South Australian Supplementary Standard for Systemic Cancer Therapy

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Commission on Excellence and Innovation in Health.

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Contents

Introduction

This document provides South Australian cancer services with supplementary information and specific requirements to enable compliance against the NSQHS User Guide for Medication Management in Cancer Care (NS). The supplementary guidelines are an extract from the South Australian Standards for Systemic Cancer Therapy – 2019 Consultation document. Editing of this document was undertaken by a Workgroup of members of the South Australian State-wide Cancer Clinical Network, with the aim to provide concise explanatory detail against Actions within the NS, as required. Endorsement was provided by the State-wide Cancer Clinical Network Steering Committee.

Important information

This document does not duplicate the NS, nor provide explanatory detail against all 28 NS actions. It provides supporting information deemed necessary and specific to service delivery in SA against specifically identified NS. The South Australian (SA) Standards below refer back to the relevant NS Actions and should be read in conjunction with those NS Actions.

Additionally, the SA Standards highlighted in grey are deemed additional to the NS – ie, SA specific and not covered within the NS.

The SA Standards for Systemic Cancer Therapy align to and should also be read in conjunction with:

- Cytotoxic Drugs and Related Waste: A Risk Management Guide for South Australian Health Services [5]
- eviQ Cancer Institute NSW: Safe handling and waste management of hazardous drugs [15]
- COSA guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy [1]
- The National Safety and Quality Health Service Standards (2nd Edition) [4]
- SA Health Medication Safety [10]
- Clinical Service Capability Framework [2]
- Standards of Practice for Clinical Pharmacy Services [13]

Sharing Decisions and Planning Care

Implement Shared Decision Making

Refer Action 2.6

- Cancer Services complete a pre-systemic cancer therapy patient education checklist and reviews this with the patient, carer and/or family (eg, Antineoplastic drug patient education checklist and/or Immunotherapy Checklist), to promote the provision of safe, consistent and high quality care [8]
- Advice regarding potential interactions between the systemic cancer therapy and/or cancer and the use of complementary and alternative medicines (CAM) other medications and nutrients or food [1]
- Safe Handling Information including spill management [5]
- Cancer Services are required to ensure that patients, carers and/or family are educated and provided with written information about Central Venous Access Devices (CVADs), where applicable, including the benefits, risks, potential complications and appropriate self-care measures [5]
- When appropriate for patient treatment, care and quality of life, health care professionals in the Cancer Services are required to facilitate and support end of life conversations and decision making with patients, carers and/or family in a private setting. Advanced training is recommended for all health care professionals to support them in delivering difficult conversations, which can happen at any stage of the cancer care journey [2]
- Cancer Services utilise a 24 hour triage rapid assessment tool such as the eviQ Oncology/Haematology 24 Hour Triage Rapid Assessment and Access Toolkit – Australia [8]

Medication Scope of Clinical Practice

Define and Verify the Scope of Clinical Practice

Refer Action 4.4

- Cancer Services have access to and use procedures that align with The Safe Handling of Cytotoxic Drugs and Risk Management Guide (Reference) to eliminate or minimise the risk of illness or injury associated with the handling of cytotoxic and hazardous drugs and related waste [5]
- Cancer Services have a schedule for workplace inspections and risk assessments to identify and review hazards including escalation processes [5]
- Cancer Services have access to and use a documented register for systemic cancer therapy including current and accessible safety data sheets [5]
- Cancer Services have access to and use a documented procedure and monitoring process for staff and/or visitors who are accidentally exposed to cytotoxic systemic cancer therapy, ensuring appropriate equipment and resources are available [5]
- Cancer Services ensure that where staff are required to work in isolation, including remotely, safe work practices are in place to minimise exposure to hazards as per SA Health Remote or Isolated Work Health and Safety Policy Guideline and The Safe Handling of Cytotoxic Drugs and Risk Management Guide [5, 15]
- All SA Health services that use or handle any form of cyclophosphamide or other cytotoxic medications must have and maintain the authorisation from the regulator (SafeWork SA) as per The Safe Handling of Cytotoxic Drugs and Risk Management Guide [5]

