



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACISTS

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Administration of Drugs

Practice Directives

September 2014

Introduction

Under the authority of the Prince Edward Island Pharmacy Act and Regulations, the Administration of Drugs Practice Directives outlines the accountabilities and responsibilities of pharmacists regarding the administration of drugs. Pharmacists will administer drugs in accordance with these Practice Directives as well as public health guidelines, the Code of Ethics and other Standards of Practice and policies relevant to pharmacy practice in Prince Edward Island.

The authority to administer drugs provides pharmacists with the opportunity to support the health of Islanders in helping combat vaccine preventable diseases and to address some of the challenges of health care delivery in the province. Pharmacists are readily accessible, have the knowledge and expertise to identify patients who need vaccinations, and are experienced in direct patient care. This places pharmacists in a position to provide a contribution to vaccine preventable disease.

Acknowledgments

The Prince Edward Island College of Pharmacists (PEICP) would like to acknowledge the following Regulatory Bodies for sharing their Standards of Practice documents:

Nova Scotia College of Pharmacists
New Brunswick Pharmaceutical Society
Alberta College of Pharmacists

Immunization Standards Committee

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Standard 1. Pharmacist Authorization

1.1 A pharmacist shall undertake the administration of a drug to support the health care needs and health outcomes of the patient.

1.2 A pharmacist who holds an Extended Practice Certificate in Drug Administration in accordance with *Regulated Health Professions Act, Pharmacist and Pharmacy Technician Profession Regulations* may undertake the administration of a drug to a patient orally, sublingually, buccally, or topically to the skin, eye, ear or nose (intranasally), intradermally, subcutaneously, intramuscularly or by inhalation.

1.3 Pharmacists who holds certification may administer:

- A vaccine, including influenza by injection to a patient over the age of 18 years;
- Influenza vaccine by injection to a patient between 5 and 18 years of age;
- Influenza vaccine by intranasal means to a patient 2 years of age or older;
- A drug other than a vaccine to a patient 5 years of age or older.

1.4 A Pharmacist may administer a drug by injection to a patient if granted a PEICP Extended Practice permit. The initial permit is provided by the Registrar pursuant to the Regulations when the pharmacist:

- Completes a CCCEP Competency Mapped Immunization and Injection education and training program;
- provides proof of an active injection permit from another province, if applicable;
- meets the requirements for certification in First Aid and CPR as approved by Council;
- submits an application for a Permit and associated fees as approved by Council.

1.5 To renew the PEICP Drug Administration by Injection Permit a pharmacist shall:

- have completed an immunization and injection administration education and training program approved by council in the past;
- maintain current certification in First Aid and CPR (see First Aid and CPR requirements);
- complete at least one injection in the preceding year.

1.6 To obtain the PEICP Drug Administration by Injection Permit when the Permit has lapsed:

- when the pharmacist has not completed at least one injection in the preceding year;

A pharmacist must:

- have completed an immunization and injection administration education and training program approved by the Council in the past;
- maintain current certification in First Aid and CPR (see appendix) ;
- complete a refresher version of an existing immunization and injection administration education and training program as set out in 1.4, with the involvement of the developer of that program.
- Submits an application for Permit and associated fees.

1.7 When undertaking drug administration activities, a pharmacist shall comply with these Practice Directives as well as public health guidelines and existing legislation, regulations, the Code of Ethics, other standards of practice and policies relevant to the practice of pharmacy in Prince Edward Island (see Appendix A for list of reference documents).

Standard 2. Professional Independence and Accountability

2.1 Pharmacists, when administering a drug, shall avoid situations that present a conflict of interest that compromises their professional independence, judgment or integrity which may include:

- accepting gifts, inducements or other benefits from a patient, other health care professional, pharmaceutical manufacturer, supplier or other organization/person, or
- forming an association with a patient, other health care professional, pharmaceutical manufacturer, supplier or other organization/person.

2.2. The decision by a pharmacist to administer a drug shall be based on clinical suitability, cost effectiveness and the patient's best interest. Decisions to administer a drug based on bias-oriented information or on providing financial advantage to the pharmacist and/or pharmacy without providing benefit to the patient may be regarded as professional misconduct.

