

National Minimum Standards for the Provision of SACT in Satellite Sites

February 2026

National Minimum Standards

for the provision of Systemic Anti-Cancer Therapy

in Satellite Sites

Introduction

The Government's transformative investment in cancer treatments, and the resulting access to new medicines, will provide enhanced cancer treatment options for a significant number of patients. Service planning for delivery of new medicines provides the opportunity to ensure that strategically designed, whole-of-system and future-focused Systemic Anti-cancer Therapy (SACT) service delivery models can be embedded within services commissioned now and in the future. Of critical importance to addressing equitable and safe access to services across the country, will be a system shift to provision of treatment closer to home.

Developments in SACT methods of delivery, mean that some treatments are now suitable for administration in settings closer to home, away from the larger hospitals. This is important for the patient experience during their cancer treatment as well as relieving capacity issues in hospital day stay units.

New models of SACT delivery

The provision of clinically appropriate care as closer to home, where safe and clinically appropriate to do so, is consistent with the Te Aho o Te Kahu SACT Model of Care, Edition One. This future-focussed model describes how optimal SACT services and care are structured and delivered. Achieving equity of access to cancer medicines was a fundamental principle upon which the development of the model was based including the steps and key enablers required to achieve this. The minimum standard requirements are underpinned by the SACT Model of Care, Edition One. Please refer to this document for further steps which can be taken to ensure optimal SACT service design and delivery.

Purpose of this document

The purpose of this document is to provide the minimum requirements which must be in place when establishing new SACT services to enable patients to receive treatment closer to home. By meeting these minimum requirements, services will ensure:

- Delivery of high quality, safe, equitable care and treatment which is consistent across Aotearoa.
- Positive and equitable outcomes for patients and whānau across diverse geographic and cultural communities.

Scope

The requirements in this document apply to the provision of SACT closer to patients' homes. The document refers both to contracted satellite providers and satellite sites and defines these as being remote from the referring hospital where the prescriber is primarily based. This is the prescriber who is ultimately responsible for the patient's care.

Satellite sites may be:

- urban and rural hospitals (clinical settings)
- primary care clinics or health hubs (clinical settings)
- marae, treatment in the home or mobile units (non-clinical settings)
- provided by in-house Health NZ services or contracted providers (the term providers is used within this document in order to ensure provision of home based care is not excluded).

Supporting descriptions for referring hospitals and satellite sites are shown in Figure 1 This diagram is adapted from the Te Aho o Te Kahu SACT Model of Care, Edition One which lists the associated hospitals).

Figure 1: Site Descriptions



The document also refers to the responsibilities of the referring hospital or the regional service delivery network that it is a part of to provide clinical oversight and support, documentation, access to electronic enablers and other parameters.

The paediatric and AYA community has not be consulted in the development of this document.

Guiding principles for establishing new satellite sites and providers

All patients, regardless of where they receive their treatment should receive safe, effective, and culturally appropriate care.

- **Patient and whānau centred** – design and delivery are patient and whānau centred, respectful of and responsive to individual patient preferences and needs, with a focus on Hauora Māori, and utilise programmes such as the Kia ora - E te iwi programme and Whānau Hauora Integrated Response Initiative.
- **Equitable care and treatment** – access to cancer medicines is equitable. Actions are taken to reduce barriers to accessing care such as through cancer coordination, kaiawhina and navigator roles.
- **Regional network** – new sites and services are developed and delivered as part of a regional framework for provision of SACT care.
- **Co-design** – sites are established with a co-design approach between the new site and the referring hospital, Hauora Māori, and key stakeholders. An on-going partnership and collaborative process is established.
- **Integrated pathways** – integrated hospital and satellite referral and clinical management pathways will ensure proactive and seamless patient transitions.
- **Data and digital integration** – sites have appropriate access to electronic systems (electronic prescribing, telehealth, and clinical portals) and associated software including infusion safety software to deliver SACT. This will provide visibility of prescription and administration to all providers.
- **Quality** – policies, procedures and guidelines support all SACT satellite providers ensuring the same quality of service as those patients receiving SACT in a larger hospital setting.
- **Patient and staff safety** – commitment to patient and staff safety. This is fundamental to the success of satellite provision. Patients, whānau and staff will be supported, protected, and empowered at every stage of care delivery. There is a comprehensive approach to patient and staff safety while aligning with legal and best practice standards.

