Liaison Officers are not to replace the provision of appropriately trained interpreters during the delivery of education. Clinicians should visit their regional intranet page to access specialist interpreter services
- provision of written information and support packages, in languages other than English where appropriate from resources such as eviQ: Cancer Treatments Online and Cancer Council WA
- oral cancer treatment is subject to the same standards as treatment delivered via other routes, with additional education required to safeguard and support self-administration by patients and their caregiver in the home.

## 2.11 Vascular Access Devices

Vascular access devices (VAD) are inserted into veins via peripheral or central vessels for diagnostic or therapeutic purposes and can expose patients to a range of complications. Nursing staff are to carry out an ongoing assessment of their patient's vascular access needs which incorporates the nature and duration of treatment, benefits, risks and any potential impact on quality of life.

**ATTENTION**

Adherence to the five (5) Moments for Hand Hygiene and the principles of aseptic technique are required at all times when caring for patients with a VAD.

When required, venous access will be obtained with evidence of vein patency, choice of device, gauge and access site documented in:

- MR59C WACHS Cancer Services – Cancer Treatment Nursing Assessment & Care Plan
- MR59C.6 WACHS Cancer Services - Day of Treatment Nursing Assessment Tool
- 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 or
- MR179 WACHS Peripheral Intravenous Cannula Observation Record

If venous access via a peripheral intravenous cannula (PIVC) proves difficult consideration of a suitable CVAD is to be discussed with the patient and escalated to the medical oncologist/haematologist promptly

Patients with a PIVC are to be cared for as per WACHS Peripheral Intravenous Cannulae (PIVC) Management Clinical Practice Standard

Patients with a CVAD are to be cared for as per WACHS Central Venous Access Devices (CVAD) and Long Peripheral Venous Catheter (PVC) Management Clinical Practice Standard.

If any of the following risks or complications occur seek senior nursing advice and escalate concerns to the patient's medical oncologist/haematologist:

- failure to achieve suitable access following two attempts
- CVAD catheter occlusion
- CVAD catheter migration
- skin changes which may include evidence of local/systemic infection
- vascular changes indicating evidence of venous thrombosis
- phlebitis
- infiltration/extravasation (see section 2.14 for management).

## 2.12 Nursing Pre-Assessment and Administration of SACT

Administration of SACT is to be done by ADAC competent nurses who are responsible for the following:

- checking the environment including sound and visual quality of the Telehealth equipment if required. Equipment or connectivity concerns are to be escalated to the Telehealth Service Desk immediately.
- checking there is a completed MR59A WACHS Cancer Services - Patient Consent to Cancer Treatment form
- documentation in the patient's healthcare record
- patient education
- the treatment protocol has been prescribed, verified and dispensed accurately
- the prescribed doses of medications are appropriate for the patient's height, weight body surface area (BSA) and where appropriate, area under the curve (AUC)
    - changes in weight are to be assessed at each visit and the subsequent impact on BSA and dose assessed.
    - BSA is to be calculated using the Mosteller formula

$$\text{BSA } (m^2) = \sqrt{\frac{height\ (cm) \times weight\ (kg)}{3600}}$$

- discrepancies of the prescribed dose are to be clarified with the cancer pharmacist and escalated to the patient's prescribing medical oncologist/haematologist if required. This process and outcome are to be documented in the healthcare record and in the OMS.
- analysis of the patient's blood results and any additional investigations e.g., lung function tests or gated heart scan
- recording and documentation of patient vital signs
- subjective and objective assessment and documentation of patient toxicities as per the Common Terminology Criteria for Adverse Events (CTCAE):
    - seek senior cancer nursing guidance and escalate toxicities greater than grade 1 to the patient's medical oncologist/haematologist
- assessment of psychosocial health via the completion of a MR59C.1 WACHS Cancer Services – Distress Thermometer or MR 59H WACHS Cancer Services - Supportive Needs Assessment Tool for Aboriginal People (SCNAT-AP)
- venous access is to be obtained and checked
- reassessment and review of any patient allergies, alerts or previous adverse drug reactions
- administration of all pre-medications as per the treatment protocol allowing for an appropriate time span to elapse before the initiation of any SACT
- in the event of pre-medications being self-administered by the patient at home, nursing staff are to perform a check to confirm this has occurred
- adhering to the principles of the 6 rights of medication administration and complete and countersign the 'Time-Out' verification procedure for each individual medication as set out in Table 1: Nursing documentation for time-out verification
- preparation of equipment prior to approaching the patient area with a SACT in accordance with eviQ Clinical procedure – administration of anti-cancer drugs – intravenous cannula (IVC):
- don PPE as per WACHS Personal Protective Equipment (PPE) Procedure
- the administration and sequencing of all SACT is to be detailed in the treatment protocol

