## *B4 Chemotherapy*

## 1 Particulars of the service

|  |  |
| --- | --- |
| Scope of service |  |
| Operating hours |  |
| Chemotherapy service | No of beds/ chairs: |

## 2 Advisor for chemotherapy service

|  |  |  |
| --- | --- | --- |
| Is the CME a specialist in clinical oncology, medical oncology, haematology and haematological oncology, or other relevant specialities or subspecialties for provision of chemotherapy services? | Yes | No |

|  |  |  |
| --- | --- | --- |
| If no, please complete the following information for the advisor: | | |
| Name in English | (Surname) | (Given names) |
| Name in Chinese | (Surname) | (Given names) |
| Qualifications |  | |
| Telephone number | (Daytime) | (Emergency) |
| E-mail address |  | |

## 3 Nurse-in-charge (if applicable[[1]](#footnote-1))

|  |  |  |
| --- | --- | --- |
| Name in English | (Surname) | (Given names) |
| Name in Chinese | (Surname) | (Given names) |
| Qualifications |  | |

## 4 Staffing

|  |  |  |
| --- | --- | --- |
|  | Number of staff | |
| Nurse | RN: | EN: |
| Clinic assistant |  | |
| Others (please specify): |  | |
|  |  | |

## 5 Other staffing requirement

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. For each patient attending the facility, there is a specialist in clinical oncology, medical oncology, haematology and haematological oncology, or other relevant specialties or subspecialties in charge of his or her chemotherapy (cytotoxic) treatment | Yes | No | Medical record |
| 1. At all times when the facility is in operation, a medical practitioner should be contactable to render medical care and advice when needed and in emergency | Yes | No  NA | Duty roster |
| 1. All nursing staff have received relevant training in the provision of chemotherapy (cytotoxic) service | Yes | No  NA | Staff qualification |
| 1. Dispensing of cytotoxic drugs is by or under the supervision of a pharmacist or medical practitioner | Yes | No  NA | Dispensing policy |
| 1. Staff responsible for the reconstitution of cytotoxic drugs have received relevant training in infection control and proper use of isolator or biosafety cabinet (BSC) | Yes | No  NA | Staff qualification/ training record |
| 1. Staff responsible for the aseptic preparation of parenteral drugs have received relevant training using aseptic techniques | Yes | No  NA | Staff qualification/ training record |
| 1. All staff have received training in health hazards of cytotoxic drugs, spillage handling techniques, and use of personal protective equipment | Yes | No | Staff qualification/ training record |

## 6 Critical or major equipment

**(e.g. reconstitution facilities, resuscitation equipment, refrigerators for cytotoxic drugs)**

| Type of equipment | Quantity | Schedule of maintenance as per the manufacturer’s recommendation | Date of last serviced |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7.1 Facilities and equipment

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. The preparation and administration of chemotherapy (cytotoxic) are conducted in separate and designated areas in the facility | Yes | No | Site environment |
| 1. There is immediate access to hand washing facilities in clinical areas and areas where cytotoxic drugs are handled | Yes | No | Site environment |
| 1. Where cytotoxic drugs are handled, the working surface should be smooth, washable and impervious to moisture | Yes | No | Site environment |
| 1. The design of patient care areas should facilitate effective cleaning and disinfection | Yes | No | Site environment |
| 1. Cytotoxic drugs are stored in designated area with controlled access and are clearly labelled with warning signs in Chinese and English | Yes | No | Site environment |
| 1. Labelled containers used for transport of cytotoxic drugs are impervious and protective against spillage, leakage, or breakage | Yes | No | Equipment |
| 1. Cytotoxic spillage kits are readily accessible in areas where cytotoxic drugs are stored or handled | Yes | No | Equipment |
| 1. Extravasation kits are readily accessible in areas where chemotherapy (cytotoxic) is administered by intravenous route | Yes | No  NA | Equipment |

## 7.2 Facilities and equipment for reconstitution

No reconstitution of cytotoxic drugs in facility (Please proceed to section 8)

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. There is access control to areas where cytotoxic drugs are reconstituted | Yes | No | Site environment |
| 1. Dedicated class II (Type A2 or B) or class III BSC or isolator is used for reconstitution | Yes | No | Equipment |
| Classified working environment inside the cabinet (where applicable): | Grade/Class of air cleanliness: | |
| 1. The isolator or BSC is installed in accordance to manufacturer’s recommendations and kept in good functional order | Yes | No | Document/ record |
| 1. The isolator or BSC is regularly serviced and maintained. There is proper documentation of testing, repair, and maintenance | Yes | No | Document/ record |
| Frequency: | Every       month(s) | |
| 1. Where a closed-system drug transfer device is used, the device should be used inside the isolator or BSC | Yes | No  NA | Equipment |

## 8 Policies and procedures

| Written policies and procedures on the following are in place: | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. dispensing, reconstitution, and administration of cytotoxic drugs | Yes | No | Document |
| 1. handling, storage, transport, and disposal of cytotoxic drugs and related wastes | Yes | No | Document |
| 1. cleansing, disinfection and maintenance of reconstitution facilities (room and equipment) | Yes | No  NA | Record |
| 1. informed consent | Yes | No | Consent form |
| 1. verification of chemotherapy (cytotoxic) order for administration | Yes | No | Form/ record |
| 1. patient assessment prior to administration | Yes | No | Form/ record |
| 1. monitoring of patients during administration | Yes | No | Form/ record |
| 1. prevention and management of complications | Yes | No | Document |
| 1. accessible support for patients outside working hours | Yes | No | Notice |
| 1. selection, maintenance, and appropriate use of personal protective equipment | Yes | No | Document |
| 1. management of spillage or accidental contamination | Yes | No | Document |
| 1. infection control | Yes | No | Document |
| 1. risk assessment for occupational health and safety | Yes | No | Document |

## 9 Resuscitation and contingency

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. Emergency medications are stored in a designated and easily accessible area in the facility | Yes | No | Site environment |
| 1. Viability of emergency medications are regularly checked | Yes | No | Document |
| Frequency: | Every       month(s) | |
| 1. There are staff-to-staff communication systems for emergencies | Yes | No | Document |
| 1. Drills for emergency transfer | Yes | No | Drill/ record |
| Frequency: | Every       month(s) | |

1. Where there is no medical practitioner immediately available for medical care when chemotherapy (cytotoxic) is administered, a registered nurse who has been trained in the practice of oncology nursing or administration of chemotherapy (cytotoxic) is available at all times as the duty nurse-in-charge to supervise nursing care of the service. [↑](#footnote-ref-1)