Information for patients

Refer Action 4.11

- Cancer Services are required to inform, educate and provide patients, carers and/or family with verbal and written instructions about:
  - the potential risks of handling cytotoxic waste, and
  - the appropriate precautions, to prevent accidental exposure [5]
- Cancer Services are recommended to complete a Cytotoxic Drug Precautions Alert Form for each patient (as per SA Health Safe Handling - Cytotoxic Drugs and Related Wastes – A risk management guide for South Australian Health Services 2015 at the end of every cytotoxic systemic cancer therapy treatment episode(s) to alert other health professionals of their cytotoxic status [5]
- Cancer Services are required to limit the transportation of patients between areas or services when undergoing an intravenous systemic cancer therapy infusion. If required to do so, Cancer Services must ensure the patient is accompanied by a trained clinician and a spill kit is required [5]

Home Systemic Cancer Therapy

- Cancer Services ensure where health care professionals are providing systemic cancer therapy medications to patients in their home, health care professionals have access to:
  - appropriate procedures and risk minimisation processes
  - resources and equipment required to transport, final check, administer and manage systemic cancer therapy and related waste (including transportation back to the Cancer Service)
- Cancer Services ensure that there is a process in place for staff to assess that the home environment is safe and appropriate to provide care as per SA Health Safe Handling - Cytotoxic Drugs and Related Wastes – A risk management guide for South Australian Health Services 2015 and that assessments are completed and reviewed periodically [5]
- Cancer Services have acccess to and use documented cleaning procedures including the use of regular cleaning schedules and management of contaminated linen and clothing [5]
- Cancer Services cleaning staff are required to wear specific personal protective equipment and have completed the required training in alignment with SA Health Safe Handling – Cytotoxic Drugs and Related Waste: A Risk Management Guide for South Australian Health Services

Safe & Secure Storage and Distribution of Medicines

Refer Action 4.14

High Risk Medicines

Refer 4.15

Cancer Services ensure all cytotoxic systemic cancer therapy is:

- packed in different containers from non-cytotoxic products immobilised with packing material [1]
- labelled immediately after preparation, labelled with a purple cytotoxic warning label, including symbol [1, 5]
- packaged in a sealed, leak-proof container as per Cytotoxic Drugs and Related Waste: A Risk Management Guide for South Australian Health Services [5]
- labelled with the cytotoxic hazard symbol clearly visible on the outside of the delivery container [1]

- stored in a separate dedicated area with appropriate storage measures in place that meets requirements for temperature, including refrigeration, ambient room temperature and lighting control (dark conditions) [1]
- Intrathecal cancer therapy must be packaged separately to other systemic cancer therapy [1]
- Intrathecal cancer therapy should be stored in a designated and clearly labelled storage container in the pharmacy until the patient is ready for the Intrathecal cancer therapy administration. This container must only be used for Intrathecal cancer therapy doses [1]

- Cancer Services ensure documented practices and schedules are in place to confirm temperature control is maintained within storage areas including where refrigeration is necessary [1, 5]
- Cancer Services ensure any transporting of cytotoxic systemic cancer therapy outside the service aligns with the licencing requirements as outlined in Cytotoxic Drugs and Related Waste: A Risk Management Guide for South Australian Health Services [5]
- Cancer Services ensure cytotoxic systemic cancer therapy medications are transported using sealed impervious containers and are not to be used for other purposes [5]
- A spill kit is required to be accessible when transporting systemic cancer therapy medications [5]
- Cancer Services provide patients receiving cytotoxic systemic cancer therapy with verbal and written instructions on how to manage a spill and what equipment is required in the event of a spill at home [1, 5]
- Cancer Services follow local practice guidelines when receiving the delivery of cancer therapy medications [5]
- Cancer Services are required to ensure spill kits are readily available and all health care professionals are informed of and trained in the appropriate use of the spill kit [5]
- Cancer Services have access to and use a spill management procedure and regularly review the cytotoxic spill kit contents and expiry dates
- Cancer Services ensure all spills are reported via the SA Health SafetyLearning System, as per the SA Health Patient incident management and opendisclosure Policy Directive, and Safe Work SA are notified of any work-relatedincident involving cytotoxic systemic cancer therapy as per legal requirementsunder the Work Health and Safety Act 2012 (SA) [11, 12, 17]
- Cancer Services ensure the management of cytotoxic waste is in alignment with the Cytotoxic Drugs and Related Waste: A Risk Management Guide for South Australian Health Services [5]
- Cancer Services ensure cytotoxic waste bins, bags and containers are:
  - labelled correctly and easily identifiable
  - accessible for staff
  - stored in dedicated, sign posted areas that are well lit and well ventilated, with availability proportional to service need
  - aligned with infection control requirements [5]
- Cancer Services are required to adhere to the SA Health Clinical Service Capability Framework – Cancer Modules that outline the four levels of complexity for the provision of systemic cancer therapy. Safe delivery of different systemic cancer therapy requires different levels of support. Factors contributing to levels of risk in the administration of systemic cancer therapy include:

- tumour group
- treatment intention (i.e. curative or palliative)
- route of administration of cytotoxic drugs and targeted therapies for systemic therapy (eg, oral or parenteral)
- vesicant vs non-vesicant drugs
- patient risk / co-morbidities
- intensity and complexity of systemic therapy
- risk of chemotherapy induced neutropenia
- patient understanding of treatment goals and side effects [2]

- Cancer Services have access to and use documented extravasation management procedures and use extravasation treatment kits (eg, eviQ Extravasation Management) including extravasation assessment tool, immediate management flow chart and requirements of information to be provided to patients [1, 3]
- The risk assessment for MABs (monoclonal antibodies) identifies those that are considered to be hazardous chemicals by the National Institute for Occupational Safety and Health (NIOSH) and their associated interventions for the safe preparation and administration of MABS [9]

Intrathecal Cancer Therapy

- All clinical staff involved in Intrathecal cancer therapy administration are required to be registered on an Intrathecal cancer therapy Risk Register appropriate to their place of employment [1]
- Cancer Services ensure the administration of Intrathecal cancer therapy for paediatric patients occurs within a dedicated paediatric haematology/oncology service, with oversight from senior clinicians who are trained and competent to administer Intrathecal cancer therapy

Intravenous

- Central Venous Access Device (CVAD) is the preferred route of administration for prolonged infusions and vesicant systemic cancer therapy [1]

Home Systemic Cancer Therapy

- Cancer Services ensure that where clinicians are providing systemic cancer therapy medications to patients in their home, clinicians have access to:
  - appropriate procedures and risk minimisation processesextravasation procedures and kit
  - spill kit
  - resources and equipment required to transport, check, administer and manage related waste (including transportation back to the Cancer Service)

Cancer Services ensure patients are deemed *fit for treatment* by utilising and completing a pre-systemic cancer therapy patient assessment checklist (eg, Antineoplastic drug patient assessment checklist) in consultation with the patient prior to initiation of treatment and every treatment episode in alignment with the COSA Guidelines and the specific treatment protocol [1]

Cancer Services ensure that a final patient *time out check* is utilised and completed in consultation and discussion with the patient, immediately before commencing administration, which includes the completion of a systemic cancer therapy “time out” checklist (eg, eviQ Antineoplastic drug time out checklist) by two trained and competent ADAC registered nurses (eviQ 2013). In circumstances where two trained ADAC/PADAC registered nurses are not available, refer to the COSA Guidelines [1]

- Cancer Services ensure the final patient *time out check* includes (not limited to):
  - Three patient identifiers
  - Consent signed and viewed
  - Patient parameters, such as blood results and investigations
  - Allergies
  - Toxicities
  - Medication Safety including:
    - Correct Treatment including pre-medications or self-administered medications
    - Correct Dose including Body Surface Area
    - Correct Route and rate
    - Correct Time
    - Expiration date
    - Physical integrity of the medication
- Cancer Services ensure two trained and competent ADAC registered nurses independently calculate body surface area and utilise a consistent formula specified to calculate body surface area within their local Cancer Service
- Where required Cancer Services ensure two trained and competent ADAC registered nurses independently calculate the Area Under the Curve calculation utilising a consistent formula within their local Cancer Service
- Cancer Services ensure the programming of infusion pumps is independently checked by two trained and competent ADAC registered nurses including the calculation of infusion rate and duration [1]

Prescribing systemic cancer therapy

Refer 4.15 NSQHS STANDARDS

- Cancer Services ensure prescribing systemic cancer therapy for adults and paediatrics are based on best practice guidelines (as per the above) and local policies and procedures for prescribing are regularly reviewed, updated, adhered to and archived.[1] Where possible an electronic prescribing system is recommended to support the provision of system cancer therapy [1]
- Cancer Services have robust processes in place to ensure only trained and qualified practitioners prescribe systemic cancer therapy, this includes paediatrics and adults [1]
- Cancer Services ensure that health care professionals are aware of, and comply with the SA Health State-wide Cancer Chemotherapy Policy Directive ensuring procedures are in place relating to development, approval and use of systemic cancer therapy protocols, including standard and non-standard protocols [7]
- Cancer Services staff are required to report any non-sanctioned deviation from standard chemotherapy protocols via the Safety Learning System and follow appropriate adherence to Open Disclosure requirements for patients and consumers [7, 11, 12]
- Cancer Services health care professionals prescribing systemic cancer therapy discuss treatment options with the patient, carer and/or family to decide on the most appropriate treatment with consideration to the patients, carer and/or family's needs and wishes (not limited to):
  - diagnosis,
  - laboratory parameters,
  - performance status,
  - organ function and