- all intermittent intravenous (IV) lines are to have a completed IV medication label attached to the line with a cytotoxic label attached where appropriate
- all SACT infusions are to be administered via a secondary IV line. When the treatment is completed an IV flush from the primary line is to be administered as per the treatment protocol
- two ADAC competent nurses are to complete and countersign all components of the medication order, or electronically (using their HE number and password) in the OMS
- supervision of the patient during the delivery of treatment, monitor for any adverse events and escalate appropriately.

| | OMS enabled site | non-OMS enabled site |
|---|---|---|
| Pre-admission | MR59C.5 WACHS Cancer Services - Pre-Admission Nursing Assessment Tool | MR59C.5 WACHS Cancer Services - Pre-Admission Nursing Assessment Tool |
| Day of treatment | MR59C.6 WACHS Cancer Services - Day of Treatment Nursing Assessment Tool<br><br>Charm® Pre-Anticancer Therapy Questionnaire for SACT time-out and expiry check | MR59C WACHS Cancer Services - Nursing Assessment and Care Plan |
| Oral SACT monotherapy | MR59C WACHS Cancer Services - Nursing Assessment and Care Plan | MR59C WACHS Cancer Services - Nursing Assessment and Care Plan |
| Downtime procedure | MR59C WACHS Cancer Services - Nursing Assessment and Care Plan | N/A |

**Table 1: Nursing documentation for time-out verification**

## 2.13 Verbal/Telephone/Telehealth Orders

Verbal orders are to be in accordance with the WACHS Medication Prescribing and Administration Policy.

Verbal orders are **not permitted** for the commencement of Cycle 1 antineoplastic therapy or any subsequent new cycle of therapy. Verbal orders are only to be accepted for dose reductions, the withholding of treatment and the addition of supportive medications required during the admission.

## 2.14 Management of Immediate Onset Side Effects

In the setting of life-threatening airway and/or breathing and/or circulation problems initiate Medical Emergency Response (MER) procedures as per WACHS Recognising and Responding to Acute Deterioration (RRAD) Policy and complete MR 140 WACHS Medical Emergency Response (MER) /Code Blue Record.

### Extravasation

Extravasation is the unintentional installation or leakage of a substance such as an anti-cancer therapy out of a blood vessel into surrounding tissue. The severity of injury is dependent on the properties of the medicine, the amount of medicine extravasated and the

timely recognition by staff to initiate appropriate management. The patient is to be educated to report any swelling, stinging, burning or pain at their access site.
All clinicians who prescribe, supply and administer intravenous anti-cancer therapies must be educated and competent in extravasation management.

There is a list of recommended contents of an extravasation kit for the immediate management of intravenous anti-cancer therapies available on eviQ: Extravasation Kit. The contents of the extravasation kit are to be reviewed routinely and to be replenished by pharmacy and nursing staff when items have deteriorated or expired.

In the event of a suspected extravasation, the nurse is to follow the eviQ Extravasation Management guideline and:

- document details of the incident and any follow up arrangements in the medical record
- provide notification via the WACHS Clinical Incident Management System (CIMS).

**Hypersensitivity**

Hypersensitivity is an exaggerated response by the immune system to a medicine or other substance and reactions. Symptoms range from mild cutaneous reactions or in the presence of anaphylaxis, severe respiratory distress and cardiovascular collapse.

Such reactions generally occur immediately, during, or within a few hours of medicine administration. However, they can occur one to two days after administration and patients should be prompted to report any symptoms to their treating team, general practitioner or via Health Direct. Onsite medical, pharmacy and nursing staff are to ensure they understand the causes of adverse drug reactions and know how to identify and manage reactions.

