Administration of Drugs by Injection and Other Routes Guidelines

Publicly Funded Vaccines (Roles of SCPP, Ministry of Health and PAS)

The *Pharmacy and Pharmacy Disciplines Act* and the SCPP Regulatory Bylaws define the authorized practices of pharmacists. This document outlines SCPP's terms, conditions, and standards that **all pharmacists must follow when administering drugs, including vaccines, regardless of whether they are publicly or privately funded.**

In recognition of the key role that Saskatchewan pharmacists play in delivering publicly-funded immunization programs (e.g. Seasonal Influenza Immunization Program, COVID-19 Immunization Delivery Plan), this document highlights areas where the Saskatchewan Ministry of Health/Drug Plan and Extended Benefits Branch may have set additional requirements. Common questions about the differences between Ministry and SCPP standards can be found in the SCPP's Administration of Drugs by Injection and Other Routes FAQs. However, it is important that pharmacies delivering publicly funded programs monitor the Ministry website to stay current on the comprehensive list of requirements.

When participating in a publicly funded immunization program, pharmacists and pharmacies agree to the Ministry's terms and conditions for the program (e.g., patient eligibility, informed consent, alternate locations, storage and handling, authorized immunizers, training, documentation, and reporting). **However, if a term or condition is not specifically included in the Ministry's communications, then the SCPP requirements apply.**

DEFINITIONS

"**Advanced method**" means any of the following methods for administering a drug: intradermal, 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.

"**Drug**" includes vaccines.

"**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. **Except for publicly funded vaccines (e.g., influenza), vaccines are Schedule I**. See SCPP's Disease Prevention and Travel Health Services Policy for more information.

"**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.

GLOSSARY OF ACRONYMS

DPEBB – Drug Plan Extended Benefits Branch

NAPRA – National Association of Pharmacy Regulatory Authorities

PIP – Pharmaceutical Information Program

SCPP – Saskatchewan College of Pharmacy Professionals

SHA – Saskatchewan Health Authority

SIIP – Saskatchewan Influenza Immunization Policy

SIM – Saskatchewan Immunization Manual

1. PURPOSE

The laws in Saskatchewan allow pharmacists to administer drugs by injection and other routes under certain circumstances where they are trained and authorized to do so. These restrictions and conditions are outlined in Part L – Pharmacist Authority: Administration of Drugs by Injection and Other Routes of the SCPP Regulatory Bylaws. The following is intended to provide pharmacists with further guidance in the interpretation of the legislation and application of Council policy and expectations.

This document is not intended to replicate the requirements documented in the Advanced Method Certification training and the SIM. It also does not address the exemptions that may be allowed during extraordinary circumstances. The SCPP will notify pharmacy professionals when these exemptions are in effect and the conditions and limitations in place.

Training and Competency

A licensed pharmacist must obtain Advanced Method Certification (AMC) from SCPP before administering drugs by injection. See SCPP's Training and Development webpage "Injection Administration" for:

- current training and competency requirements as per Part L sections 2, 3, 5 and 11
- course details and steps to ensure competence to inject, including those whose AMC has lapsed and those who have not administered an injection in the previous 24 months.

2. POLICIES AND PROCEDURES

2.1. The SCPP Council policy relies upon pharmacists' ethical obligations to be competent before offering any service (including administration by injection and other routes of administration) in keeping with the Code of Ethics and the national Standards of Practice for pharmacy professionals. This means:

2.1.1. The pharmacist is responsible to self-assess their competence and identify their learning needs using NAPRA's Competencies on Injection;

2.1.2. Pharmacists using self-directed learning strategies to assure competency in the relevant route of administration;

2.1.3. Pharmacists who are not confident in their abilities are expected to determine whether they can safely administer the drug or whether a referral to another health professional would be in the patient's best interest;

2.2. Up to date Hepatitis B vaccination is not mandatory, but strongly recommended.

SCPP Regulatory Bylaws

Part L section 9:

Drugs that may be administered by a licensed pharmacist with Advanced Method Certification

9 *A licensed pharmacist with Advanced Method Certification may administer any of the following drugs:*

(a) a publicly funded vaccine provided under a provincial immunization program or other government initiative, where the Ministry of Health has approved administration by licensed pharmacists;

(b) a Schedule I drug pursuant to a prescription to dispense from an authorized practitioner to a person according to the age limits in sections 2 and 4 of this Part L; and

(c) a Schedule II drug or a non-publicly funded Schedule II vaccine to a person according to the age limits in sections 2 and 4 of this Part L.

