The Safe Administration of Intrathecal Chemotherapy

V4.0

February 2017

Summary.

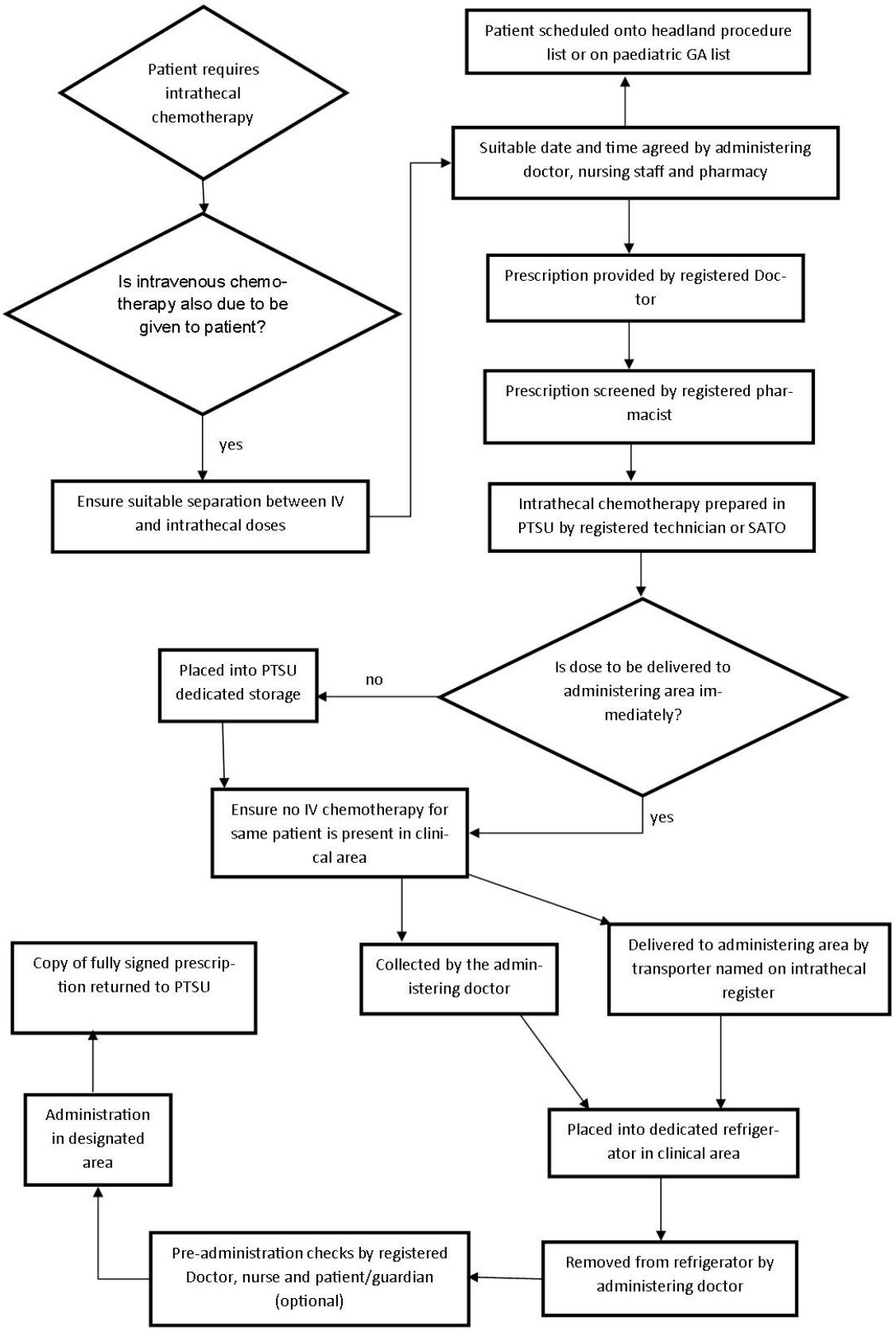
Patient requires intrathecal chemotherapy
Is intravenous chemotherapy also due to be given to patient?
yes
Ensure suitable separation between IV and intrathecal doses
Patient scheduled onto headland procedure list or on paediatric GA list
Suitable date and time agreed by administering doctor, nursing staff and pharmacy
Prescription provided by registered Doctor
Prescription screened by registered pharmacist
Intrathecal chemotherapy prepared in PTSU by registered technician or SATO
Is dose to be delivered to administering area immediately?
no
Placed into PTSU dedicated storage
yes
Ensure no IV chemotherapy for same patient is present in clinical area
Collected by the administering doctor
Delivered to administering area by transporter named on intrathecal register
Placed into dedicated refrigerator in clinical area
Removed from refrigerator by administering doctor
Pre-administration checks by registered Doctor, nurse and patient/guardian (optional)
Administration in designated area
Copy of fully signed prescription returned to PTSU