In the event of a suspected hypersensitivity reaction, all staff are to follow the eviQ: Hypersensitivity Reaction guideline and ensure:

- any previous medicine sensitivity is investigated and reported to the designated onsite medical officer and medical oncologist/haematologist
- continue close observation of the patient and vital signs for any features or symptoms of a hypersensitivity reaction
- the patients care is to be escalated as per MR 140A WACHS Adult Observation & Response Chart, WACHS Recognising and Responding to Acute Deterioration (RRAD) Policy and local procedures.
- explain all care to the patient and provide reassurance
- upon resolution of symptoms and discussion with the medical oncologist/haematologist rechallenge may be considered at a reduced infusion rate and after the administration of additional medications suitable to treat a hypersensitivity reaction such as hydrocortisone and/or promethazine
- all details of the reaction and any treatment administered are to be documented in the patient's healthcare record and in the OMS or MR 59C WACHS Cancer Services - Cancer Treatment Nursing Assessment & Care Plan for non-OMS enabled sites
- adverse drug reactions are reported to pharmacy and reflected in the patient's treatment plan to guide the management of ongoing therapy.

## 2.15 Escalation and Transition of Care

If a patient arrives to the treatment area unwell or subsequently becomes unwell during treatment, it may be necessary for care to be transitioned to ED, the inpatient environment or to a tertiary facility. In the setting of life-threatening airway and/or breathing and/or circulation problems nursing staff must initiate medical emergency response procedures.

Early intervention has been shown to reduce morbidity and mortality in the deteriorating or unwell patient and nursing staff are to promptly escalate any concerns to senior nursing colleagues at the site and the designated onsite medical officer. The designated onsite medical officer will maintain close contact with the medical oncologist /haematologist regarding patient management.

Each WACHS facility has a formal documented escalation procedure which should be adhered to with reference to the following WACHS wide policies:

- Admission, Discharge and Intra-Hospital Transfer Clinical Practice Standard
- Assessment and Management of Interhospital Patient Transfers Policy
- Recognising and Responding to Acute Deterioration (RRAD) Policy
- Interhospital Clinical Handover Form Procedure

## 2.16 Management of Delayed Side Effects

SACT may cause a wide range of side-effects and patients experience will vary and can be difficult to predict. Severity of side-effects may depend on the type and dosing of cancer treatment as well as the individual health and well-being of the patient. For assistance in business hours patients and their carer(s) are to be provided with contact details of the DCTU and advised to contact Health Direct when advice is required out of hours.

Detailed information related to the management of irAEs can be found at eviQ management of immune-related adverse events.

Detailed information on the management of neutropenic patients and neutropenic fever is included in the WACHS Nursing Management of the Neutropenic ADULT Haematology and Oncology Patient Procedure and at eviQ Immediate Management of neutropenic fever.

The following side effects are potentially serious, require urgent medical attention and are to be acted upon immediately by the patient:

- a temperature over 38°C or fever and chills which might be indicative of infection
- chest pain
- new onset shortness of breath
- diarrhoea that continues over 24 hours
- persistent vomiting that lasts more than 24 hours or nausea lasting more than 48 hours despite taking anti-nausea medication
- abnormal bruising and/or bleeding
- constipation that has lasted over 48 hours
- a productive cough or shortness of breath
- any other sudden decline in physical or emotional health.

## 2.17 Discharge

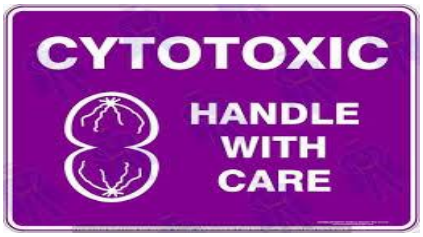
Aboriginal Health Workers (AHW), Aboriginal Liaison Officers (ALO), interpreters and cultural support people are to be included in discharge planning as appropriate to support patients, family and staff.

Prior to discharge from the treatment area the nurse is to ensure that the patient and caregiver have been provided with and/or has a clear understanding of the following:

- written education information on the treatment being administered and expected side-effects
- preventative care and supportive strategies for side effects such as nausea and vomiting, mucositis and diarrhoea
- take home medications are labelled and dispensed by regional pharmacy as per the treatment protocol
- additional supportive resources i.e. cancer treatment medical alert card and treatment diary
- cytotoxic precautions in the home with provision of eviQ Chemotherapy Safety at Home patient information sheet and take home spill kit if required
- advice to follow in the event of being unwell at home
- contact details for clinical staff in and out of hours
- forthcoming appointments for medical review, treatment and any investigations required relevant to the disease and treatment.

## 2.18 Cytotoxic Waste Management

Cytotoxic waste is any item which may be contaminated with a cytotoxic medicine. This includes administration lines, bags, empty vials, needles and syringes and all excreted waste.