2.3 A pharmacist shall recognize that they undertake the administration of a drug in consideration of the overall patient care plan and process. With respect to drug administration, they are responsible for the provision of optimal patient care, monitoring drug therapy and ensuring the pharmaceutical and therapeutic appropriateness of drug therapy.

Standard 3. Informed Consent

3.1 Pharmacists will provide patients, or their agent with information to allow them to make an informed decision. Information provided either verbally or in writing to support the patient in making a decision must include:

- name of injection to be administered,
- disease or condition being treated or prevented,
- benefits and risk of the injection, including risks of not receiving the injection,
- usual and rare side effects
- rationale for the 15-30 min wait period post injection,
- post-administration monitoring and follow-up if applicable, and
- contacts for follow-up and emergency.

3.2 Pharmacists shall obtain informed consent from the patient or the patient's agent to administer the drug, and where applicable, to disclose the administration of the drug to appropriate health care professionals (eg. Primary health care provider) and/or local public health services office.

3.3 Pharmacists will document patient's consent electronically or manually on a form such as the Patient Consent-Medication Administration by Injection form (Appendix C).

Standard 4. Collaborate with Other Health Care Professionals

4.1 When administering a drug, a pharmacist shall collaborate and consult with other pharmacists or other health care professionals in their pharmacy, the patient's primary health care provider and other health care professionals if appropriate and in the best interest of the patient.

4.2 With regard to the administration of a drug, a pharmacist shall recommend that the patient seek the care of another health care professional, as appropriate to the situation.

Standard 5. Safe and Appropriate Drug Administration

5.1 Pharmacists must have a policies and procedures manual for provision of this service which is reviewed annually and includes, but is not limited to:

- emergency protocols and treatments ,
- precautions for patients with latex allergies,
- handling and disposing of medical sharps and biohazard waste,
- drug storage and handling,
- post administration monitoring and treatment options

5.2 Pharmacists will ensure the environment in which the injection is to be administered is clean, safe, and comfortable with furnishings. Generally, drugs shall be administered in a separate room to provide the patient with privacy unless it is not practical or the patient requests otherwise.

5.3 Pharmacists should assess the appropriateness of the drug for the specific patient including:

- indication
- dose,
- patient allergy status,
- risk factors and contraindications,
- route of administration,
- past injection history, and
- storage of patient supplied immunization.

5.4 Pharmacists administering injections will ensure the drug product to be administered has been prepared for administration using aseptic technique.

5.5 Pharmacists administering injections will ensure the drug products have been stored at their pharmacy in accordance with the *National Vaccine Storage and Handling Guidelines for Immunization Providers*.

5.6 Pharmacists will prepare the injection for administration by:

- checking the drug product lot and expiry date,
- determining the product stability /compatibility,

- assembling appropriate equipment and supplies,
- taking precautions to prevent transmission of bodily fluids, and
- ensuring proper storage of prepared injections after reconstitution or mixing if applicable.

5.7 Pharmacists will observe routine and established precautions for infection control including but not limited to:

- Proper handling all body fluids and tissues as if they were infectious, regardless of patient's diagnosis,
- Adhering to *Routine Practices* (see Health Canada Infection Control Guidelines Appendix A)
- Wear procedure gloves to prevent contact with body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin, contaminated surfaces or objects, or when the pharmacist has open skin lesions on their hands,
- Washing hands before and after injecting the patient, and/or
- Proper disposal of waste materials including sharps.

5.8 Pharmacists shall be prepared to treat emergencies or adverse reactions associated with the administration of drugs, including at minimum:

- Providing basic first aid,
- Use of adrenaline epinephrine and diphenhydramine by injection if necessary,
- Performing CPR,
- managing sensitivity/anaphylactic reactions, and
- addressing needle stick injuries

5.9 Pharmacists will ensure that there is ready access and be prepared to use drugs and health care products, aids and devices, equipment and supplies to treat emergencies and adverse reactions associated with the administration of drugs, including at minimum:

- adrenalin/epinephrine,
- diphenhydramine for injection,
- oral diphenhydramine,
- resuscitator bag/equipment to maintain adult and child airways, and
- ice or cold compresses.

Standard 6. Follow up

6.1 Pharmacists shall establish a follow-up plan including therapeutic goal(s) to be monitored and actions to be undertaken in the event of an emergency, adverse reaction, or recurring treatment.