Table of Contents

1. Introduction

1.1. Intrathecal administration of vinca alkaloids can cause death. In order to minimise the risk of such administration this policy must be followed at all times within the Trust.

1.2. This version supersedes any previous versions of this document.

1.3. Throughout, the convention is used that the words “shall” or “must” indicate actions which are mandatory – either because they are legal requirements or because the Trust, through the Medication Practice Committee, has decided that they will be mandatory. Where either of these words appears in a statement, that statement is a rule. Some rules are explicitly stated to be rules without use of the words shall or must.

1.4. Sentences in the form:

- “Only [a defined group of staff] may [undertake a defined action]” are rules which prohibit other staff from undertaking that action.

- All other statements may be interpreted as guidance (or as explanation).

2. Purpose of this Policy/Procedure

2.1. The purpose of this policy is to clarify clarify local Trust arrangements for the implementation of, and therefore must be read in conjunction with, the updated National Guidance on the Safe Administration of Intrathecal Chemotherapy (HSC 2008/001) and the Manual for Cancer Services Chemotherapy Measures 2014.

2.2. Implementation of this policy will help ensure that national guidance is adhered to and prevent fatal errors from the inadvertent administration of vinca alkaloids via the intrathecal route.

3. Scope

3.1. This policy applies to all staff involved with the care of patients receiving treatment with chemotherapy for malignant conditions.

3.2. Only those staff who have read the policy and National Guidance, and have been deemed competent in the relevant tasks and whose names have been entered on the Trust register described below may be actively involved in any aspect of intrathecal chemotherapy treatment.

3.3. All staff involved in the care and treatment of patients receiving chemotherapy are encouraged to challenge colleagues if protocols are not being adhered to or if the actions of an individual may cause potential harm to a patient. Challenging of a colleague is an additional check to improve patient safety and reduce risk.

4. Ownership and Responsibilities

4.1. Paragraph 17 of HSC 2008/001 requires the Trust Chief Executive to appoint a “Designated Lead” to ensure compliance with HSC 2008/001. In this document reference to “Designated Lead” thus are references to the appointment described here.

4.2. Role of the Designated Lead

The Designated Lead is responsible for:

- Ensuring that the Trust meets the Department of Health standards for Intrathecal Chemotherapy, as laid out in the updated National Guidance on the Safe Administration of Intrathecal Chemotherapy (HSC 2008/001) and the Manual for Cancer Services Chemotherapy Measures relating to intrathecal chemotherapy.
- Ensuring the Trust policy and procedure documents are in place, including the Trust Policy for the Safe administration of Intrathecal Chemotherapy, and procedures for managing the Intrathecal Chemotherapy Policy and Intrathecal Chemotherapy Training.
- Ensuring that the Trust Intrathecal Chemotherapy Register is maintained.
- Leading on Intrathecal Chemotherapy training in the Trust, including ensuring that appropriate training and accreditation processes are in place.
- Informing the Lead Intrathecal Chemotherapy Trainer and all Intrathecal Competency Assessors when updated national guidance is issued.
- The safe operation of the Intrathecal Chemotherapy Service in RCHT.

4.3. Role of the Lead Intrathecal Trainer

4.4. An Intrathecal Chemotherapy Lead Trainer may be designated for the Trust, as described in the Chemotherapy Measures.

4.5. The responsibilities for the Lead Trainer are:

- To implement the training and accreditation processes for Intrathecal Chemotherapy in the Trust
- Assisting the Designated Lead with maintaining the Trust Intrathecal Chemotherapy Register, including the addition and removal of personnel as appropriate.
- To agree with the Designated Lead the way in which it is intended to provide training for the various staff groups and the way in which competency is to be assessed.