Cytotoxic materials are identified by a purple symbol representing a cell in late telophase

Clinical and non-clinical staff must refer to eviQ: Safe Handling and Waste Management of Hazardous Drugs and WACHS Waste Management Policy for information on how to safely manage cytotoxic waste and adhere to the following:

- always utilise the correct type of PPE
- all cytotoxic waste is to be segregated and disposed of into a leak proof, hard walled purple cytotoxic container clearly identifiable by a purple cytotoxic waste label
- cytotoxic sharps are to be disposed of in a dedicated, purple cytotoxic container which must be capped at all times when not being accessed
- cytotoxic contaminated linen or PPE is to be placed in a purple cytotoxic waste bag and disposed of in a cytotoxic bin. Contaminated linen is not to be laundered and is to be incinerated as per other cytotoxic waste.
- while awaiting collection and disposal from facility support services, cytotoxic waste containers are to be stored in a secure area, in a large purple cytotoxic bin lined with a thick purple cytotoxic plastic bag

- contaminated washable items such as patient or staff clothing are to be handled with PPE, placed in a cytotoxic waste bag, remain separate from other items of clothing and be laundered at a high temperature as soon as possible
- all staff are to ensure cytotoxic waste bins are removed and replenished by their facilities support services in a timely fashion to avoid overfilling and potential occupational hazard
- clinical and non-clinical staff are to report all hazards and incidents which occur as a result of cytotoxic waste management to their line manager utilising and Hazard and Incident Management Procedure
- complete a Datix CIMS clinical incident report if the incident involved the patient or resulted in interruption or delay of treatment.

## 2.19 Cytotoxic Spills

A cytotoxic spill constitutes leakage of cytotoxic material from any VAD, administration line, bags or patients body fluid including blood, urine, stool or vomit. A cytotoxic spill requires immediate attention and is to be effectively controlled to avoid unnecessary contamination of the environment.

Clinical and non-clinical staff are to refer to eviQ: Clinical Procedure - Hazardous Drug Spill Management and the Hazard and Incident Management Procedure for information on how to safely manage a hazardous spill and adhere to the following:

- clinical and non-clinical staff are to report all accidents/incidents which occur as a result of a cytotoxic spill to their line manager or after-hours manager
- complete a Datix CIMS clinical incident report if the incident involved the patient or resulted in interruption or delay of treatment.
- complete a WACHS Safety Risk Report Form (SRRF) to report the hazard / incident.

## 2.20 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 and adhere to the following:

- 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 multidisciplinary team
- Goals of Patient Care are to be documented on admission to the service for priority patients in accordance with WACHS Goals of Patient Care Guideline
- multidisciplinary team meeting and the outcomes available in the healthcare record
- 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 Nursing Admission, Screening & Assessment Tool - Adults MR 111
- provide opportunities to include patients and carers in education sessions, Time Out Procedure and in clinical handovers

- provide patients with the WACHS treatment dairy, assist patients to use the diary and encouraged it's use
- provide patients with a take home spill kit if required.

### 2.21 Documentation

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

- Health Record Management Policy
- MP 0094/18 My Health Record (MHR) Policy
- Documentation - Clinical Practice Standard
- TeleChemotherapy Policy

## 3. Roles and Responsibilities

The **Medical Oncologist/Haematologist** is responsible for:

- managing all the medical oncology/haematology components of the treatment plan
- prescribing anticancer treatment, supportive medications and intravenous fluids
- consulting with the patient before each cycle of treatment or at pre-determined intervals as clinically appropriate
- presenting the patient at a tumour specific multidisciplinary team meeting as clinically appropriate
- making decisions regarding the safety of administering the prescribed protocol to a patient at a WACHS DCTU
- obtaining and documenting informed consent on the MR59A WACHS Cancer Services - Patient Consent to Cancer Treatment
- documenting a treatment plan in the patient's healthcare record
- completing the medication order in accordance with the legislative requirements and the COSA Guidelines
- identifying and documenting allergies and previous adverse drug reactions.
- requesting and reviewing the relevant laboratory and diagnostic tests prior to the commencement of each cycle
- being contactable by telephone to assist with the management of the immediate adverse effects of SACT
- managing the delayed and long-term effects of therapy
- obtaining Individual Patient Approval (IPA) using the WA Individual Patient Approval System where a non-formulary medicine or a protocol is not endorsed for use
- applying to the Chair of the Regional Medicines and Therapeutics Committee for approval for a medication access program (MAP)
- documenting dose modifications on the medication order and in the healthcare record
- communicating with the local on-site medical officer the possibility of adverse events related to the treatment
- where appropriate the medical oncologist/haematologist is to inform patients and caregiver(s) of the teratogenic risk of SACT on fertility and provide options for fertility preservation
- being contactable during WACHS DCTU operating hours for treatment related questions and to assist with the management of the immediate adverse effects of SACT.

