



SASKATCHEWAN
COLLEGE OF
PHARMACY
PROFESSIONALS

FREQUENTLY ASKED *Questions*

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ADMINISTRATION OF DRUGS BY
INJECTION AND OTHER ROUTES

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SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

"**Act**" means *The Pharmacy and Pharmacy Disciplines Act*.

"**Advanced method**" administration of drugs includes subcutaneous or intramuscular injection

"**Collaborative practice environment**" means a relationship between the licensed pharmacist and other regulated health professionals involved in the care of the patient is such that the practitioners can reasonably rely upon the basic skills of the licensed pharmacist to administer drugs in the best interests of the patient.

"**College**" means the Saskatchewan College of Pharmacy Professionals (SCPP)

"**Continuing professional development**" includes any continuing education, continuing professional development, lifelong learning, competency assurance requirements, or other professional requirement that Council may prescribe from time to time.

"**Drug**" includes vaccines

"**Intern**" means a person who is registered as a pharmacist intern or pharmacy technician intern pursuant to the Act.

"**Pharmacist**" means licensed pharmacist;

"**Licensed pharmacist**" means a member who is registered as a licensed pharmacist and holds a valid license issued pursuant to the Act

"**Schedule I**" means Schedule I of the Administrative Bylaws of the Saskatchewan College of Pharmacy Professionals listing drugs that require a prescription for sale to the public;

"**Schedule II**" means Schedule II of the Administrative Bylaws of the Saskatchewan College of Pharmacy Professionals listing drugs that do not require a prescription for sale to the public, but must, amongst other things, be available from the area of the pharmacy (e.g. dispensary) where there is no opportunity for self-selection by the public.

Related Reference Documents

- [Administration of Drugs by Injection and Other Routes - Guidelines for Pharmacists](#)
- [Administration of Drugs by Injection Supplementary Guidelines for Pharmacists](#)
- [SCOPe October 2015 special edition newsletter: Administration of Drugs by Injection and Other Routes](#)

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ADMINISTRATION OF DRUGS BY INJECTION AND OTHER ROUTES

GLOSSARY OF ACRONYMS

AED – Automated External Defibrillator

AMC – Advanced Method Certification

DPEBB – Drug Plan and Extended Benefits Branch

CCCEP – Canadian Council for Continuing Education in Pharmacy

CPDP – Continuing Professional Development for Pharmacists Unit, College of Pharmacy and Nutrition, University of Saskatchewan

CPR – Cardio-Pulmonary Resuscitation

NAPRA – National Association of Pharmacy Regulatory Authorities

PHAC – Public Health Agency of Canada

SCPP – Saskatchewan College of Pharmacy Professionals

SIM – Saskatchewan Immunization Manual

Training

1. What training is required to attain the Advanced Method Certification, AMC?

- A. CCCEP (two-staged) Competency-Mapped Accreditation training program, plus the Saskatchewan specific module
- B. Prerequisites for the completion of the CCCEP (two-staged) Competency-Mapped Accreditation training programs are current Standard First Aid and CPR Level C with AED. They can be taken at any time up to the live, practical skills training module. In other words, you must have current Standard First Aid and CPR Level C by the time you take the live session
- C. Immunization (up-to-date Hepatitis B strongly recommended)

2. How do I register so I can legally provide injections?

Once a pharmacist has completed the training required provided by or approved by CPDP to meet all the requirements a pharmacist can apply on the SCPP website. The application will also include a self-declaration that you have met all the requirements.

3. When can I start injecting?

A pharmacist can start injecting when they are formally certified by SCPP and payment of the annual certification fee.

FREQUENTLY ASKED QUESTIONS

ADMINISTRATION OF DRUGS BY INJECTION AND OTHER ROUTES

4. **What is the annual certification fee?**

Currently there is no certification for advanced methods fee this year (2015-2016). Council will review this further.

5. **How do I renew AMC?**

A pharmacist must declare they have maintained their competencies including a minimum of one injection of a drug (the flu vaccine is included under the term drug) each and every year. The pharmacist will declare that they have met the minimum requirements upon renewal of their license.

6. **What happens if I let my certification lapse?**

If a pharmacist does not meet the minimum requirements each year they must undertake all injection (AMC) training requirements again. See question #1 for details on training requirements for AMC. First Aid and CPR with AED must be current.