4.6. Role of the Named Competency Assessors

4.7. There will be Named Competency Assessors for Intrathecal Chemotherapy who are permitted to assess and reconfirm the competency of staff included on the Intrathecal Chemotherapy Register.

4.8. Each task/professional group will have Competency Assessors, with the groups being the following:

- Prescribing and Administering (adults)
- Prescribing and Administering (paediatrics)
- Pharmacy verification and release of chemotherapy
- Pharmacy dispensing, issuing and delivery
- Nurse checking prior to administration (adults)
- Nurse checking prior to administration (paediatrics)

4.9. Role of the Managers

Line managers are responsible for:

- Releasing staff to attend intrathecal training and updates.

4.10. Role of the Chemotherapy MDT

The Chemotherapy MDT is responsible for:

- Reviewing incidents relating to intrathecal chemotherapy (as reported via Datix and to the Intrathecal Lead)
- Reviewing the annual audit results
- Reporting to the Medicines Practice Committee on matters relating to Intrathecal Chemotherapy.

4.11. Role of Individual Staff

All staff members are responsible for:

- Completing initial training and relevant training logs.
- Completing annual update training.

5. Standards and Practice

5.1. Service Capacity

5.2. The Royal Cornwall Hospitals Trust carries out approximately 40 Intrathecal Chemotherapy procedures per annum. The Trust is therefore neither a high-volume nor a low-volume provider under the terms of HSC 2008/001.

5.3. An assessment of capacity has shown that a safe level of service allows no more than 4 intrathecal chemotherapy procedures to be performed within the Trust in any given session, a session being defined as a morning or afternoon half day period. This capacity limit is monitored by pharmacy, with any potential breaches being reported to the Designated Lead.

5.4. Register Of Designated Personnel

5.5. Paragraph 21 of HSC 2008/001 requires the Trust to maintain a register of designated personnel.

5.6. <u>The Register</u>

5.7. A single register is maintained of personnel who have been trained and certified competent in one or more of the tasks relating to intrathecal chemotherapy. The register is split into different parts for each of the different tasks as follows:

- Prescribing Intrathecal Chemotherapy
- Verification Of Intrathecal Chemotherapy Prescriptions
- Dispensing Of Intrathecal Chemotherapy Drugs
- Issuing Intrathecal Chemotherapy Drugs
- Delivery Of Intrathecal Chemotherapy Drugs
- Checking Intrathecal Chemotherapy Drugs Prior To Administration
- Administering Intrathecal Chemotherapy

5.8. Individuals will be included on the register only after demonstrating that they are competent to fulfil their designated role and have been certified as such. Staff moving between hospitals can take their certification with them, but will need to demonstrate competence to the new hospital's satisfaction before being placed on the register.

5.9. Printed copies of the relevant part/s of the register are available in each location where intrathecal chemotherapy is prepared and administered. Such copies are signed and dated by the Designated Lead/Lead Trainer.

5.10. For editorial purposes the register is kept as an electronic document, to which only the Designated Lead and Lead Trainer have access.

5.11. Maintenance Of The Register
5.12. Only the Designated Lead or Lead Trainer can authorise the entry of an eligible person onto the register for the relevant tasks. Competency Assessors may request the addition of an eligible person onto the register following assessment or reassessment of competence; they will do this through the Designated Lead or Lead Trainer.

5.13. The register is actively reviewed on an annual basis to ensure names are removed as appropriate. The registration status of any registered staff member lasts for one year, at which time their name is deleted from the register unless their competence is reviewed and re-certified within that time. The Designated Lead or delegated person (as defined above) is authorised to delete a staff member from the register if they are assessed as performing their registered task(s) insufficiently often to maintain their competence.

5.14. Training

5.15. The Aim Of Training In Intrathecal Chemotherapy
5.16. To ensure that all staff who are involved in the provision, administration, prescribing of Intrathecal Chemotherapy and those working within the areas of preparing and administering of intrathecal chemotherapy have a full understanding of the National Guidance on the Safe Administration of Intrathecal Chemotherapy (HSC 2008/001), and the Trusts policy and procedures.