2.3. The pharmacist does not require a prescription to administer a drug. The decision to administer the drug is subject to the professional discretion of the pharmacist.

(See Q23.1 in *Administration of Drugs by Injection and Other Routes FAQs* for information on when a drug is dispensed by another pharmacy.)

2.4. Where the pharmacist receives a prescription to dispense a drug and is, or is not, requested by the prescriber to administer the drug **and** after assessment, determines that administering the drug is appropriate, the pharmacist shall advise the prescriber that the drug has been administered.

2.5. Further to section 9 of Part L, the pharmacist may administer drugs by advanced method as follows:

2.5.1. Publicly funded vaccines – in accordance with the Ministry's terms and conditions for the program, including on-label or off-label use (e.g. seasonal influenza and COVID-19);

2.5.2. Schedule I drugs (including vaccines[1]) pursuant to a prescription from an authorized practitioner – in accordance with the prescription, including on-label or off-label use, as the patient's needs determine, with consideration to:

2.5.2.1. Prescriber's direction;

2.5.2.2. the official product monograph;

2.5.2.3. the Saskatchewan Immunization Manual and the Canadian Immunization Guide, where applicable;

2.5.2.4. peer-reviewed, evidenced-based resources or clinical practice guidelines; and

2.5.2.5. part of and approved research protocol, where applicable.

2.5.3. Schedule II drug or a non-publicly funded Schedule II vaccine[2] - drugs as patient needs determine and according to the drug's official product monograph. (For off-label considerations see 2.5.2 above.)

All decisions must be in keeping with the SCPP Regulatory Bylaws, the Code of Ethics and the national Standards of Practice. See Appendix B for practice applications.

[1] Except for publicly funded vaccines (e.g. influenza), vaccines are Schedule I. See SCPP's Disease Prevention and Travel Health Services Policy for more information.

[2] For an example of a non-publicly funded schedule II vaccine see Administration of FLUMIST which is an influenza vaccine administered intranasally.

Examples of Drugs with Serious Warnings and Precautions (Black Box)

Depending on the risk profile of the drug, the official product monograph may include information specifying which health providers should administer a drug, should be present when a drug is administered by injection or other specifications around treatment (e.g. first administration conducted, or supervised, by a specified health professional). Administering drugs by injection is not just the technical function of inserting a needle.

Following are examples of drugs which call for additional precautions:

Botox®

- Pharmacists are not permitted to inject Botox® because the *Serious Warnings and Precautions Box* in the Botox® product monograph only allows physicians to administer this drug.
- Note: The *Serious Warnings and Precautions Box* in the monograph for Botox Cosmetic® recognizes other authorized prescribers for dosing and administration, however, pharmacists are not permitted to administer drugs by injection for cosmetic purposes. See FAQs #23.

Sublocade®

- A pharmacist may inject Sublocade® according to the official product monograph, if they meet the requirements specific to Sublocade®.
- As per the monograph, Sublocade® is available only through a controlled distribution process. As such, there may be Health Canada requirements or recommendations specific for this drug. See SCPP OAT Standards for more details, including "*Pharmacist Education Requirements for Administration*".
- Note: The *Serious Warnings and Precautions Box* in the Sublocade® monograph warns that death could result from incorrect administration (a technical function) or overdose (a clinical aspect).

Note: the *Patient Information* section in the monograph uses plain, simple language and is intended for the general public rather than instructions to health providers. See Health Canada's Guidance document: Product Monograph for more information.

3. AGE LIMITS AND RESTRICTIONS

3.1. As outlined in the bylaws, a pharmacist with AMC may only administer a drug by advanced methods to a patient **5 years and over**.

3.1.1. A publicly funded vaccine may only be administered to a patient 5 years and over, or as may be specified by the Chief Medical Health Officer for Saskatchewan.