7. **If I am currently certified in another province am I able to be certified in Saskatchewan or do I have to take additional training?**

The pharmacist should contact the SCPP office directly as this will be reviewed on a case by case basis.

8. **How do I maintain my certification if my pharmacy is not participating in the Influenza Immunization Program?**

The injection of any drug contributes to the maintenance of your AMC.

9. **Can a licenced pharmacist who is completing a course/program of study for certification in an advanced method administer a drug by that method being studied?**

The bylaws state:

Administration by Supervised Licensed Pharmacist

8 A licensed pharmacist who is completing a course or program of study for certification in an advanced method may administer a drug using that method if, while doing so, he is under the direct supervision of:

- (a) a licensed pharmacist who is certified in that method; or*
- (b) another health care professional who is legally permitted and competent to administer a drug using that method*

10. **At this time is training in Advanced Method of Drug Administration mandatory for licensure?**

Not at this time, but these requirements must be met if you intend to practice within that scope. Council is deferring any final decision until we gain more experience in this area.

FREQUENTLY ASKED QUESTIONS

ADMINISTRATION OF DRUGS BY INJECTION AND OTHER ROUTES

INJECTING – Administering Drugs by Injection

11. **When can fully trained pharmacists begin administering the publically funded flu vaccine?**

Once the pharmacist has formal AMC by the SCPP office they can begin administering drugs by injection. A pharmacist may administer the flu vaccine on the prescribed date for the flu season as described in the Seasonal Influenza Immunization Handbook for Pharmacists provided by DPEBB and for the period of the program. The 2015-16 influenza program dates are October 19, 2015 through to March 31, 2016.

12. **Are there any requirements on the space in which a pharmacist can provide the flu immunization service?**

According to current Drug Plan policy, a pharmacist with AMC may inject the publically funded flu vaccine only within the professional services area of the pharmacy as depicted on the pharmacy permit.

13. **Will pharmacists be able to inject other vaccinations in the future?**

- A. For publically funded vaccinations provided under a provincial immunization program where the Ministry of Health has approved administration by licensed pharmacists only upon recognition of pharmacists in the SIM.
- B. For vaccinations that are only funded for a portion of population that do not meet the criteria described in SIM – most of our work is completed and for further guidance members can refer to our [supplementary policy statement](#).
- C. For vaccinations that are never funded by the provincial immunization program – most of work is completed and for further guidance members can refer to our [supplementary policy statement](#).

14. **Can pharmacist inject vaccines that are only covered by Public Health in certain circumstances?**

Most of our work is completed and for further guidance members can refer to our [supplementary policy statement](#).

15. **Can the flu vaccine be drawn up ahead of time to prepare for a clinic?**

No. It is recommended that no vaccine be drawn up unless using immediately (sterility and cold chain cannot be assured with pre-drawn syringes).

FREQUENTLY ASKED QUESTIONS

ADMINISTRATION OF DRUGS BY INJECTION AND OTHER ROUTES

16. What do I do if I have a needle stick injury?

The Ministry of Health has Guidelines for the Management of Exposure to Blood and Body Fluids Prophylaxis (flow charts are at the end of the document for Needle Stick Injury and for Skin and Mucous Membrane Exposure) at:

<https://www.ehealthsask.ca/services/manuals/Documents/hiv-provider-guidelines.pdf>.

A good tip would be to print these charts off and laminate them and post or store them in the pharmacy where they are easily accessible when needed.

17. Can I share my flu vaccine with another pharmacy if they request it?

- A. No, flu vaccine stock should not be shared with another pharmacy as the DPEBB is tracking the ordering, administration and billing of the publicly-funded flu vaccine. Discrepancies in stock ordered and used may cause the DPEBB to withhold delivery of any additional stock.
- B. It is important that the DPEBB has current and accurate numbers as they routinely report the number of vaccines administered by pharmacists to the Population Health Branch of the Saskatchewan Ministry of Health. The ability for the provincial flu program to be regularly reassessed or to respond to current conditions depends on the accuracy of the information submitted by all providers of flu vaccine.
- C. The cold chain must be maintained to ensure vaccine wastage does not occur.

Privacy

18. Do we need to inject in a private room?

Standards expect that all professional services must be provided where privacy is assured which, depending on your environment, may or may not be a private room in the pharmacy.