5.17. Induction
5.18. A formal induction programme appropriate to their needs shall be provided to all staff with regard to prescribing, dispensing, storing, checking, and practical administration of chemotherapy. There is a formal assessment to ensure that all staff have read and understood the HSC 2008/001 and this policy before staff are allowed to practice their respective roles in intrathecal cancer chemotherapy. New medical staff may not prescribe or administer intrathecal chemotherapy until they have received appropriate training and their competency is agreed and documented by inclusion in the register.

5.19. Reassessment
5.20. Competency must be re-assessed annually for all staff on the register. This assessment will include obtaining written confirmation that registered staff have read the latest version of the National Guidance on the Safe Administration of Intrathecal Chemotherapy and the Trust policy. Registered staff and the assessor should agree whether the frequency with which they perform the tasks that they are registered for is sufficient to maintain competence.

5.21. Staff can be removed from the register if they do not satisfactorily undertake the annual reassessment, have not performed a registered task since their last assessment or for any other reason at the discretion of the Designated Lead.

5.22. Syllabus
5.23. The headings given below are the minimum syllabus which will be agreed between the Designated Lead and Lead Trainer

- Local Policy and Practice.
- Toft and Woods Reports
- National Intrathecal Chemotherapy Guidance
- Manual of Cancer Standards
- Standards for chemotherapy provision at RCHT
- Intrathecal Guidelines
- Registers
- Designated Personnel
- Prescribing
- Dispensing
- Delivery
- Storage
- Checking and administering
- Labelling and packaging
- Error reporting and clinical hazards

5.24. E-learning
5.25. An e-learning package is available at http://elearning.cornwall.nhs.uk/. This package may be used to fulfil the theoretical learning requirements of both new staff and staff undergoing annual reassessment. It will not replace any requirement for completion of practical procedures as laid out in the intrathecal training documents.

5.26. Untrained staff
5.27. Staff that are not directly involved in providing the intrathecal chemotherapy service, but who work in areas that provide any part of the service must be made aware during their induction training that there is strict national guidance and local policies for the service, and that they must not take part in any aspect of the procedure.

5.28. The Designated Lead will ensure that staff working in areas where activities relating to intrathecal chemotherapy take place, but who are not themselves entered on the register, are aware of the limitations of their powers with respect to intrathecal chemotherapy.

5.29. Prescribing

5.30. Who Can Prescribe
5.31. Only staff appropriately trained, deemed competent by the Designated Lead or Lead Trainer and whose names appear on the register of designated personnel for prescribing may prescribe intrathecal chemotherapy. Staff groups who may prescribe intrathecal chemotherapy once deemed competent are Consultants, Associate Specialists and Specialist Registrars (ST3). F1/F2/ST1/ST2 grade doctors must never prescribe intrathecal chemotherapy.

5.32. The Prescription

5.33. The purpose designed intrathecal chemotherapy chart must always be used for prescribing, dispensing and administering intrathecal chemotherapy. Where a regimen is prescribed using a computerised chemotherapy prescribing system e.g. Aria, and intrathecal chemotherapy is part of that regimen, it is acceptable to include the intrathecal dose on the main prescription, but with a note to refer to the dedicated intrathecal prescription form, which must contain all the necessary signatures.

5.34. Prescriptions written must comply with the requirements of the Trust policy "Rules And Guidance For Prescribing In The Royal Cornwall Hospitals Trust 2009 v1.0)". In addition the prescription must include the signature and printed name of the prescribing doctor, pharmacy issuer, delivery driver, collectors, nurse checker and administering doctor. The name of the prescribed drug and the route of administration must be written in full and not abbreviated.

5.35. Dispensing

5.36. Verification Of The Prescription, Preparation And Dispensing
5.37. Only appropriately trained designated pharmacy staff, whose names are included on the relevant part of the register of designated personnel, may perform these tasks.

5.38. Preparation of all cancer chemotherapy, including intrathecal chemotherapy, is undertaken in the Pharmacy Technical Services Unit. These tasks are performed according to the Unit procedures. Intrathecal cytotoxic drugs shall not be prepared elsewhere.

5.39. Once dispensed, intrathecal drugs shall generally not be stored in pharmacy but packed and delivered immediately. If delay is unavoidable between dispensing and delivery, the intrathecal injection must be placed in a designated intrathecal bag, sealed, stored in an intrathecal transport box in the designated area of the cold store.