3.1.2. Non-publicly funded vaccines may only be administered in accordance with the age limits under the SIM, Canadian Immunization Guide, and the vaccine's official product monograph, so long as they remain within the age limits permitted in the bylaws (i.e. to a patient 5 years and over)

3.2. A pharmacist must not administer a drug by advanced method to a family member or themselves, unless:

3.2.1. The drug is commonly intended for self-administration (e.g., insulin); or,

3.2.2. There exists an extenuating circumstance and there is no other alternative. The situation and rationale must be documented.

SCPP Policy – Treatment of Self and Family Members

Similar to codes of conduct for other health professionals, when emotionally involved, there is a chance that professional judgement may be compromised.

The following is an example of a **discipline case where a pharmacist administered influenza vaccine to herself, husband and two children** without adhering to injection certification requirements, standards, and documentation.

Source: SCOPe Newsletter, March 2020, Page 10, Discipline Matters. The entire Decision and Order is available for review on the CanLII website.

3.3. Council policy is that administration of drugs needs to be for therapeutic purposes only. Pharmacists are not authorized to administer for other purposes such as cosmetic. (Source: SCOPe Newsletter, November 2016, Page 9, Injectable Cosmetic Treatments)

Safe Drug Administration is Everyone's Responsibility (Pharmacists, Pharmacy Managers and Proprietors)

The NAPRA Model Standards of Practice require that pharmacists must determine whether it is appropriate to administer a medication to a patient and administer the medication safely and effectively in a suitable environment.

Regardless of how diligent the pharmacist is, these standards cannot be achieved without the active participation of the pharmacy manager. As recognized in section 11(5) of Part I of the SCPP Regulatory Bylaws, pharmacy managers must provide active oversight to ensure compliance with applicable requirements and standards. This means that the pharmacy manager has updated written policies and procedures in place, along with the appropriate equipment, supplies, staffing levels, work flows and physical layout to ensure that administration of drugs can be done safely in the pharmacy (See Pharmacy Manager Responsibilities, Section 7).

Specific to drug administration safety, responsibilities of the pharmacy manager are noted in:

- Vaccine Storage, Handling and Transport Guidelines, Sections 4 and 5; and
- Refrigerator and Temperature Monitoring Equipment Requirements, Section 2.

Given that some of these requirements involve purchasing of equipment, the responsibilities for pharmacy managers and proprietors may work in concert with each other or overlap. See Pharmacy Manager Responsibilities text box "Pharmacy Manager and Proprietor Responsibilities – Clarification and Practice Tip" .

4. STANDARDS OF PRACTICE

Pharmacists are expected to comply with the standards described in the training for Advanced Method certification and with NAPRA Model Standards of Practice. A pharmacist, **before administering** a drug, using advanced method, or a vaccine regardless of the route of the administration, must:

4.1. Obtain appropriate information before administering a drug by injection to ensure patient safety. This includes a patient's medical conditions and allergies, reviewing the patient's Pharmaceutical Information Program (PIP) profile, along with other applicable and available records (e.g. the electronic Health Record (eHR) viewer).

4.1.1. In the case of a patient who reports a previous serious or unexpected event (e.g., AEFI), if details of the reaction and recommendations for future vaccination are not available in eHR viewer or the pharmacy patient profile/records as per section 5.3. then follow up with the local public health office for more direction.

Provincial Electronic Database for Immunizations

"Panorama" is a secure electronic system used in Saskatchewan to record and manage immunization records and the health information related to immunization for all Saskatchewan residents.

SCPP is working with Ministry and Saskatchewan public health officials to develop protocols, tools, and other resources to meet patient immunization record reporting requirements in Panorama. SCPP will provide further direction on these protocols once in place.

Note: Health Care Providers with access to Saskatchewan's electronic Health Record (eHR) Viewer can access immunization information as recorded in Panorama, the Saskatchewan Immunization Registry. However, eHR Viewer may not list all the information needed for example:

- All the vaccines received in a person's lifetime (e.g., immunizations received at a doctor's office, emergency room or private travel clinic may or may not be listed); or
- AEFI reactions and the follow up direction provided by the medical health officer/prescriber.

Although pharmacists are not able to enter immunization data in Panorama, they have access to patient immunization records through eHR Viewer (Panorama) when needed for patient care.