The **Onsite Local Medical Officer** is responsible for:

- supportive care for the patient during the admission if required
- clinical review on admission to the service and management of clinical issues as per assessment
- management of acute adverse events and delayed effects and the escalation of patient care as clinically appropriate
- liaison with the medical oncologist/haematologist when the patient, carer or clinician is concerned in any way.

The **Cancer Pharmacist** is responsible for:

- ensuring the medication order is compliant with legal, PBS and clinical requirements
- clinically verifying all prescribed anticancer therapy including oral anticancer treatment and signing the medication order or verifying electronically (using their HE number and password) in the OMS to indicate pharmacy verification has been completed
- documenting the pharmacist verification in a standardised format in line with COSA Guidelines
- reviewing laboratory results within 24 to 48 hours of anticancer therapy administration or as clinically appropriate for the protocol, ensure results are within acceptable parameters, or otherwise escalated to the prescriber
- reporting to the prescriber toxicities and laboratory results outside of the normal parameters before administration
- documenting an up to date, best possible medication history (BPMH) in the healthcare record in line with COSA Guidelines and WACHS Medication Review Procedure.
- discussing discrepancies in the order with the prescriber
- supply of the medication order components in a timely manner, within dose banding limits where applicable
- ensuring access to supply of supportive medications, medications for emergency management of anaphylaxis and hypersensitivity and extravasation antidotes
- ensuring no known allergies or the allergy and adverse drug reaction history has been recorded
- ensuring the medication order contains the hospital site name, address and provider number
- provision of education to patients, carers and health professionals.

The **Clinical Nurse Consultant – Oncology Coordinator/ TeleChemotherapy** is responsible for:

- review, triage, accepting or redirecting the referral in collaboration with the medical oncologist/haematologist
- when required completing a clinical governance process and escalating to both regional CCGG and WACHS CCGG
- referral to appropriate support (inclusive of AHW/ALO) and Allied Health services as required
- notifying the regional clerical staff to schedule a forthcoming appointment in collaboration with the cancer services nursing team
- notifying the cancer pharmacist of the upcoming appointment and any changes to the treatment plan.

The **Chemotherapy Competent Nurse** is responsible for:

- nursing care in accordance with the COSA Guidelines
- nursing admission to the service as per the MR 111 WACHS Nursing Admission, Screening and Assessment Tool – Adults

- completing pre-treatment education and nursing assessment prior to the commencement of anticancer therapy at the DCTU
- ensuring the correct administration equipment/giving set and PPE is available
- understanding the nursing care required for the specific protocol including pre and post medications, fluid requirements, extravasation and hypersensitivity potential
- identifying and documenting allergies and adverse drug reactions
- reviewing laboratory results within 24 to 48 hours of anticancer therapy administration or as clinically appropriate for the protocol, ensure results are within acceptable parameters, or otherwise escalated to the prescriber
- reporting to the prescriber toxicities and laboratory results outside of the normal parameters before administration
- validating informed consent prior and ensuring consent has been documented prior to the administration of anticancer therapy
- independently completing the time-out checklist
- administering or confirmation of self-administration of medications as per the medication order
- signing the medication order with date and time, or electronically (using their HE number and password) in the OMS to indicate the medication has been administered
- referral to support (inclusive of AHW/ALO) and allied health services
- documenting the treatment has been administered, including toxicity assessment and other relevant clinical assessment details
- Ensuring the completed medication chart is sent for scanning to the healthcare record.

The **WACHS Executive Sponsor Cancer Services** is responsible for monitoring the performance of the regional cancer centres using the agreed performance indicators.

The **WACHS Medicines and Therapeutics Committee** is responsible for endorsing policy documents and forms relevant to medication management and safety of systemic anticancer therapies.