5.40. Before an intrathecal injection is released, the original prescription form must be obtained, checked and signed by the pharmacist releasing it.

5.41. Issuing And Delivery Of Drugs
5.42. Intrathecal chemotherapy may only be delivered by a designated member of pharmacy staff whose name is included on the relevant part of the register, or collected from pharmacy by the administering doctor.

5.43. If the intrathecal drugs are delivered to the ward they should either be:

5.44. Issued to the doctor who will be administering the dose. The prescription must be signed by the person delivering the drugs and the doctor who is receiving them.
5.45. Placed in the designated refrigerator, witnessed by a nurse authorised to receive. The prescription must be signed by the person delivering the drugs and the authorised recipient. The administering doctor must remove, or supervise the removal of the dose from the refrigerator, and should sign the prescription to document that they have done so. The keys for the designated refrigerators are held separately from other key by the nurse in charge.

5.46. If intrathecal drugs are to be collected from pharmacy, only the administering doctor is permitted to collect the intrathecal. When intrathecal drugs are issued

directly to the doctor the member of pharmacy staff must sign the prescription form to confirm issue, and the doctor must sign to confirm receipt of the drugs.

5.47. Timing Of Issue Of Drugs

5.48. Intrathecal chemotherapy must not be prescribed to be administered to a patient on the same day as it is intended to administer vinca alkaloids.

5.49. Where a patient's course of treatment includes both intrathecal chemotherapy and vinca alkaloids, there must never be a situation where the intrathecal chemotherapy and the vinca alkaloid could be available for administration at the same time. Therefore if vinca alkaloids are prescribed within the 5 days prior to intrathecal chemotherapy, written confirmation that the vinca alkaloid has been administered is required before the intrathecal is released from pharmacy.

5.50. Intrathecal drugs must always be issued at a different time from drugs for intravenous chemotherapy. Where a patient's treatment requires intravenous chemotherapy to be administered on the same day as intrathecal chemotherapy, the intravenous chemotherapy drugs should be prescribed and issued first. The intrathecal drug may only be issued following proof that the intravenous chemotherapy for the named patient has already been administered. This may take the form of a faxed confirmation that the doses have been administered, or checking the Aria system for electronic signatures for the administration of all intravenous chemotherapy doses. The person issuing the chemotherapy from pharmacy should sign the prescription to confirm that they have checked this.

5.51. The only exception that can be made to the sequencing of intravenous chemotherapy before intrathecal chemotherapy is when intrathecal chemotherapy is to be administered to children under general anaesthesia. In this case the intrathecal may be issued first, and the intravenous chemotherapy must not be issued until written proof of intrathecal administration is received in pharmacy.

5.52. Where a regimen involves intrathecal chemotherapy combined with continuous intravenous chemotherapy, it is only acceptable to administer intrathecal chemotherapy once the intravenous infusion has started. The intrathecal chemotherapy must only be issued following proof (by fax or viewing on Aria) that the intravenous infusion has started.

5.53. Labelling, Packaging And Transportation

5.54. The label on all syringes of intrathecal drugs issued by pharmacy must include the patient's name, the name of the product and the route of administration printed clearly and emboldened.

5.55. Doses of intrathecal drugs must be packaged and separately from all other drugs.

5.56. Intrathecal chemotherapy must be packed separately from all other drugs for delivery, into the easily identifiable pre-printed bags with the wording 'FOR INTRATHECAL USE ONLY'. All other chemotherapy must be transported in the boxes designated for that use.

5.57. Storage Once Issued

5.58. Intrathecal drugs must only be stored in the dedicated refrigerators reserved for

this purpose. The refrigerators must be locked at all times and the keys kept with the nurse in charge, unless an authorised member of staff is delivering drugs to or retrieving drugs from the refrigerator. Only the doctor on the register who is designated to administer the intrathecal chemotherapy should remove the intrathecal chemotherapy from the refrigerator.

5.59. Administration

5.60. Patient Consent
5.61. In addition to full patient consent for the course of chemotherapy, when attending for each dose the patient should be explicitly told the nature of the procedure, the route of administration, and the drug to be administered.