6.2 Pharmacists administering injections will ensure the patient is monitored appropriately for adverse reactions and allergies and report all major and moderate adverse events that occur following vaccine administration.

Standard 7. Documentation and Communication

7.1 Pharmacists shall create and maintain documentation regarding drug administration that is

- accurate, concise, legible, complete and organized. Any abbreviations used shall be clear and well-known to all health care professionals, and not in the Error-Prone Abbreviation List published by the Institute for Safe Medication Practices (ISMP),
- completed in a timely manner
- handled in a manner to protect the integrity and confidentiality of the information

7.2 Pharmacists will document any administration of a drug by any method and maintain the record for a minimum of 10 years either electronically or manually of a form which may include the Patient Drug Administration Record (Appendix D). The documentation includes but is not limited to:

- Patient's name and address;
- drug, DIN, dose (dose # in sequence), lot and expiry of the drug;
- route of administration;
- site of administration for injections;
- date and time of administration;
- patient or patient's agent contact information;
- adverse reactions and management as needed;
- follow-up plan as needed.

7.3 Pharmacists who administer a vaccine, other than influenza shall report to the Chief Public Health Office in accordance with the *Public Health Act Immunization Regulations*. Pharmacists will comply by recording the following information into the Provincial Drug Information System:

- Age of the patient;
- Sex of the patient;
- Patient's postal code;
- Patient's PHN
- Name of vaccine
- Date vaccine was administered

7.4 Pharmacists who administer an influenza vaccine shall report to the Chief Public Health Office in accordance with the *Public Health Act Immunization Regulations*. Pharmacists will comply by recording the following information into the Provincial Drug Information System:

- Age of patient;
- Sex of patient;
- Patient's postal code
- Name of the influenza vaccine

7.5 Pharmacists who administer a vaccine to a patient that does not have a Provincial Health Card will submit the information in section 7.3 to the Chief Public Health Office on the *Immunization Record* (Appendix E).

7.6 Pharmacists who administer a vaccine shall report to the Chief Health Office, in accordance with the *Public Health Act Immunization Regulations* any adverse event following immunization (AEFI).

Appendix A- Practice References

Pharmacists shall carry out the administration of drugs in accordance with these Practice Directives as well as existing legislation, regulations, the Code of Ethics, other standards of practice and polices relevant to pharmacy practice in Prince Edward Island and the following references as appropriate:

- Canadian immunization Guide, Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>
- National Vaccine Storage and Handling Guidelines for Immunization Providers, 2007 Public Health Agency of Canada <http://www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/>
- Immunization Competencies for Health Professionals, Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/im/ic-ci/index-eng.php>
- Adverse Event Following Immunization form (AEFI), Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/im/aefi-essi-form-eng.php>
- Chief Public Health Office, <http://www.gov.pe.ca/health/index.php3?number=1021130>
- Infection Prevention and Control Best Practices for Long Term Care, Home and Community Care including Health Care Offices and Ambulatory Clinics, June 2007, <http://www.phac-aspc.gc.ca/amr-ram/ipcbp-pepci/pdf/amr-ram-eng.pdf>
- List of Error-Prone Abbreviations, Symbols and Dose Designations, <http://www.ismp.org/tools/errorproneabbreviations.pdf>

Appendix B- First Aid and CPR Certification Requirements

The Prince Edward Island adopted NAPRA’s Model Standards of Practice for Canadian Pharmacists as the minimum practice requirements for pharmacists practicing direct patient care in PEI. Outlined in the Standards is the requirement for up-to-date certification in CPR and First Aid. Current certification will also be required for pharmacists to obtain the PEIPB Drug Administration by Injection Permit as outlined in the Standards of Practice: Drug administration. **Should CPR and First Aid certifications expire, the Administration by Injection Permit is no longer considered valid.**

