## *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 |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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## 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)