5.62. Patient Reviews
5.63. A member of staff who is on the register of designated personnel who can administer intrathecal chemotherapy should review patients before intrathecal chemotherapy is administered. This is to ensure that the patient is fit for treatment, the correct tests have been conducted, the correct chemotherapy has been prescribed and that arrangements have been clearly made for the intrathecal chemotherapy to be administered by the appropriate member of staff. As part of this review, the member of staff should check that any staff assisting in the procedure are also on the register for the task they are carrying out. Confirmation that the review has taken place should be written on the intrathecal prescription.

5.64. Location
5.65. Intrathecal chemotherapy must only be administered in the areas designated for administration of intrathecal chemotherapy. These are the Intrathecal Procedure Rooms on Harlyn Ward, The Headland Unit and one of the General Theatres allocated as needed. These areas should be designated for the administration of chemotherapy for the entire session, even if only one such procedure is to take place in that session. When intrathecal chemotherapy is being administered, these areas must not be used for any other purpose. Under no circumstances should any other form of chemotherapy take place in this area during that session. Chemotherapy drugs must never be stored in these areas, even when the area is not in use.

5.66. Checks
5.67. The administering doctor must use a formal checking procedure to ensure that the right drug and the right dose are given to the right patient by the right route. These checks should include a member of staff (not the member of staff who will be administering the ITC on that occasion) appropriately trained, deemed competent and on the register to carry out this check. For the Royal Cornwall Hospitals trust this will be a nurse checker whose name is on the relevant part of the register.

5.68. The patient/relative/guardian should be involved in the checking procedure if they wish. The administering doctor should, as a minimum, confirm the identity of the patient, explain the nature of the procedure, the route of administration and the drug to be administered. Where intrathecal chemotherapy is being given under general anaesthesia and the patient/ guardian cannot participate in the checking, the nurse must undertake these checks.

5.69. The checks must be recorded on the intrathecal drug chart.

5.70. Administration Of Intrathecal Cytotoxic Drugs

- Administration of intrathecal chemotherapy should only be undertaken by staff appropriately trained, deemed competent by the Designated Lead or Lead Trainer and whose name is included on the register of designated personnel to carry out this task. This also applies to medical staff (including consultants) new to the hospital.

- A technically difficult lumbar puncture may need the assistance of staff not on the register, for example, a radiologist to position the needle under imaging control. This is acceptable - however, these staff should never be involved in any other aspect of the process and should never administer the intrathecal chemotherapy unless they have received appropriate training, been deemed competent by the designated lead or lead trainer(s) and their name included on the register of designated personnel for the task in question.

5.71. A copy of the fully completed and signed prescription should be sent or faxed to the Pharmacy Technical Services unit after the procedure is completed.

5.72. Use of NPSA compliant devices

All administration of intrathecal chemotherapy must use syringes, needles and other devices with connectors that cannot connect to intravenous Luer connectors.

The Pharmacy Technical Services Unit will prepare all intrathecal doses in the Surety syringe. Each clinical area (i.e. the Headland Unit and Harlyn Ward) will only hold spinal needles and other devices compatible with this system.

5.73. Miscellaneous

5.74. Out Of Hours Procedures

5.75. Intrathecal chemotherapy must only be administered within normal working hours, Monday to Friday 8am to 6pm.

5.76. Only in exceptional circumstances for example the urgent treatment of CNS leukaemia is it permitted to administer intrathecal chemotherapy outside of these hours. In this situation, the treating consultant (whose name must appear on the intrathecal register) must document in the patient's notes the clinical indication for treatment to occur outside of normal hours. Scheduling reasons for example, an overrun on the normal working days list, is NOT an acceptable reason for the administration of intrathecal chemotherapy outside of these hours.

5.77. The consultant must contact the on call technical services pharmacist, who must be listed on the intrathecal register, to arrange for a dose to be prepared. Prescribing, dispensing, delivery and administration must take place as described in the usual guidance. A nurse who is listed on the intrathecal register MUST be present to check the dose prior to administration.

5.78. In the event of intrathecal chemotherapy being prepared and/or administered outside of normal working hours, both the consultant and pharmacist involved must notify the Designated Lead in writing, describing the circumstances. They must also report the incident using the DATIX system. It is the responsibility of the Designated Lead to monitor the frequency of occasions where it has been necessary to administer intrathecal chemotherapy outside of normal working hours.