CPR and First Aid Requirements	
Certifications for First Aid and CPR are to be obtained through the Canadian Red Cross, St. John Ambulance Canada, Canadian Heart and Stroke Foundation or other organizations recognized by the Board.	
CPR	First Aid
Minimum Certification Requirements – all of the following skills are required for CPR certification (CPR Level C*): <ul style="list-style-type: none"> ✓ Adult/Child/Baby CPR – one rescuer ✓ Adult/Child/Baby choking ✓ Automated External Defibrillator (AED) Operator Certification 	Certification in First Aid
In addition to fulfilling the minimum requirements, pharmacists are encouraged to obtain the following preferred / non-mandatory additional CPR skills which are offered in CPR Level HCP <ul style="list-style-type: none"> ✓ Adult/Child/Bab 2-rescuer CPR ✓ Rescue breathing ✓ Bag-Valve-Mask (BVMs) 	
Recertification is to be in accordance with certifying organization (such as, for example, the Canadian Red Cross, St. John Ambulance Canada, Heart and Stroke Foundation etc.)	

Appendix C- Patient Consent Medication Administration by Injection



Patient Consent Medication Administration by Injection

Date: _____ Patient Name: _____

Patient Date of Birth: ____/____/____ Gender: Male Female Weight: _____
Day/Month/Year

Address: _____ PHN: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Family Physician: _____ Emergency Contact Name and Phone: _____
Name Phone

Please select one of the following: Pregnant Aboriginal >65 yrs Direct household contact of a pregnant women
 None of the above

	Yes/No	If yes, please describe
Are you sick today?		
Do you have any allergies to drugs, thimersol, latex eggs, or fruits of any kind?		
Have you received this injection before?		
Have you received any vaccination in the last 6 weeks		
Have you ever had a serious reaction or fainted following and injection?		
Do you have any condition that affects your immune system such as cancer, HIV/AIDS?		
Do you take any treatments that may lower your immune system such as oral steroids (i.e. prednisone), radiotherapy or chemotherapy?		
If you brought your own medication/vaccine with you today, was is stored according to the package/pharmacists instructions		

- I understand that on the date indicated above, the pharmacist will be administering the drug
- I understand that the pharmacist has been trained and is registered to administer injections by the Prince Edward Island College of Pharmacists.
- Understand that, if required by provincial regulations, my primary health care provider and/or the Chief Public Health Office will be notified that I have received this injection.
- I understand and agree to remain at this location for 15-30 minutes after the injection as directed by the pharmacist.
- The pharmacist has provided me with information pertaining to the drug being administered as well as the injection procedure so that I understand the expected outcome/reaction as well as the possible side effects. I understand that I may ask the pharmacist further questions at any time before, during, or after the injection.
- In the event of an emergency, I authorize the pharmacist to administer diphenhydramine, epinephrine and/or apply necessary life-saving procedures as an interim measure until medical support personnel arrive. In case of emergency please contact the person I have named above.
- I have read and understand the above information.

Print Patient Name *Signature (parent or guardian if a minor)*

Pharmacist Name Print *Signature of Pharmacist*

Appendix D- Patient Injection Administration Record



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Patient Drug Administration Record

Patient information		
Patient Name:	PHN:	Date:
Address:		
DOB:	Patient's health status (healthy/not healthy):	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List:	High Risk: <input type="checkbox"/> Pregnant <input type="checkbox"/> Direct Household contact of pregnant women <input type="checkbox"/> > 65 years of age <input type="checkbox"/> Aboriginal person	
Sex:		
Patient has completed Patient Consent-Medication by injection form <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication for Injection		
Drug/Vaccine Administered:		
DIN:	Lot:	Exp. Date:
Administration Information		
Dose administered:	Route:	
Dose sequence:	Administration site:	
Time Administered:	Prescriber:	
Monitoring and Follow up		
Reaction after 15 minutes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pharmacist follow-up date:		
Pharmacist Comments:		
Pharmacist Signature:		Registration Number:

Appendix E- Immunization Record



Immunization Record Form

Name:	
PHN:	
Date of Birth:	
Sex:	Male Female
Civic Address:	
Vaccine Product #1:	
If Other, specify	
Vaccine Product #2:	
If Other, specify	
Vaccine Product #3:	
If Other, specify	
Date vaccine given:	
Name & Location of vaccine administration:	
Comments:	

Please return this form by fax, email, or mail to:

Chief Public Health Office
PO Box 2000
Charlottetown, Prince Edward Island
C1A 7N8
Phone: (902) 368-4996 Fax: (902)
620-3354
Email: epidem@ihis.org