See Panorama Information Sheet.

4.2. Obtain informed consent from the patient or from the person authorized to provide informed consent on the patient's behalf prior to administering a drug (See Appendix C for more information);

4.3. Ensure the pharmacy creates and maintains a policy and procedures manual that includes administration of drugs and emergency response protocols;

4.4. Ensure the pharmacy maintains a readily accessible supply of epinephrine for emergency parenteral administration (e.g., "pens"), diphenhydramine, cold compresses, and non-latex gloves. (For best practice recommendations on anaphylaxis management kit contents see SIM Chapter 12 Section 7 and Canadian Immunization Guide);

4.5. Ensure the pharmacy creates and maintains a clean, safe, appropriately private, and comfortable environment within which the drug is to be administered. See Private Consultation Room Standards.;

4.6. Be satisfied the drug to be injected is stable, has been prepared for administration using aseptic technique, has been stored properly and is clearly labeled. This includes adhering to cold chain requirements as described in the SCPP document,

Vaccine Storage, Handling, and Transport and Refrigerator and Temperature Monitoring Equipment Requirements;

4.7. Use precautions for infection control, which includes:

- Following the pharmacy's policies and procedures on Infection Control Guidelines and Respiratory Hygiene and Cough Etiquette (e.g. See Infection Control Guidelines Section 2.1.5. for selection of personal protective equipment including information on glove use);
- Handling all body fluids and tissues as if they were infectious, regardless of the patient's diagnosis;
- Performing appropriate hand hygiene as outlined in AMC training (e.g., keep fingernails short, no nail polish, no artificial nails.) See MicroSCOPe October 2019 "Hand Hygiene and Compliance" and Hand Hygiene Standards. Also see Infection Control Guidelines Section 2.1.5. for selection and use of gloves;
- Proper disposal of waste materials;
- Management of needle stick injuries. See SCPP Needlestick Injury document.

4.8. Ensure the patient understands the rationale for remaining under supervision for 15-30 minutes following the administration and to immediately consult with the pharmacist if an adverse event occurs;

4.9. Provide these services in a collaborative practice environment. For vaccinations, this also means collaborating with the public health system so that pharmacists' services provide a safe level of care that meets recommended standards and follows established guidelines for immunizing;

4.10. Review and comply with relevant and applicable immunization guidelines when administering a vaccine, including:

- Saskatchewan Ministry of Health - Saskatchewan Immunization Manual
- Public Health Agency of Canada - Canadian Immunization Guide
- Saskatchewan Ministry of Health - Saskatchewan Influenza Immunization Policy.

4.11. Recognize and practice within the limits of their competence and use evidence from credible sources to inform their activities.

5. DOCUMENTATION, REPORTING AND NOTIFICATION

Some of these requirements are impacted by whether the drug (vaccine) is administered as part of a publicly funded program (e.g., seasonal influenza) or privately delivered at a cost to the patient. These differences will be outlined. Some of the requirements apply to both.

Information for the Prescriber and/or Primary Care Provider

5.1. As required by section 6 of Part L of the bylaws, a pharmacist shall advise the **prescriber** (for Schedule I drug administration) or the **patient's primary care provider** (for Schedule II drug administration) that the drug has been administered. This can occur via documentation provided directly to the prescriber/primary care provider **or** through a provincial electronic database intended for this purpose. See Appendix A for sample form.

Note: In extraordinary circumstances some publicly funded vaccines may require **different** reporting or follow up procedures as required by the public health intervention (e.g., COVID-19 vaccine is recorded in eHR Viewer therefore a fax or manual notification to the primary care provider is not needed). This will be communicated by the Registrar and public health officials at the time.

PIP Reporting and Notifying Prescribers/Primary Care Providers of Drug Administration

Below is a description of electronic data reporting in **normal** circumstances that may satisfy some of the SCPP Drug Administration notification requirements. However, it should be noted that in **extraordinary** circumstances (e.g., COVID-19 pandemic), other forms of electronic data reporting and transmission may be implemented by the Ministry of Health.