5.79. Vinca Alkaloids (Vincristine, Vinblastine, Vindesine, Vinorelbine) A syringe, bag, or infusor containing a vinca alkaloid must be labelled with:

FOR IV USE ONLY - POTENTIALLY FATAL IF GIVEN BY ANY OTHER ROUTE

5.80. Vinca alkaloids must be supplied in volumes of greater than 10ml

5.81. All Vinca alkaloids administered on paediatric wards will be given in syringes.

5.82. All doses of Vinca alkaloids for children greater than 1.0 milligram must be diluted to 20ml to alert practitioners that the intravenous route is the only route of administration and volumes of this size CANNOT be administered by the intrathecal route.

5.83. All doses of Vinca alkaloids given in adult clinics and wards will be given as an infusion in a minimum volume of 50mls

5.84. All Vinca alkaloid preparations will be individually wrapped in outer tamper evident bags which must be labelled

WARNING **DO NOT REMOVE THIS OUTER CONTAINER UNTIL THE MOMENT OF INJECTION. FOR INTRAVENOUS USE ONLY.** **POTENTIALLY FATAL IF GIVEN BY ANY OTHER ROUTE**

6. Dissemination and Implementation

6.1. This document will be added to the Trust Electronic Documents Library.

6.2. Hard copies of this policy plus the National Guidance HSC2008/001 will be kept in each area where intrathecal chemotherapy is prepared and administered, plus Lowen ward where oncology and haematology patients are admitted. These copies will be maintained by the Designated Lead.

7. Monitoring compliance and effectiveness

Element to be monitored	All parts of policy
Lead	Intrathecal Chemotherapy Lead
Tool	Audit tool, see appendix 3. Any episode of non-compliance with the policy to be reported via Datix and to the Intrathecal Chemotherapy Lead.
Frequency	Audit to be completed regularly on a sample of prescription forms. Datix reports and incident reports to the Intrathecal Chemotherapy Lead will be monitored as they occur with a review of overall frequency at least annually.
Reporting	All incidents relating to chemotherapy are reviewed at the

arrangements	Chemotherapy Group monthly meetings and any corrective actions required are identified. Incidents relating to intrathecal chemotherapy will be reviewed in the same way. The Intrathecal Chemotherapy Lead will also present the findings of the audit and annual report of incidents to this group. The Chemotherapy Group reports to the Medication Practice Committee.
Acting on recommendations and Lead(s)	Recommendations made by the Chemotherapy Group will be implemented by the various staff groups as follows: Medical- Head of Chemotherapy Services Pharmacy- Head of Technical Services and/or Lead Pharmacist Cancer Services Nursing- Lead Chemotherapy Nurse and/or Senior Matron for Cancer
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 4 weeks or as agreed in the action plan. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

8. Updating and Review

8.1. This policy will be reviewed no less than 3 years after issue unless changes in national guidance require an earlier review.

9. Equality and Diversity

9.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

9.2. Equality Impact Assessment

9.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	The safe administration of intrathecal chemotherapy			
Date Issued/Approved:	20 April 2017			
Date Valid From:	20 April 2017			
Date Valid To:	20 April 2020			
Directorate / Department responsible (author/owner):	Emma Nicholls, Lead Pharmacist Cancer Services and Intrathecal Chemotherapy Lead			
Contact details:	01872 252984			
Brief summary of contents	Defines the local policy for safe administration of intrathecal chemotherapy, in accordance with national guidelines.			
Suggested Keywords:	Intrathecal chemotherapy.			
Target Audience	RCHT	PCH	CFT	KCCG
	✓			
Executive Director responsible for Policy:	Chief Executive			
Date revised:	Feb 2017			
This document replaces (exact title of previous version):	The safe administration of intrathecal chemotherapy version 3.1			
Approval route (names of committees)/consultation:	RCH Chemotherapy Group, RCH Medication Practice Committee			
Divisional Manager confirming approval processes				
Name and Post Title of additional signatories	Not Required			
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}			
	Name:			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical / Pharmacy			