The **WACHS Cancer Clinical Governance Group** is responsible for**:**

- providing overarching governance of development and review of cancer treatment protocols, prescribing tools and related processes
- supporting WACHS staff to implement this procedure by the provision of advice, information and regular updates on the processes related to the development, endorse and review of cancer treatment protocols and prescribing tools.

The **Regional Cancer Clinical Governance Group** is responsible for:

- promoteing the quality framework required for the region to implement safe and effective cancer care. The group will function to ensure safe and evidence-based care is provided to country patients and all practices meet the Australian Commission on Safety and Quality in Healthcare - National (ACSQHC) and Quality Health Service Standards (NSQHSS).
- providing clinical governance and leadership over regional cancer services
- reviewing relevant policies, procedures and processes to ensure the safe and efficient delivery of evidence-based cancer and palliative care in the region
- promoting professional development as an integral part of cancer service provision in the region
- ensuring cancer services in the region are monitored and evaluated to meet best practice consideration to consumer/carer and stakeholder expectations and satisfaction

- minimising clinical risk and identify improvement opportunities through measurement and clinical review
- making recommendations to rectify gaps in delivery of cancer care in the region.

**All WACHS employees** take reasonable care to ensure his or her own safety and health at work and to avoid adversely affecting the safety or health of any other person by:

- following all instructions and safe working procedures established to protect their safety and that of others
- reporting all identified hazards and accidents/incidents in the workplace to their line manager utilising a Safety Risk Report Form (SRRF)
- carry out duties within their specified responsibilities and duties as defined in their Job Description Form (JDF)
- complying with local policy and procedure.

**All WACHS clinical staff** are accountable for their own practice and are to provide care:

- within their registration status
- in accordance with the codes and guidelines approved by their relevant National Board supported by AHPRA
- within their scope of practice and competence
- within their prescribed responsibilities and duties as defined in their JDF
- within the context of practice that they are operating
- as per local policy and procedure.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

## 4. Monitoring and Evaluation

Monitoring of compliance with this document is to be carried out by WACHS Cancer Services annually using the following means or tools:

- region, site, department (via webPAS data)
- WACHS Antineoplastic therapy audit results

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

This document will be reviewed as required to determine effectiveness, relevance and currency. At a minimum, it will be reviewed every 3 years by the WACHS Cancer Clinical Governance Group and endorsed by the WACHS Medication Safety Committee.

Any issues or concerns are to be escalated to the WACHS Cancer Clinical Governance Group.

## 5. References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NSW Government Cytotoxic Drugs and Related Waste – Risk Management 2017

Office of Industrial Relations Worksafe Health and Safety Queensland Workplace Health and Safety Queensland, Guide for handling cytotoxic drugs and related waste 2017

Safe Work Australia Managing risks of hazardous chemicals in the workplace – Code of practice July 2020

The Society of Hospital Pharmacists of Australia (SHPA) Standards of Practice for Clinical Pharmacy Services(2016)AS2567- 2002 Laminar flow cytotoxic drug safety cabinets

## 6. Definitions

| Term | Definition |
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| **Carer** | A Carer is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness, or a mental illness, or who is frail. This includes family members who may not identify as carers. Carers may receive an allowance from government to support them to provide care to an individual. |
| **Chemotherapy competent** | A Chemotherapy competent nurse has completed the relevant modules and clinical assessments of the WACHS endorsed eviQ Anti-cancer drug administration course. |
| **Cytotoxic** | A Cytotoxic agent is a medication/drug capable of disrupting growth and function of both healthy and diseased cells. Various mechanisms of action |
| **Eastern Cooperative Oncology Group performance status** | The Eastern Cooperative Oncology Group (ECOG) performance status is a measurement of patients' level of functioning in terms of their ability to care for themselves. |
| **Healthcare Record** | A healthcare record is a record (paper-based or electronic) of a patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication orders for an episode of care. |
| **Medication Order** | A medication order is a written instruction issued by an authorised individual, in accordance with the regulation, authorising any specified health practitioners (within their scope of practice) to dispense, supply and administer (not prescribe) a specified medication in circumstances specified within the instruction. Medication orders can be electronically generated, pre-printed forms or handwritten orders. Examples include: WACHS endorsed speciality medication chart, an electronic order in an approved OMS, and other verbal-electronic means. |