Documentation

19. What documentation must I obtain and retain?

- A. Informed patient consent and patient history as per the Policies, Standards and Guidelines for Pharmacists in the Administration of Drugs by Injections and Other Routes
- B. As per the bylaws:
 - Patient's name and address
 - Name of the drug and total dose administered
 - For an advanced method or vaccination by any method:
 - Identification of the manufacturer, lot number and expiry date of the drug
 - Dosage and the location on the body where the drug was administered

FREQUENTLY ASKED QUESTIONS

ADMINISTRATION OF DRUGS BY INJECTION AND OTHER ROUTES

- Name of the licensed pharmacist administering the drug
 - Date and the time of administration
 - Any adverse events
 - Price, if there is a charge for administration
- C. The claims information provided by the DPEBB for the Record of the Vaccine Product Administered and the Influenza Immunization Fee. Information to obtain wallet cards to be given to the patients is included in the 2015-16 Seasonal Influenza Immunization Handbook for Pharmacists provided by the DPEBB.

NOTE: Part A and B can be done on separate forms or combined into one form

20. What forms do I have to use for documentation?

You can use any form as long as it contains all the required information in part A and B from the above question.

21. Does a digitally scanned copy of the documentation, such as consent, meet SCPP requirements?

Yes. Once all the appropriate forms are completed they can be digitally scanned and attached to the patient profile in a similar manner as attaching scanned prescriptions to the patient profile.

22. How long do records need to be kept?

Two years from the most recent entry therein. Other authorities may require retaining the documentation for an extended period. Refer to the respective authorities for their requirements.

Communication

23. Do pharmacists need to communicate to Population Health Branch that a patient has received a flu injection?

As stated in the 2015-16 Seasonal Influenza Immunization Handbook for Pharmacists the DPEBB will communicate on behalf of pharmacists to the Population Health Branch upon receipt of billing information submitted to the DPEBB.

Cold Chain

24. Can we store the flu vaccine in a cooler if we have a clinic in our pharmacy?

Yes if the cold chain can be maintained. A cold chain break must be prevented by observing precautions according to our guidelines and the guidelines set out by the Ministry of Health in the SIM. Please refer to Chapter 9 of the SIM.

FREQUENTLY ASKED QUESTIONS

ADMINISTRATION OF DRUGS BY INJECTION AND OTHER ROUTES

25. Do we need to store vaccines such as the flu vaccine in a separate refrigerator?

The strong recommendation by Ministry of Health is that vaccines are not to be stored in the same refrigerator as other drugs due to the fragility of the vaccine and requirements to maintain constant storage temperature of the vaccines between 2-8°C. Please refer to Chapter 9 of the SIM.

26. Can I use a bar fridge to store the flu vaccine?

No, as we are collaborating with the public health system, it is important to follow the appropriate policies described in the SIM Chapter 9

<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf> (page 6) which states in part:

“2.2.3 Bar Fridge Units

Bar fridge units are not acceptable for vaccine storage. With combined refrigerator and freezer units, the freezer compartments of bar fridge units are incapable of maintaining temperatures cold enough to store freezer-stable vaccine. Even when the freezer temperature is not adjusted, the temperature in the refrigerator compartment will fall below the recommended range, potentially freezing the refrigerated vaccines. Temperatures vary inside the compartment. The temperature-control sensor reacts to the temperature of the evaporator rather than that of the air in the compartment, resulting in varying temperatures in the refrigerator as the ambient temperature changes.”

27. How do we know that our refrigerator meets the requirements?

Reference information is available in SIM at:

<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf>. You need to know how your refrigerator works and the ability to maintain temperatures. Logs may potentially be audited by the Ministry. These logs must show proof of at least twice daily of minimum and maximum temperature readings. If you have additional questions contact the SCPP office for further assistance.

28. What type of refrigerator is recommended for the storage of vaccines?

A purpose-build refrigerator is recommended but a food storage refrigerator can be used if it meets the standards for maintaining the cold chain. A bar unit fridge is not recommended.

29. The refrigerator we have is monitored by a security system do we still need to keep a paper log?

Yes. Documentation is required for auditing purposes as well SIM Chapter 9 states <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf> (page 10) in part:

“All vaccine storage unit temperatures must be read and recorded twice per day, even when a continuous temperature recording device is used, or when the refrigerator is connected to an alarmed temperature monitoring system. Monthly review of the continuous monitoring devices recording strip does not allow for timely notification and response to cold chain interruption and increases the risk that ineffective vaccine may have been administered to clients.”