Links to key external standards	Manual for Cancer Services: Chemotherapy Measures; DH HSC 2008/001
Related Documents:	The Safe Handling and Administration of Cytotoxic Products for Cancer
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
June 2009	0.0	Created by Paul Evans	Paul Evans, Lead Pharmacist Cancer Services
July 2009	1.0	Edited to comply with corporate style	John Pickup
June 2010	2.0	Revised to current practice	Paul Evans, Lead Pharmacist Cancer Services
August 2010	2.1	Minor Drafting Amendments	Paul Evans, Lead Pharmacist Cancer Services
August 2011	3.0	Revised to comply with latest Chemotherapy Measures	Emma Nicholls, Lead Pharmacist Cancer Services
September 2013	3.1	Amendment to listed locations due to ward name change. Addition of paragraph 5.6.6 to reflect change in practice. Edited to latest policy template format.	Emma Nicholls, Lead Pharmacist Cancer Services
February 2017	4.0	Reviewed to ensure reflects current practice. Edited to latest policy template format	Emma Nicholls, Lead Pharmacist Cancer Services

Appendix 2. Initial Equality Impact Assessment Form

Name of Name of the strategy / policy /proposal / service function to be assessed (hereafter referred to as *policy*): **The Safe Administration of Intrathecal Chemotherapy**	
Directorate and service area: **Diagnostics, Therapeutics and Cancer**	Is this a new or existing Policy? **Existing**
Name of individual completing assessment: **Emma Nicholls**	Telephone: **01872 252984**
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	To describe processes which must be adhered to when prescribing, dispensing, transporting and administering intrathecal chemotherapy.
2. Policy Objectives*	To ensure Trust compliance with national guidance around administration of intrathecal chemotherapy.
3. Policy – intended Outcomes*	Compliance with national guidelines and safe practice in the trust for activities relating to intrathecal chemotherapy.
4. *How will you measure the outcome?	Ongoing audit and review of incident reports.
5. Who is intended to benefit from the policy?	Patients receiving chemotherapy and staff involved with the prescribing, dispensing, transport and administration of chemotherapy.
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy? b) If yes, have these *groups been consulted? C). Please list any groups who have been consulted about this procedure.	Yes, via Chemotherapy Group Yes RCHT Chemotherapy Group RCHT Medication Practice Committee

7. The Impact
Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		**X**	This document describes a standard procedure within the capability of all relevant staff.
Sex (male, female, trans-gender / gender reassignment)		**X**	This document describes a standard procedure not affected by gender.
Race / Ethnic communities /groups		**X**	This document describes a standard procedure not affected by race.
Disability - learning disability, physical disability, sensory impairment and mental health problems		**X**	Staff with a disability would be provided with assistance to meet the requirements of this policy.
Religion / other beliefs		**X**	This document describes a standard procedure not affected by faith and beliefs.
Marriage and civil partnership		**X**	This document describes a standard procedure not affected by marital status.
Pregnancy and maternity		**X**	Staff who are pregnant or breastfeeding are advised to follow the guidance provided in the policy: The Safe Handling and Administration of Cytotoxic Products for Cancer. This document does not describe any procedures that contravene that policy.
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		**X**	This document describes a standard procedure not affected by sexual orientation.

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.		**No**

9. If you are **not** recommending a Full Impact assessment please explain why.

Signature of policy developer / lead manager / director	Date of completion and submission 5/9/14

Names and signatures of members carrying out the Screening Assessment	1. 2.	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust's web site.

Signed __ _____

Date _____

Appendix 3. Audit tool for Intrathecal Chemotherapy

Speciality: Haematology/Paediatrics (please delete)

Question	Response (please tick)		
	Yes	No	N/A
Was intrathecal chemotherapy prescribed using the dedicated prescription form?			
Was the person who prescribed the intrathecal chemotherapy on the intrathecal register?			
If intravenous chemotherapy was prescribed was there evidence that this was given before intrathecal chemotherapy was released?			
Was the intrathecal chemotherapy stored in the pharmacy prior to being delivered/collected?			
Was intrathecal chemotherapy received directly by the administering doctor?			
If no please specify method of delivery			
Was the prescription signed to confirm that the patient was reviewed before administering intrathecal chemotherapy?			
Was the prescription signed to confirm that the person administering and the nurse checker were on the intrathecal register?			
Was the intrathecal chemotherapy administered within normal working hours (Mon-Fri 8am-6pm)?			
Was the prescription faxed to pharmacy on completion of the procedure?			