Intended audience

The intended audience for this document is operational managers, clinical and multidisciplinary team leads and potential in house or contracted satellite providers who are undertaking a co-design approach to establishing new SACT satellite sites.

Important disclaimer

These standards provide advice for health professionals and service managers where the management of SACT is to be provided at sites remote from the referring hospital, closer to the patient's home.

Patient safety including cultural safety must be at the forefront of SACT delivery and is the foundation upon which these standards have been developed.

The standards are not intended to include or address all operational and logistical requirements. It is the responsibility of referring hospitals and satellite sites to determine these requirements to deliver SACT safely and equitably within a regional structure.

This document does not and is not intended to provide an exhaustive set of applicable requirements for provision of SACT at a new site. It is the responsibility of the relevant qualified health practitioners, support staff and managers to implement any of the standards in accordance with relevant legislation, regulatory and administrative requirements, facility guidelines, codes of practice, professional and clinical standards. The document will be reviewed annually.

Minimum requirements

The following table defines the minimum requirements for establishing new SACT providers and sites:

Leadership and Governance
• A co-design approach will be taken with the referring hospital and the satellite provider. This will ensure the delivery of a safe, sustainable, and high-quality service and that access is equitable. • To achieve this, the following components will in place: • The satellite site is integrated in both the provider and referring hospital leadership and clinical governance structure including medicines safety processes. • The satellite site is included in any cancer service accreditation, credentialing, or auditing process e.g. certification against the Ngā Paerewa Health and Disability Service Standards. • All relevant legislation and best practice guidelines are adhered to. • The workload and case mix of the satellite site can be safely managed and maintained. • Clinical oversight, and support is provided by the referring hospital or regional cancer network. Staff will be managed and supervised by their employer. • The referring hospital ensures all SACT related policies, procedures, and guidelines are provided for adoption or adaptation as appropriate. The satellite provider will ensure these are adhered to and kept up to date as per agreed schedule. • eviQ protocols and education modules are adopted as the standard until such time as any other national standards are produced. • A contract or service level agreement is in place between the referring hospital and satellite site (see Appendix 1).

Equity considerations

- The framework put in place between the referring hospital and satellite site should ensure provision of safe, sustainable and logistically feasible services while minimising the impact of distance travelled to receive SACT. Satellite sites must be culturally safe and responsive, incorporating Te Tiriti o Waitangi principles and addressing the specific needs of Māori, Pasifika, people with disabilities, and other vulnerable communities.

Patient whānau centred care and support

- Patients are to receive clear, culturally appropriate, understandable information about their treatment options, side effects, and the logistics of receiving SACT therapy in satellite sites. Interpreter services to be available.
- Patients receiving treatment at satellite sites must have equivalent care and access to multidisciplinary team members (including oncologists, nurses, pharmacists, palliative care, dietitians, social workers, cultural support, psychosocial services etc) to address their holistic care needs, as they would if they were receiving SACT in the referring hospital. Use of telehealth is encouraged where this can be feasibly and safely utilised.
- Design and delivery should be patient and whānau centred, with a focus on Hauora Māori and utilise programmes such as the Kia ora - E te iwi programme and Whānau Hauora Integrated Response Initiative.
- Patients and their whānau (family) feel safe, well-supported, and informed before, during, and after receiving care.
- Patients and their whānau feel respected, comfortable, and confident in the care being provided. Communication will be transparent, empathetic, and culturally responsive, with an emphasis on emotional and psychological well-being as well as physical health.

Workforce

Overall requirements

- All satellite provider staff involved in provision of care to SACT patients will participate in ongoing education and professional development to stay current with cancer treatment protocols and best practice. For Nurses refer to Cancer Nursing Practice Development Framework.
- Sites will provide a policy, practice and training framework ensuring that the workforce maintains cultural safety.
- Overall patient care is overseen by the referring hospital.
- Staff will be provided with the necessary training, resources, and oversight to perform their roles safely and competently. This includes regular access to education and skill-building opportunities to maintain and expand their expertise. There is a culture of mentorship and collaboration that supports professional growth, ensuring a robust skill mix across the teams to meet diverse patient needs.