Although PIP is not intended to capture immunization records, it is used by community pharmacies to document the **administration** of **publicly funded vaccines** (e.g., seasonal influenza) because pharmacies are required to submit a record of the vaccine product administered electronically to DPEBB on the date of the immunization service. **Prescribers/Primary care providers may access PIP to view the date and brand of vaccine administered which satisfies the SCPP Drug Administration Notification requirement.** Prescribers/Primary care providers may contact the pharmacy if they require more administration details (e.g., Lot #, etc.) than what is contained in PIP.

Privately purchased vaccines and other Schedule I drugs are recorded in PIP on the date **dispensed** and represent the supply of the drug to the patient which can differ from the date of **administration** and does **not** confirm the drug was administered. **Therefore, PIP does <u>not</u> satisfy the SCPP Drug Administration Notification requirement.**

Drug (Vaccine)	Fax/Manual Notification Needed
Publicly funded Schedule II vaccine (e.g., seasonal flu)	No
Other Schedule II Drugs (e.g., vitamin B12 injection)	Yes
Schedule I privately purchased vaccine (e.g., Shingrix®)	Yes *
Other Schedule I drugs (e.g., Depo-Provera®)	Yes

* Yes, until pharmacists are able to contribute data to the patient's vaccination record in Panorama (see Travel Health FAQs Q22).

Information for the Patient (Patient Immunization Record)

5.2. Patient Immunization Record

5.2.1. A pharmacist who administers a vaccine must provide the patient with a Record of Immunization Card. Sample wallet cards and immunization record forms can be found at Immunize Canada;

5.2.2. For publicly funded vaccines, the pharmacist must provide the patient with the documentation specified by the DPEBB;

5.2.3. When prescribed, provision of the vaccine must also be transmitted to PIP as this represents a supply of a drug that the law requires to be transmitted to this database. **PIP is not a substitute for a patient's immunization record.**

Practice Tip: MySaskHealthRecord and Immunization History

If patients have lost or cannot access their wallet card, they may be advised that their vaccination records are also stored electronically on MySaskHealthRecord.

In general, the "Prescription History" tab shows vaccinations dispensed in the community pharmacy setting (e.g., seasonal influenza or privately purchased). The "Immunization History" tab shows vaccinations provided by public health but may not show immunizations received at a doctor's office, emergency room or private travel health clinic.

Note: "Data Source" will indicate whether information was entered by the patient (i.e., self-entered) or by a provincial source.

Information for the Ministries of Health (Federal and Provincial)/SHA

5.3. As immunization providers, licensed pharmacists with AMC in Saskatchewan are obligated to report serious adverse events following drug administration. Source: *The Disease Control Regulations* section 23(1).

5.3.1. For an Adverse Event Following Immunization (AEFI) an AEFI form must be submitted.

5.3.1.1. If the adverse event was following a publicly funded vaccine (e.g., Influenza):

5.3.1.1.1. Submit the AEFI form to the local public health office; and

5.3.1.1.2. Provide follow up communication to the patient regarding the Medical Health Officer's recommendations. See Saskatchewan User Guide for AEFI Reports, Appendix 7 SIIP and Ch 11 SIM for more details.

Note: In extraordinary circumstances some publicly funded vaccines may require additional reporting or follow up procedures as required by the public health intervention (e.g., Adverse Events of Special Interest for COVID-19 vaccine). This will be communicated by the Registrar and public health officials at the time.

5.3.1.2. If the adverse event was following a non-publicly funded vaccine:

5.3.1.2.1. Send the AEFI form to the health care professional that prescribed the vaccine, the patient's primary care provider and Health Canada; and

5.3.1.2.2. The pharmacist who filled out the AEFI must provide follow up communication to the patient regarding the prescriber or primary care provider's decision going forward (e.g., continuing the series).

For an adverse event following drug administration of any drug other than a vaccine fill out Health Canada's Side Effect Reporting Form.

Documentation of AEFIs in the Pharmacy Patient Profile

In addition to the documentation required by Part L Section 7 of the SCPP's Regulatory Bylaws, the AEFI details must also be maintained on the pharmacy patient profile in an easily viewable format for future reference by the pharmacy team.

As per SCPP Regulatory Bylaws Part J Section 11(6), patient profiles (either manual or electronic) must be maintained on which shall be recorded allergies and special information. This includes any adverse event following drug administration and the follow up instructions provided by the medical health officer or prescriber including AEFI's. .