- any other relevant characteristics of the patient or their malignancy (eg, genotype, tumour markers)
- co-morbidities
- quality of life [1]

- Health care professionals working in cancer services are responsible for ensuring patients, their carer and/or their family are adequately informed about their diagnosis, options for treatment, financial costs, effects of cancer therapy, and obtain patient consent for the agreed treatment plan [1, 8]

Systemic Cancer Therapy Chart and Order

Refer 4.15 NSQHS STANDARDS

- All systemic cancer therapy are required to be prescribed on an approved systemic cancer therapy chart that meets all legislative and professional requirements and is aligned with the content specified within the COSA Guidelines – Medication Order (is written directions provided by a prescribing practitioner for systemic cancer therapies to be administered to an individual for the purposes of treating their cancer) [1]
- Electronic or pre-printed cancer therapy charts are to be used where possible. Where this is unavoidable, locally used handwritten chemotherapy charts may be used, however prescribers must ensure they meet legislative and professional requirements) [1]
- All systemic cancer therapy orders must be verified via signatures from the prescriber and clinical pharmacist, with access to the patient information relevant to the treatment, and matched with the appropriate PBS script, as part of clinical verification [1, 18]
- Changes to medication orders (such as dose changes) must be communicated directly and discussed with patients, carers and/or family and documented in the patients' medical record [1, 18]
- Verbal orders may be used to hold or cease systemic cancer therapy and must subsequently be documented in the patients' medical record. Local procedures should be in place to ensure appropriate communication and safety of Verbal Order instructions [1, 18]

Intrathecal

- All Cancer Services clinician staff responsible for prescribing, manufacturing, verifying, preparing, dispensing and/or administering INTRATHECAL cancer therapy should be made aware of the catastrophic outcomes associated with the errors in administering incorrect chemotherapy drugs via the INTRATHECAL route [1]
- When prescribing Intrathecal cancer therapy the route of administration must be specified as Intrathecal written in full (not abbreviated), in capitals and bold and the abbreviation 'IT' for Intrathecal is not permitted [1]
- Intrathecal cancer therapy must be prescribed on a specific intrathecal chart that distinguishes it from other charts (see Intrathecal section above)

Oral

- Oral systemic cancer therapy orders are required to include (not limited to):
  - the full generic medication name
  - quantity to be dispensed
  - number of repeats (repeat prescriptions are discouraged)
  - patient identifiers and parameters (height/weight/Body Surface Area)
  - name and stage of the treatment protocol
  - schedule and duration of treatment (continuous or intermittent dosing; start and stop dates in line with the protocol) [1]

Clinical Pharmacist Verification

Refer 4.15 NSQHS STANDARDS

- Cancer Services are required to have access to and use a procedure for the clinical pharmacist verification of systemic cancer therapy which aligns with the COSA Guidelines [1]
- Cancer Services must ensure clinical verification of systemic cancer therapy orders occurs by pharmacists locally authorised to perform this task [1]
- Pharmacists involved with clinical verification of systemic cancer therapy are required to have access to patient's medication history, relevant clinical information and ensure that the systemic cancer therapy medication order is verified in accordance with a local verification procedure [1]
- Cancer Services ensure that all systemic cancer therapy orders are completed, on the required template, that the information provided is legible, and that any discrepancies are identified, discussed and resolved with the prescriber prior to preparation and dispensing of the medication [1]

Supply (Manufacturing and Dispensing)