Nursing

- All nursing staff involved in the administration of SACT maintain relevant nationally recognised education and certification for the provision of SACT e.g. Antineoplastic Drug Administration Programme (ADAC), eviQ immunotherapy course.
- All nursing staff involved in the administration of SACT maintain relevant competencies for intravenous administration including basic nursing competencies, cannulation, CVAD and port access as relevant to the site level.
- A minimum of two appropriately certified registered nurses (RN) are required to administer of SACT regimens. Remote direct supervision via telehealth may be a substitute for a second RN on site to enable independent double check and clinical support. If there is only one certified RN on site, there must be a suitably IV certified health practitioner onsite also for emergency response.
- In cases where a satellite provider is set up for provision of type 1, non-cytotoxic, treatment within a patient's home remote direct supervision via telehealth may be a substitute for a second RN on site to enable independent double check and clinical support. Plans enabling timely emergency responses will be established and actively reviewed
- Where clinically appropriate and safe, alternative health professionals with the necessary skill set may provide administration support e.g. paramedics for cannulation.
- Education will meet the requirements of the national cancer nursing education and development pathway when completed (forecast as approximately May 2025).
- The referring hospital will provide nursing supervision for infusion RNs working at satellite sites.

Pharmacy

- Pharmacy staff will be competent in the safe handling, transport of SACT, and related waste.
- Staff will complete the eviQ Pharmacy anti-cancer course or equivalent.
- The referring hospital pharmacy maintains responsibility for the clinical check, ordering and dispensing of SACT to the satellite site. Where local expertise, education and skill exists, the location of clinical check and dispensing may be varied by service level agreement where all relevant legislation is followed.
- Resourcing will be considered to support the supply and transport of SACT to the satellite site. This also includes out of hours queries and refrigeration issues.

Medical supervision

- The referring medical oncologist, clinical haematologist or medical oncology nurse practitioner has responsibility for the overall treatment, monitoring, and continuity of care of the patient until they are discharged from the SACT service.
- The satellite site staff are responsible for the immediate medical care of the patient while they are present at the site.
- Medical professionals and Nurse Practitioners employed at satellite sites to administer SACT will complete ADAC.

Emergency Response

- In the event of an infusion reaction, adverse event, unexpected side effect or complication related to treatment or the cancer an emergency response must be immediately available. This could be a Rapid Response team, General Practitioner, Nurse Practitioner or paramedics.
- As emergency responses are critical it is important that these relationships are established early and emergency response education and simulations are completed prior to the start of the satellite site with annual refreshers.
- Standard operating procedures must be in place and reviewed at regular intervals by the referring hospital and satellite site.
- Where treatment is provided in a patient's home plans for timely emergency responses will be established and actively reviewed. Plans will include access to the required equipment.

Cancer care coordinator/whānau navigator

- Patients will have access to cancer care coordinators/whānau navigation services to reduce barriers to accessing care and support a seamless transition between the referring hospital and SACT satellite site.

Administration support

- Appropriate administration support including for nursing, scheduling, and coordination to be in place for both the referring hospital and satellite site ensuring streamlined scheduling and patient flow.
- Appropriate administration support will be in place to coordinate Telehealth arrangements for the referring hospital and the satellite site and meet national Telehealth administration requirements.

Data and Digital

- The referring hospital or regional network will ensure a level of access to all necessary information technology systems including, but not limited to, Patient Information Management Systems, documentation of care, laboratory, radiology, oncology electronic prescribing and administration system, infusion safety software, cold chain monitoring and incident reporting for the satellite site.
- The Satellite Provider will ensure appropriate resources to support Telehealth including network connectivity, video capability, space to enable private consultation and hardware. They will adopt the referring hospitals policies or guidance regarding the use of Telehealth.

SACT management

- The referring hospital and satellite site will ensure that all safety and clinical checking procedures are performed to consistent standard irrespective of where SACT is administered.
- The satellite site model relates to treatments where the likelihood of hypersensitivity or adverse reactions are low, and risk of extravasation injury is minimal or manageable (see Appendix 2)
- Patients will meet the inclusion criteria provided (Appendix 3). At least the first dose of the treatment regimen will be administered at the referring hospital or type 4 facility (Appendix 2). There may be regimen specific exemptions to this as directed by the referring hospital.
- Medicines satellite site delivery will have sufficiently long shelf life to allow transportation to the site delivering treatment.
- The clinical check of the SACT administration order will be carried out by an appropriately educated pharmacist at the referring hospital site unless the appropriate skillset exists at or close to the satellite site.
- The satellite site and the referring hospital's pharmacy service will establish an appropriate medicines supply mechanism.
- The satellite site will have access to appropriate waste management facilities.