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| | The **medication** order for anticancer therapy should present the treatment information in a clear, consistent and unambiguous manner and include all supportive therapy associated with the protocol. |
| **Nurse** | A Nurse, in the context of this guideline, includes Registered Nurses and Medication Administration competent Enrolled Nurses) EN (i.e. excludes ENs who have a notation on their registration which advises that they have not completed medication administration education). |
| **Oncology Management System** | An Oncology Management System (OMS) is an end-to-end Electronic Medication Management (eMM) System supporting treatment for haematology and oncology patients. The system includes a central library of systemic anticancer therapy pathways, pharmacy management, patient scheduler, prescribing, administration and reporting. An OMS improves patient safety by removing paper and related prescribing and administration errors.<br>**The OMS - Charm® is endorsed for use in WACHS.** |
| **Patient** | A patient is a person who is receiving care in a health service organisation. |
| **Protocol** | A protocol is an evidence-based regimen of medications to treat cancer that is endorsed for clinical use by WACHS. |
| **Systemic Anticancer Therapy** | Systemic Anticancer Therapy (SACT) are medications used to treat cancer, including all chemotherapy, immunotherapy, targeted therapy, and hormone therapy. |
| **TeleChemotherapy** | TeleChemotherapy is a model of care that enables regional medical oncology and haematology patients to receive cancer treatments at a local site with the support of specialist clinicians based at a metropolitan cancer centre via the use of telehealth. |
| **Telehealth** | Telehealth is the provision of healthcare remotely by means of telecommunications technology such as videoconference and video supervision. |
| **Toxicity** | Toxicity is the extent to which something is poisonous or harmful. |
| **Vesicant** | A vesicant is a medicine which if leaks out of a vein may cause blistering and tissue injury that may be severe and can lead to tissue necrosis. |

## 7. Document Summary

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| **Coverage** | WACHS-wide |
| **Audience** | Medical, nursing, pharmacy, clerical and any staff who work with systemic anticancer therapies |
| **Records Management** | Health Record Management Policy |
| **Related Legislation** | *Health Practitioner Regulation National Law Act 2024* (WA)<br>*Medicines and Poisons Act 2014* (WA)<br>Medicines and Poisons Regulations 2016 (WA)<br>*Therapeutic Goods Act 1989* (Cth)<br>Therapeutic Goods Regulations 1990 (Cth)<br>Therapeutic Goods (The Poisons Standard)<br>*Voluntary Assisted Dying Act 2019* (WA)<br>Work Health and Safety Regulations 2022 (WA) |
| **Related Mandatory Policies / Frameworks** | • MP 0095/18 Clinical Handover Policy<br>• MP 0122/19 Clinical Incident Management Policy 2019<br>• MP 0175/22 Consent to Treatment Policy<br>• MP 0130/20 Complaints Management Policy<br>• MP 0084/18 Credentialing and Defining Scope of Clinical Practice Policy<br>• MP 0072/17 Health Technology Governance Policy<br>• MP 0131/20 High Risk Medication Policy<br>• MP 0144/20 Information Retention and Disposal Policy<br>• MP 0067/17 Information Security Policy<br>• MP 0038/16 Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities Policies<br>• MP 0104/19 Medication Review Policy<br>• MP 0094/18 My Health Record (MHR) Policy<br>• MP 0134/20 National Safety and Quality Standards Accreditation Policy<br>• MP 0053/17 Patient Alert Policy<br>• MP 0171/22 Recognising and Responding to Acute Deterioration Policy<br>• MP 0077/18 Statewide Medicines Formulary Policy<br>• Clinical Governance, Safety and Quality Policy Framework<br>• Public Health Framework |
| **Related WACHS Policy Documents** | • Admission, Discharge and Intra-Hospital Transfer Clinical Practice Standard<br>• Anticancer Therapy Prescribing Procedure<br>• Assessment and Management of Inter-Hospital Patient Transfers Policy<br>• Cancer Institute NSW- Cancer Treatments Online - eviQ - Endorsed For Use In Clinical Practice Policy |