Refer 4.15 NSQHS STANDARDS

- Manufacturing and dispensing systemic cancer therapy medications (including Intrathecal) is to occur only by competently trained pharmacists and technicians within approved facilities and adhere to:
  - Cytotoxic Drugs and Related Waste: A Risk Management Guide for South Australian Health Services [5]
  - The COSA Guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy [1]
  - SA Pharmacy procedures
  - The Therapeutic Goods Administration Act (1989) [19]
  - Standards of Practice for Clinical Pharmacy Services [13]
  - Pharmacy Board of Australia's Guidelines on Compounding of Medicines
- Where SA Health contracts a third party supplier to prepare systemic cancer therapy, contractual agreements includes requirements to meet all legislative, quality assurance, professional practice guidance and a current manufacturing license issued by the Therapeutic Goods Administration [19]
- Pharmacy Services ensure all systemic cancer therapy medication preparations are issued in a ready to administer form, without further modification required prior to patient administration [5]
  - Where manipulation of oral systemic cancer therapy (eg, halving tablets or suspending tablets or the contents of the capsule) is necessary, a trained cancer pharmacist is to perform the manipulation in a safe environment or where appropriate provide education to patient, carer and/or family on the safe handling to do so.[1] A risk assessment of the situation and medication is to be performed first based on information contained in SHPA Don't Rush to Crush Handbook (3rd edition). If extemporaneous compounding is required to produce a ready to administer form, a trained manufacturing pharmacist is to perform the compounding in a safe environment meeting GMP standards

Closed system transfer device

- A closed system transfer device is a drug transfer device that mechanically prohibits the transfer of environmental contaminants into the system and the escape of hazardous drug or vapour concentrations outside the system [5]
- It is recommended that Cancer Services use a closed system transfer device for the preparation and administration of systemic cancer therapy, where applicable, to reduce occupational exposure and product contamination [1]

- Cancer Services ensure where a closed system transfer device is not available or is not practical, an alternative is used to control exposure at source, including adequate systems and measures to protect from accidental exposure. For the safe handling of Monoclonal Antibodies, a risk assessment is required to determine if a closed system transfer device is required [1]

Oral

- Oral systemic cancer therapy and some targeted therapy agents may carry the same risks in terms of potential for error and toxicities as systemic cancer therapy administered by other routes, therefore, the same procedures and processes are required to be adhered to [1]
- Cancer Services ensure the quantity of oral systemic cancer therapy tablets/capsules supplied is the amount the patient requires for that cycle of treatment to avoid incorrect dosing and errors for patients self-administering at home. This quantity may be less than the allowed PBS prescribed quantity [1]
- Dispensing systemic cancer therapy from repeat prescriptions is discouraged, but, where this is unavoidable, repeat prescriptions for subsequent cycles of oral systemic cancer therapy should be confirmed with the prescriber before dispensing or accompanied by a current treatment order to ensure there has been no change to dose or treatment since the initial prescription was written [1]

Targeted Therapies

- Cancer Services ensure that a risk assessment has been undertaken, with risk measures in place to support the preparation of each targeted therapy, including, but not limited to, monoclonal antibodies (MABs) [1, 5]
- Staff involved in the preparation of targeted therapies are required to adhere to local and national policy and guidelines that relate to the safe handling and delivery of each agent, including:
    - The Handling of Hazardous Drugs and Related Wastes in South Australian Health Services Policy Directive [6]
    - The Safe Handling Cytotoxic Drugs and Related Waste - A Risk Management Guide for South Australian Health Services [5]
    - The COSA Position Statement: Safe Handling of monoclonal antibodies in healthcare settings, 2013, as current data is insufficient to advise on all potential risks of occupational exposure to MABs) [20]
    - National Institute for Occupational Safety and Health (NIOSH) – NIOSH list of antineoplastic and other hazardous drugs in healthcare settings 2016

Developing a Comprehensive Care Plan

Coordinate comprehensive care planning

Additional to Action 4.13

- Cancer Services recognise and consider survivorship from the point of diagnosis and incorporate the principles of survivorship care during and beyond treatment as outlined within the SA Cancer Survivorship Framework [14]
- Cancer Services have systems and/tools (eg, those included within the SA Survivorship Framework Implementation Resources) in place to assess and develop a Survivorship care plan that meets patients care needs, in discussion with the patient, carer and/or family, including (not limited to):
    - physical
    - psychosocial
    - economic
    - monitoring and surveillance requirements

- overall wellness [14]

- Cancer Services provide patients with a copy of their comprehensive care plan which includes a summary of treatment provided, care after treatment and on-going monitoring needs and survivorship care [14]

References

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Abbreviations

ADAC	Antineoplastic Drug Administration Course
COSA	Clinical Oncology Society of Australia
GMP	Good manufacturing practice
MAB	Monoclonal antibodies
NIOSH	National Institute for Occupational Safety and Health