Referral pathways and assessments

- Clearly documented referral criteria and processes are established between the satellite site and the referring hospital services (these will be reflected in electronic referral forms and local Health Pathways where appropriate).
- Clearly defined clinical access criteria and current local service criteria are established (Appendix 3).
- Shared care models are implemented. Care is shared by both the referring and satellite site. The referring hospital is ultimately responsible for providing oversight and decision-making support for satellite sites, ensuring consistency and continuity of care.

- Each satellite site will have protocols and escalation pathways in place to manage emergencies, such as adverse drug reactions or infusion-related complications, including immediate access to emergency care and resuscitation equipment. Protocols will be accessed from Health Pathways where appropriate.
- Protocols will be established for follow-up appointments (in person or telehealth) to monitor treatment response and adverse events. Adjusting the care plan will be the responsibility of the referring prescriber. Patients will have access to cancer care coordination/whānau navigation services to reduce barriers to accessing care and support a seamless transition between the referring hospital and satellite site.

Safety, Quality and Risk Management

- Regular audit and quality assessments should be conducted by the referring hospital and the satellite site to ensure that SACT delivery meets best practice standards.
- Satellite sites must comply with legislation and best practice in the handling of SACT related waste, ensuring all staff handling SACT products have received the appropriate education.
- All aspects of care and service delivery will comply with relevant legislation, guidelines, and best practice standards, including:
 - eviQ (Evidence-based Cancer Treatment Protocols)
 - National Institute for Occupational Safety and Health (NIOSH) standards
 - Hazardous Substances and New Organisms (HSNO) Act 1996
 - Relevant medication legislation / Medicines Act 1981
- The referring hospital will provide all legislative requirements, local policies, procedures, and guidelines relating to SACT administration for satellite sites integration for example extravasation guideline, cytotoxic waste management and infusion-reaction management.
- Satellite sites will ensure all areas involved in SACT preparation, administration, and disposal meet health and safety requirements and legislation.
- Patient satisfaction and feedback systems to continuously improve the quality of services provided should be undertaken at regular intervals.
- The satellite site must have access to risk and incident report mechanisms in alignment with the referring hospital.
- There will be clear and accessible pathways for emergency care whenever needed, ensuring rapid response to urgent situations.
- All procedures adhere to accepted safety protocols and industry standards, with regular audits to ensure ongoing compliance.
- All satellite site locations are equipped with standardised, safe, and well-maintained resources and equipment. Facilities will be regularly inspected and updated to meet safety standards, providing staff with a safe working environment and patients with optimal care conditions. Where a Satellite provider carries out treatment in patients' homes the stated equipment should be mobile and available. For a list of equipment and facility requirements (note this is not exhaustive) refer Appendix 4.

- Robust risk management protocols, including regular safety audits, to identify, mitigate, and manage any potential risks to both patients and staff. These protocols will be aligned with best practices and legislation to ensure the safety of all stakeholders in the satellite site.

