

Appendix 3

SAFE HANDLING AND ADMINISTRATION ANNUAL RE-ACCREDITATION CERTIFICATE

Personal Development

- I have, within the previous 12 months, demonstrated continual professional development in relation to SACT handling and administration, (e.g. through attending workshop, local SACT update session, or conference presentations) and use evidence-based practice.

Policies and standards

I have read and understood the current:

- Medicines policy and relates to code of practice
- Standards for the safe use of Oral Anticancer medicines
- Operational policy regarding SACT administration
- Other (organisation specific) please name:

3. Pre-treatment Consultation – Communication Assessment Skills

- I conduct pre-treatment consultations in a holistic way through application of good communication and information delivery skills (e.g. obtain concerns before delivering information about SACT and check understanding).
- I ensure patient, parent or carers are aware of key SACT toxicities as listed within regimen consent forms.
- I reconfirm patient, parent or carer consent to SACT.

4. Pre-treatment Checks

- I ensure all pre-treatment investigations have been carried out and results are appropriate.
- I ensure SACT is prescribed according to approved protocols.

5. Route of Administration

- I am competent to safely deliver SACT via the following route(s) (tick as appropriate below) according to clinical assessments in this Passport and have maintained the competencies in the SACT section of the Career and Education Framework for CYP Cancer Nurses V3.0 2022
- Intravenous (Bolus).
- Intravenous (Infusion).
- Intramuscular/subcutaneous injection.
- Oral.
- Other (please state):

6. Post-treatment Checks

- I remain competent to dispense supportive medicine (where applicable).
- I ensure patient and carers can adhere with supportive medication administration requirements and I can provide related patient education (where necessary).
- I ensure patients, parents/carers are aware of 24-hour triage tool contact numbers.

7. Declarations

- I wish my name to remain on the Register of Clinicians accredited to administer SACT as per route(s) selected above
- I remain competent to administer SACT
- I remain competent to electronically document on the local e-prescribing system.
- I understand that my name will be removed from the register 12 months after the date of certification unless I apply for re-accreditation.
- I understand that if my name has been removed from the register, my rights to administer SACT on the local e-prescribing system may be revoked unless I apply for re-accreditation.

Signed: _____

Date: _____

Name: _____

(Nurse/Clinician)

Position: _____

Assessor

I have observed _____ perform the handling and administration of SACT and related assessment skills. I certify that they are safe to administer SACT independently (via the routes indicated above) according to this SACT Passport and the SACT competencies in the Career and Education Framework for CYP cancer Nurses V3.0 2022

Signed: _____

Date: _____

Name: _____

(Approved SACT Assessor)

Position: _____