Glossary

Body Surface Area (BSA)	The two dimensional measure of the outer layer of the body, usually estimated using various formula [1]
Clinical Verification	The systematic process performed on chemotherapy prescriptions to ensure safety and accuracy of the prescribed drug(s), carried out as part of both pharmacist and nurse checking processes of chemotherapy prior to dispensing and administration respectively [1]
Comprehensive Care Plan	A document describing agreed goals of care, and outlining planned medical, nursing and allied health activities for a patient.
Consent	The process by which a patient is provided with sufficient information about the disease diagnosis and treatment options so that the individual can make a reasonable decision about treatment based on an understanding of the potential risks and anticipated benefits of the treatment [1]
Consumer	A person with cancer, their carer or family member
Cytotoxic drugs	Drugs with direct cellular toxicity properties (cytotoxic) used to treat cancer. Examples include alkylating agents, anthracyclines, anti-tumour antibiotics and folate antagonists [8]
Cytotoxic Spill	A spill of cytotoxic drugs or related wastes [8]
Cytotoxic Waste	Waste contaminated with cytotoxic drug or metabolites including any residual cytotoxic drug that remains following patient treatment and any materials or equipment potentially contaminated with cytotoxic drugs [8]
Episode of Care	A phase of treatment. There may be more than one episode of care within the one hospital stay. An episode of care ends when the principal clinical intent changes or when the patient is formally separated from the facility [2]
Extravasation	The escape of a compound from the vessel into which it is being administered into the surrounding tissue or body cavity [1]
Health Monitoring	A process to identify changes in a person's health status [8]
Intrathecal Cancer Therapy	The administration of chemotherapy directly into the cerebrospinal fluid through a lumbar puncture or a device placed under the scalp [1]
Manufacturer	An obligation holder as per the *Work Health and Safety Act 2012* (SA) [8]
Monoclonal Antibodies	Laboratory produced antibodies that bind to specific antigens expressed on cells, such as a protein that is present on the surface of cancer cells but is absent from or expressed at lower levels on normal cells [1]
Open Disclosure	An open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving health care [2]
Oral Systemic Cancer Therapy	Drugs to treat cancer which are administered by the oral route [1]
Paediatric	Relating to the young person, usually defined as children from birth to adolescence [1]
Personal Protective Equipment (PPE)	Refers to protective clothing, helmets, goggles or other garments or equipment designed to protect the wearer's body from injury, infection or exposure to a compound being handled [1]
Prescription	An instruction written by a medical practitioner or other authorised prescriber that authorises a patient to be issued with a medicine or treatment [1]

Procedure	Set of instructions to make policies and protocols operational, which are specific to an organisation [2]
Protocol	An established set of rules used to complete tasks or a set of tasks – also see treatment protocol [1, 2]
Risk	The chance of something happening that will have a negative impact
Risk Assessment	Assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequences [2]
Risk Management	Analysis and judgment that uses the results of risk assessments to produce decisions about environmental actions to be initiated [8]
Safety Data Sheet (SDS)	A document prepared by the manufacturer or importer of a chemical that describes the properties and uses of that chemical, that is its identity, chemical and physical properties, health hazard information, precautions for use and safe handling information [8]
Targeted Therapies	Drugs or other substances that block the growth and spread of cancer by interfering with and targeting specific genes or proteins that are involved in the growth, progression and spread of cancer [1]
Safety Learning System	An application that enables all SA Health services to record, manage, investigate and analyse patient and worker incidents as well as consumer feedback. It is also used for capturing information about security services and to record formal notifications such as those for coronial matters or medical malpractice (SA Health government)
Treatment Plan	A plan of treatment specific to the patient that is developed before the initiation of chemotherapy with core elements including diagnosis, goals of therapy, chemotherapy plan, patient health status and comorbidities, chemotherapy regimen and starting dosages, duration of treatment and major adverse effects of chemotherapy [1]
Treatment Protocol	Incorporates evidence-based information about all details of a chemotherapy regimen which can be used to treat cancer patients, including the name of the protocol, tumour group, number of cycles, all drugs relevant to the protocol, etc [1]
Vesicants	Cytotoxic drugs that induce tissue damage and necrosis [8]
Workforce	All people working in a health service organisation, including clinicians and any other employed or contracted, locum, agency, student, volunteer or peer workers [2]

Let's put imagination to work

Level 7, Citi Centre Building
11 Hindmarsh Square
Adelaide SA 5000

DX243

T +61 (08) 8226 5791

ceih.sa.gov.au