Sustainability

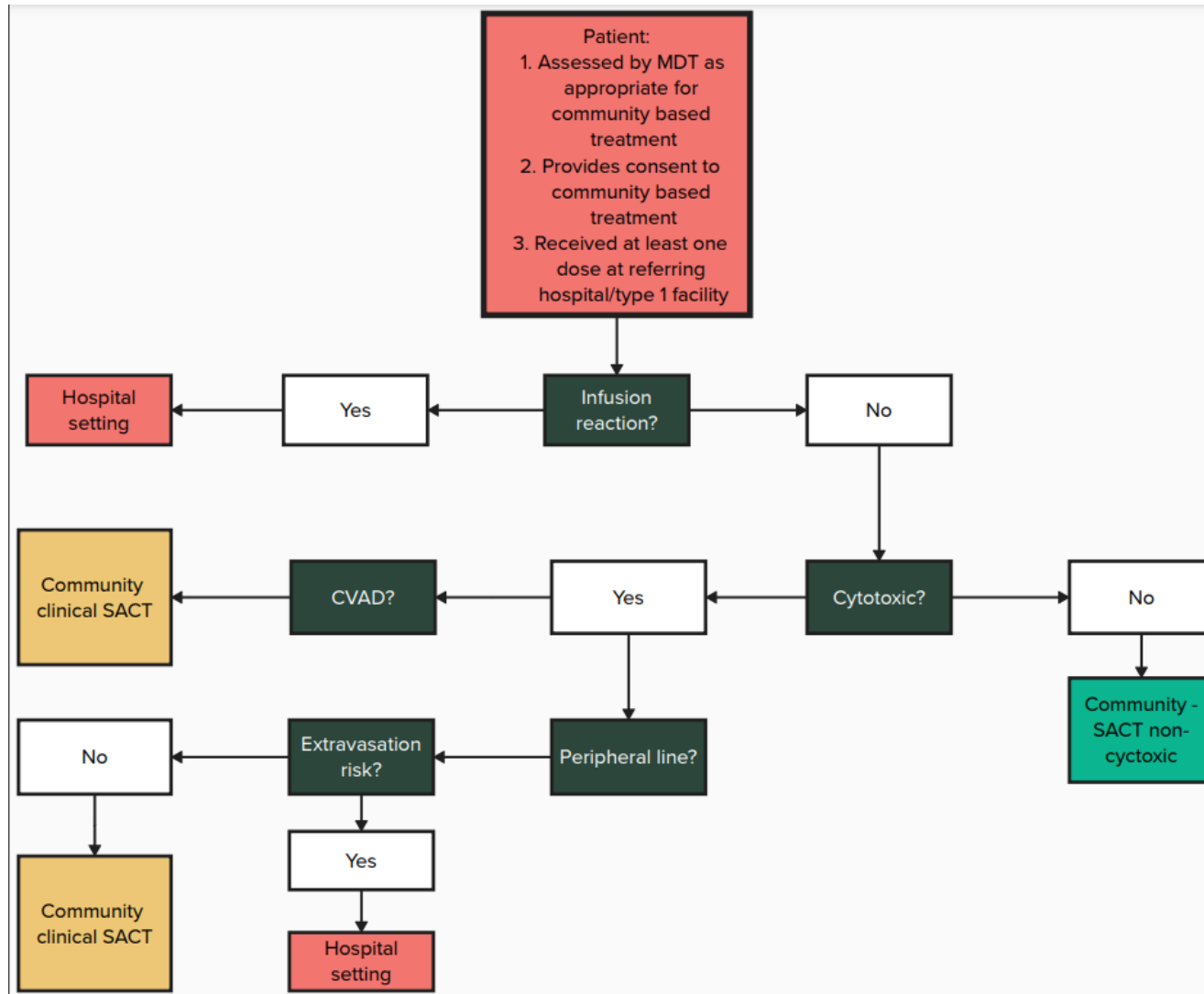
- The satellite site will meet staffing requirements to support the safe and sustainable administration of SACT.
- The satellite site will have a contingency plan in the event of staff illness/absence.

Appendix 1: Requirements of a contract or service level agreement

A service level agreement will be in place where new satellite sites are established. These will include:

- a. A list of the SACT medicines/regimens to be administered at the satellite site. This agreement and subsequent changes will be considered by the relevant clinical governance group.
- b. Role and responsibilities of all staff at both the referring hospital and satellite site.
- c. Patient eligibility and exclusion and escalation pathway including rapid referral for emergency cases.
- d. Funding and procurement arrangements
- e. Risk mitigations and management strategies.
- f. Information technology support arrangements.
- g. Arrangements for the safe and timely supply of SACT medicines from the referring hospitals pharmacy service.
- h. Adherence to relevant legislation and national best practice standards
- i. Performance metrics, monitoring, and reporting (including financial reporting) and the approach to resolving issues.
- j. Application of policies, protocols, and guidelines to manage SACT patients through treatment including infusion reactions and extravasation.
- k. Description of staff with the appropriate knowledge, skill set and competencies for delivery of care and treatment.
- l. Description of cultural safety education
- m. Procedures for cytotoxic waste management
- n. Requirements for medicines storage
- o. Agreed emergency support and response mechanisms.
- p. Contingency planning in the event of staff illness/absence at the satellite site.
- q. Appropriate facilities to enable the safe provision of SACT administration.