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| | • Central Venous Access Devices (CVAD) and Long Peripheral Venous Catheter (PVC) Management<br>• Cancer Services Referral Procedure<br>• Environmental Cleaning Policy<br>• Hazard and Incident Management Procedure<br>• Infection Prevention and Control Policy<br>• Interhospital Clinical Handover Form Procedure<br>• Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure<br>• Medication Prescribing and Administration Policy<br>• Nursing Management of the Neutropenic ADULT Haematology and Oncology Patient Procedure<br>• Personal Protective Equipment (PPE) Procedure<br>• Peripheral Intravenous Cannulae (PIVC) Guideline<br>• Recognising and Responding to Acute Deterioration (RRAD) Policy<br>• Safe Handling and Administration of Monoclonal Antibodies Guideline<br>• Waste Management Policy<br>• Work Health and Safety Policy |
| **Other Related Documents** | • ACSQHC Australian Open Disclosure Framework<br>• ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines<br>• ACSQHC Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation<br>• ACSQHC User Guide for Medication Management in Cancer Care 2020 |
| **Related Forms** | • DoH MR Alert 2 / Clinical Alert Notification<br>• MR59 WACHS Cancer - Coordination Admission Form<br>• MR59.1 WACHS Cancer Services – Triage Admission Form<br>• MR59A WACHS Cancer Services - Consent to Cancer Treatment<br>• MR59B WACHS Cancer Services - My Education Checklist<br>• MR59C WACHS Cancer Services - Nursing Assessment and Care Plan<br>• MR59C.1 WACHS Cancer Services - Distress Thermometer<br>• MR59C.2 WACHS Cancer Services – Immunotherapy Assessment Tool<br>• MR59C.3 WACHS Cancer Services – Oral Mucositis Assessment Tool<br>• MR59C.4 WACHS Cancer Services – Antineoplastic Drug Extravasation Assessment Tool<br>• MR59C.5 WACHS Cancer Services – Pre-Admission Nursing Assessment Tool |

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| | • MR59C.6 WACHS Cancer Services - Day of Treatment Nursing Assessment Tool<br>• MR59D WACHS Cancer Services -Treatment Infusion Observation Chart<br>• MR59E WACHS Cancer Services - Continuation Sheet<br>• MR59F WACHS Cancer Services – ISOBAR Handover Form<br>• MR59G WACHS Cancer Services – Telephone Triage Tool<br>• MR59H WACHS Cancer Services - Supportive Needs Assessment Tool for Aboriginal People (SCNAT - AP)<br>• MR59i WACHS Integrated Cancer Services (ICS) Referral Form<br>• MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults<br>• MR140 WACHS Medical Emergency Response (MER) / Code Blue Response<br>• MR179 WACHS Peripheral Intravenous Cannula Observation Record<br>• MR179A WACHS Central Venous Access Device (CVAD) Insertion & Assessment Record<br>• MR179B WACHS Central Venous Access Device (CVAD) Insertion Site Assessment Continuation Sheet<br>• MR179C WACHS CVAD Access-Dressings Continuation Sheet<br>• WACHS Medical Alert Cancer Treatment<br>• WACHS Safety Risk Report Form (SRRS) |
| **Related Training** | • eviQ Anti-cancer drug administration course<br>• eviQ Pharmacy anti-cancer drug course<br>• High Risk Medications: High Risk Medications: Introduction (HRMINT EL2)<br>• Charm Oncology Management System eLearning - WACHS are utilising SMHS eLearning packages. |
| **Aboriginal Health Impact Statement Declaration (ISD)** | ISD Record ID: 3803 |
| **National Safety and Quality Health Service (NSQHS) Standards** | 2.04, 2.06, 2.07, 4.01, 4.02, 4.04, 4.05, 4.11, 5.15, 6.03, 6.04, 8.10, 8.11. |
| **Aged Care Quality Standards** | Nil |
| **Chief Psychiatrist's Standards for Clinical Care** | Nil |
| **Other Standards** | Nil |

## 8. Document Control

| Version | Published date | Current from | Summary of changes |
|---|---|---|---|
| 3.00 | 13 November 2024 | 13 November 2024 | • changed from a guideline to a procedure<br>• updated to include changes related to Charm – OMS implementation<br>• sections transferred from the TeleChemotherapy Policy to this document |
| 3.01 | 14 November 2021 | 13 November 2024 | • updated link to new MR59C.6 WACHS Cancer Services – Day of Treatment Nursing Assessment Tool |

## 9. Approval

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|---|---|
| **Policy Owner** | WACHS Executive Director Nursing & Midwifery |
| **Co-approver** | Executive Director Clinical Excellence |
| **Contact** | WACHS Cancer Nurse Practitioner |
| **Business Unit** | WACHS Cancer Services |
| **EDRMS #** | ED-CO-15-93655 |



**This document can be made available in alternative formats on request.**