Information for the Pharmacy Team and Records

5.4. Pharmacists must document and retain their decisions and actions, supporting patient related information, and their interpretation of this information supporting the appropriate administration of drugs, including:

5.4.1. information listed in SCPP Regulatory Bylaws Part L Section 7;

5.4.2. informed patient consent;

5.4.3. patient history;

5.4.4. patient immunization record;

5.4.5. drug administration notification; and

5.4.6. serious adverse events following drug administration, if applicable.

(See Administration by Injection Documentation FAQs for additional information and Record Retention and Destruction for length of time to keep records and "Documentation of AEFIs in the Pharmacy Patient Profile" textbox)

5.5. Information is clearly and accurately documented on the patient's pharmacy profile in a timely manner.

6. BILLING DETAILS AND FEE DISCLOSURES

6.1. Influenza Vaccine

6.1.1. The Ministry provides publicly funded influenza vaccine to pharmacies at no additional cost under the provincial Seasonal Influenza Immunization Program. When the Program's requirements are met, the Ministry also pays pharmacies for each vaccination administered by a pharmacist with Advanced Method Certification. Payment to pharmacies under this Program is included in the Pharmacy Proprietor Agreement.

6.1.2. Pharmacists or pharmacies shall not require or permit patients to make any payments for the supply or administration of publicly funded influenza vaccine under the provincial Seasonal Influenza Immunization Program. Such payments constitute double-billing and/or surcharges for publicly funded health services and are not permitted under applicable laws. Further information regarding the influenza immunization can be found in the SIIP.

6.2. Other Publicly Funded Vaccines

6.2.1. Where a patient meets the eligibility criteria to obtain a vaccination paid for by the Ministry of Health, the pharmacist **must** advise the patient:

6.2.1.1. of their eligibility for publicly funded vaccine;

6.2.1.2. where they can receive the vaccination at no additional cost to the individual (e.g., a public health clinic, pharmacy); and

6.2.1.3. when there will be charges for the supply and administration of the vaccination at the pharmacy, and that the patient would not be reimbursed by the Ministry for such charges.

Practice Tips

Refer to the SIM, Chapters 7 and 10, for public funding eligibility criteria.

It is the responsibility of all immunizers to ensure that they are using the most current version of the SIM posted on the Ministry of Health website at: http://www.ehealthsask.ca/services/manuals/Pages/SIM.aspx.

6.3. Non-Publicly Funded Vaccines and Other Drugs

6.3.1. Pharmacists or pharmacies may charge patients for the supply and administration of drugs and non-publicly funded vaccines and may not collect an administration fee from the Ministry.

Advertising, Promotion and Offering Incentives for Vaccines

The Ministry of Health may specify requirements as a condition of participating in publicly funded immunization programs (e.g., influenza and COVID-19 vaccine). For example, see excerpt from Influenza Immunization Program (IIP) Policy and Procedures:

> *No incentives shall be provided by the Proprietor or an agent on behalf of the Proprietor to any other person in relation to the provision of publicly funded influenza immunization. "Incentives" means any money, gifts, donations to a charity, rebates, refunds, customer loyalty programs, points, coupons, discounts, goods, and/or rewards which can be redeemed for a gift or other benefit.*

Reminder that **SCPP's advertising bylaws apply to all pharmacy services (i.e. publicly funded and non-publicly funded)**, and that pharmacies and members are expected to advertise ethically, including make no reference to prices, fees or services of any other member or pharmacy (see SCPP Regulatory Bylaws section 17 of Part J).

As noted in SCOPe November 2019 Page 7 "Questionable Advertising Materials," certain terminologies used in advertising materials may be viewed as an advertising bylaw violation and have a strong potential of triggering a complaint for formal investigation. These advertising terminologies may include:

- "Free Flu Shots" or "Free Compliance Packaging" or "Free Injection Services"
- Low Dispensing Fees" or "Low Prices on Prescriptions" or "Save Time and Money" or "Extra Savings" or "Discounted Prices" or "Lowest Fee"
- "Have your prescriptions filled in minutes" or "Tired of Waiting?" or "Save Time" or "Quick and Easy Transfers" or "Quick and Easy Refills" or "Fast and Convenient Flu Shots" or "Transfer and Save"
- "Transfer and get points, rewards, gift cards or gifts" or "Switch and get points, rewards, gift cards or gifts".