Appendix 2: Decision matrix



Types of SACT satellite site and examples of medicines appropriate for delivery

Type 4: Urban/rural hospital Including expanded access at existing SACT sites

Description

- Nurse led infusion clinic
- Rapid response team available
- Prescribing Medical Oncologist/Clinical Haematologist/Nurse Practitioner is based at a referring hospital

Nursing requirements

- Minimum of two SACT certified registered nurses. Direct supervision remotely via telehealth may be a substitute for a second registered nurse on site to enable independent double checking and clinical support.
- If there is only one certified RN on site, there must be a suitably IV certified health practitioner onsite also for emergency response.
- CVAD and PORT certified
- ADAC certified
- Cannulation certified
- HCLS/BLS

Regimens

- All day stay treatments including first dose

Type 3: Community clinical setting, SACT including cytotoxic regimens

Description

- Nurse led infusion clinic
- Direct access via telehealth to the referring hospitals experienced SACT nurse and the prescribing team.
- Emergency assistance via community emergency response service
- Minimum one dose given in hospital setting depending on regimen risk

Nursing requirements

- Minimum of two SACT certified registered nurses. Direct supervision remotely via telehealth may be a substitute for a second registered nurse on site to enable independent double checking and clinical support.
- If there is only one certified RN on site, there must be a suitably IV certified health practitioner onsite also for emergency response.
- CVAD and PORT certified
- ADAC certified
- Cannulation certified
- Certificate of Resuscitation and Emergency Care (CORE) Advanced if no onsite emergency response team

Regimens/medications

- Low reaction risk, low risk extravasation
- Regimens excluding platins and taxanes

Type 2: Community setting (clinical or non-clinical), non-cytotoxic SACT

Description

- Nurse led infusion service
- Direct access via telehealth to the referring hospitals experienced SACT registered nurse and the prescribing team.
- Timely emergency assistance via community emergency response service
- Minimum one dose given by referring hospital or type 4 centre
- Appropriate for marae, GP clinic, community hall, mobile clinics, or hospital in the home
- Cold chain monitored transportable equipment

Nursing requirements

- Minimum of one certified registered nurse with remote supervision via an experienced SACT certified Registered Nurse
- Minimum two immunotherapy certified Registered Nurses for more than one patient receiving treatment at once.
- If there is only one certified RN on site, there must be a suitably IV certified health practitioner onsite for emergency response.
- Cannulation certification
- CORE Advanced
- eviQ monoclonal antibodies and immune checkpoint inhibitors course
- Local community safety module

Regimens/medications

- Non-cytotoxic supportive medicines
- Single agent immunotherapy and monoclonal antibodies
- Short duration infusions e.g. up to 60 minutes
- Consideration needs to be made regarding scheduling to account for time travelled, patient volumes set up and pack down. As well as suitability and safety of site.
- Suitable Duress system and lone worker policies

Examples non-cytotoxic SACT:

- Atezolizumab
- Cetuximab
- Durvalumab
- Nivolumab
- Pembrolizumab
- Pertuzumab
- Rituximab
- Trastuzumab
- Bevacizumab
- Zoledronic acid
- Pegfilgrastim
- Goserelin
- Fulvestrant
- Octreotide

Type 1: Treatment in the home, non-cytotoxic SACT

Description

- Nurse led infusion service
- Direct access via telehealth to the referring hospitals experienced SACT registered nurse and the prescribing team.
- Timely emergency assistance via community emergency response service
- Minimum one dose given by referring hospital or type 4 centre
- Cold chain monitored transportable equipment

Nursing requirements

- Minimum of one certified registered nurse for with remote supervision via an experienced SACT certified Registered Nurse
- Cannulation certification
- CORE Advanced
- eviQ monoclonal antibodies and immune checkpoint inhibitors course
- Local community safety module

Regimens/medications

- Non-cytotoxic supportive medicines
- Single agent immunotherapy and monoclonal antibodies
- Short duration infusions e.g. up to 60 minutes
- Consideration needs to be made regarding scheduling to account for time travelled, patient volumes set up and pack down. As well as suitability and safety of site.
- Suitable Duress system and lone worker policies

Examples non-cytotoxic SACT:

- Atezolizumab
- Cetuximab
- Durvalumab
- Nivolumab
- Pembrolizumab
- Pertuzumab
- Rituximab
- Trastuzumab
- Bevacizumab
- Zoledronic acid
- Pegfilgrastim
- Goserelin
- Fulvestrant
- Octreotide

Appendix 3: Patient Selection

Patient selection

Inclusion criteria:

1. Patient can give informed consent.
2. Patient is receiving a SACT regimen that has been approved for administration at the satellite site.
3. Patient is clinically stable.
4. Patient has received a minimum of one dose in hospital (referring hospital or type 4 setting) without an adverse reaction or infusion related toxicity above grade 1 (see eviQ).

Exclusion criteria:

1. Previous history of hypersensitivity/anaphylaxis to SACT or SACT related products including latex
2. Treatment deferred twice or more due to infusion-related reaction.
3. Clinical complexities or complex comorbidities/vulnerabilities

Appendix 4: Facilities and Equipment

The following lists are not exhaustive and may change over time. Health and safety, facilities guidelines, and foundation standards must be adhered to.

Facilities and equipment Type 4/3

Administration area

- Clean, adequately ventilated, and well-lit with sufficient room to perform tasks safely. This will include a clean area for the preparation of medication as per legislative standards.
- Equipment can be easily moved around a chair without risk of tripping or entanglement.
- Infusion pumps, poles, closed IV sets, and safety software.
- Dedicated storage for refrigerated and non-refrigerated SACT items. This includes a pharmaceutical grade refrigerator with temperature monitoring system.
- The area does not expose the public or health workers to unnecessary risk.
- Personal protective equipment as per referring hospital policy.
- Chairs with arm rest and the ability to recline for CPR compliance.
- Emergency equipment including AED, medical gases, standing orders and rescue medication as appropriate.
- Supportive care medication, IV and basic dressings etc for minimum care requirements.
- Separate toilet for SACT patients
- Facilities to wash with running water if the skin comes in contact with cytotoxic agent e.g. shower.
- Cytotoxic spill kits
- Access to facilities for the provision of food and fluids for extended infusions.
- Access for patients with disabilities.
- Cytotoxic waste management systems that meet legislative requirements.
- An area with the ability to isolate a patient for infection prevention purposes.

Assessment area:

- Clinical bed/ linen and scales
- Physical assessment tools e.g. stethoscope, sphygmomanometer, pulse oximeter
- ECG and/or cardiac monitoring
- For Type 4 access to labs and radiology

Facilities and equipment Type 2

Administration area

- Clean, adequately ventilated, and well-lit with sufficient room to perform tasks safely. This will include a clean area for the preparation of medication.
- Equipment can be easily moved around a chair without risk of tripping or entanglement.
- Infusion pumps, poles, closed IV sets, and safety software.

- Appropriate storage for refrigerated and non-refrigerated SACT items. This includes a pharmaceutical grade refrigerator and temperature monitoring system. Or a cold chain monitored transportable equipment with auditing function.
- The area does not expose the public or health workers to unnecessary risk.
- Personal protective equipment as per referring hospital policy and procedure guidelines.
- Emergency equipment, portable oxygen, and standing orders with rescue medication as appropriate
- Access for patients with disabilities

Assessment area:

- Physical assessment tools e.g. stethoscope, sphygmomanometer, pulse oximeter

Equipment Type 1

- Clean, adequately ventilated, and well-lit with sufficient room to perform tasks safely.
- Equipment can be easily moved around a chair without risk of tripping or entanglement.
- Infusion pump, pole, closed IV sets, and safety software.
- Appropriate storage for refrigerated and non-refrigerated SACT items. Cold chain monitored transportable equipment with auditing function.
- Personal protective equipment as per referring hospital policy and procedure guidelines.
- Emergency equipment, portable oxygen, and standing orders with rescue medication as appropriate
- Physical assessment tools e.g. stethoscope, sphygmomanometer, pulse oximeter

Appendix 5: Glossary of abbreviations

Abbreviation	Meaning
ADAC	Antineoplastic Drug Administration Programme
CORE	Certificate of Resuscitation and Emergency Care
CVAD	Central venous access devices
eviQ	Evidence based information for cancer treatments
GP	General practitioner / practice
HSNO	Hazardous Substances and New Organisms ACT 1996
IV	Intravenous
NIOSH	National Institute for Occupational Safety and Health
RN	Registered Nurse
SACT	Systemic Anti-Cancer Therapy

Appendix 6: References

1. Te Aho o Te Kahu Adult Systemic Anti-Cancer Therapies, Model of Care, Edition One. July 2024.
2. Queensland Remote Chemotherapy Supervision Guide, 2019
3. NCCP Guidance on the Provision of Parenteral Systemic Anti-Cancer Therapy and Supportive Care in SACT Outreach and Community Services, V2 (9th February 24)