7. AUTHORITY

The Pharmacy and Pharmacy Disciplines Act

Saskatchewan College of Pharmacy Professionals Regulatory Bylaws

Disclaimer - This document is not intended to be an exhaustive review of all requirements of applicable legislation, the Pharmacy Proprietor Agreement, the SIM or of all situations pharmacists may encounter.

Appendix A

Drug (Vaccine) Administration Notification

Date:

To Primary Care Practitioner and/or Prescriber (Name and Fax#):

☐ Response Required ☐ For Your Records

Information for the Primary Care Practitioner and/or Prescriber	
Patient Name:	**Patient Address:** **HSN:**
Drug Name: **Date and Time of Administration:**	
Adverse Reaction: ☐ No ☐ Yes (adverse event form must be completed by pharmacist) **Additional comments:**	
Name and licence # of pharmacist administering the drug: **Pharmacist's contact information:**	

Additional Information for the Pharmacy Team and Records	
Total Dose Administered: **Route of Administration:** **Location on the body where the drug was administered:**	**Manufacturer:** **Lot #:** **Expiry Date:**
Patient's Informed Consent Received: ☐ in writing ☐ verbally Note: For the seasonal influenza and other publicly funded immunization programs, check with the Ministry of Health as requirements may change.	

Appendix B – Practice Application

Pharmacist Authority and Decisions to Inject Drugs

Is the pharmacist permitted to inject the drug (i.e. is it in their scope of practice)?

Pharmacists must answer YES to the following questions to ensure they are permitted to inject the drug as per *The Pharmacy and Pharmacy Disciplines Act* and the SCPP Regulatory Bylaws:

1. Has the pharmacist met the SCPP's training and competency requirements specified in the bylaws (see Training and Development webpage)?
2. Is the substance to be administered a drug with drug identification number (DIN)?
3. Is the advanced method required for the drug, intradermal, subcutaneous or intramuscular?

Should the pharmacist inject the drug?

Questions to assess the risks for the patient's situation before injecting the drug:

- Is the pharmacist satisfied that it is clinically appropriate and within the patient's best interest to inject the drug?
- Has the pharmacist assessed the risk profile of the drug, including any information in the Serious Warnings and Precautions Box on the product monograph?
- Has the pharmacist consulted with the original prescriber, the patient's primary healthcare provider or others health professionals involved in the patient's care to address patient safety concerns, where applicable?
- Is the pharmacist competent to inject the drug safely and to respond to any adverse events?
- Is the environment appropriate and equipped to ensure a safe injection and to respond to any adverse events?
- Is the pharmacist satisfied that the drug is stable, has been stored properly and is clearly labelled?

These are only some questions which may be asked. Pharmacists are expected to apply their knowledge, research skills and professional judgement to assess whether they should inject the drug, based on the patient's best interest for the unique situation.

Appendix C – Informed Consent

Informed Consent

Informed consent is a patient's authorization to carry out a treatment or procedure after they are provided the information and facts needed to make an informed decision.

Patients have the right to be informed about the benefits and risks of any treatment or procedure offered to them and to make a decision about whether to undergo the treatment or procedure.

Consent must be informed, specific, given voluntarily and documented.

Prior to **administering** a drug, the process of informed consent shall consist of a discussion between the patient and the pharmacist which includes:

- A description of the drug and the administration procedure including benefits, side effects and life-threatening risks
- Confirm information provided is understood
- Provide opportunity for questions and answers

In addition to the above, if a pharmacist is also the prescriber of that drug, the process of informed consent for **prescribing** shall include:

- Alternative therapies, if clinically appropriate, including benefits and risks
- The consequences of not receiving the drug

A signature on a consent form is NOT a substitute for having a conversation with a patient.

See also Administration by Injection FAQs and Disease Prevention and Travel Health Services FAQs

Source: Adapted from SK Transfusion Resource Manual – Guideline SK 01 Consent or Refusal of Consent for the Administration of Blood Components and Plasma Protein Products (January 25, 2018).