

# **Newfoundland and Labrador Pharmacy Board Standards of Practice**



## **Administration of Drug Therapy by Inhalation or Injection**

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## 1) Introduction

Standards of Practice are minimum standards that all registrants are expected to meet. Regardless of position or practice environment, when a registrant performs a specific role, they must perform it to the level specified in the Standards of Practice and meet all of the standards associated with that role. These Standards describe the minimum expectations for pharmacists involved in administering inhalations or injections to patients and are intended to promote consistency in the provision of this service to the people of this province. These Standards are **NOT** applicable to the administration of emergency medications such as epinephrine and naloxone.

In this document, the use of the phrase, “drug therapy”, includes both medications and vaccinations.

## 2) Requirements

- a) In order to receive authorization from the Newfoundland and Labrador Pharmacy Board (NLPB) to administer inhalations or injections, pharmacists must first:
  - i) apply to the NLPB for authorization;
  - ii) demonstrate completion of the required education by either:
    - providing proof of graduation from a pharmacy program accredited by the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP) where education and training on the administration of injections is a component of the core curriculum, or
    - providing proof of successful completion of an education and training program on the administration of injections that has received Competency-Based (Stage-2) Accreditation by the Canadian Council on Continuing Education in Pharmacy (CCCEP) that was completed within one year of the date of application.
  - iii) provide proof of current certification in First Aid and CPR, at a level equivalent to the St. John Ambulance or Red Cross Emergency or Standard First Aid and CPR/AED Level C. Only in-person or blended learning courses will be accepted.

**NOTE:** NLPB does not specify or endorse a particular First Aid / CPR provider. It is the responsibility of the pharmacist to consult with the course provider to ensure the course meets the above requirements.

- b) Applications will be reviewed and, if approved, authorization will be issued to the pharmacist. Pharmacists are not to begin administering drug therapy until this authorization is received from NLPB.
- c) Once authorized, the pharmacist must:
  - i) administer inhalations and injections only in accordance with provincial guidelines, standards established by the NLPB, and within the limits of the pharmacists' own competence;
  - ii) maintain competence and skill level in administering inhalations or injections;
  - iii) maintain appropriate CPR and First Aid certification; and
  - iv) complete a professional declaration annually at renewal, indicating that he or she has taken action to comply with the requirements of this section. If this declaration cannot be made, remedial training, such as a refresher program, may be required.

### 3) Limitations

- a) A pharmacist may not administer an inhalation to a child younger than two years of age and an injection to a child less than five years of age.
- b) A pharmacist should not administer an inhalation or injection to a family member or someone of a “close personal or emotional relationship” unless there is no alternative.
- c) A pharmacist should not administer an inhalation or injection to any patient with a reported history of adverse reaction to related inhalations or injections.
- d) A pharmacist may only administer a Schedule I inhalation or injection where it has been prescribed by an authorized prescriber (including an authorized pharmacist).
- e) Pharmacists must limit their administration of injections to those products that can be administered intramuscularly or subcutaneously and within the limits of their own competence (see section 4.c)).

### 4) Practice Standards

When administering inhalations or injections to patients, the pharmacist must ensure that the following minimum standards are met:

- a) *Physical Environment.* The environment in which administrations take place must:
  - i) take patient privacy into account;
  - ii) be clean, safe, and suitably furnished and equipped for the type of drug therapy being administered; and
  - iii) be suitable to post-therapy observation, including the provision of any necessary aftercare or management of adverse reactions.
- b) *Obtain Informed Consent from the Patient.*
  - i) Informed consent should be obtained directly from the patient unless it is considered appropriate, and in the patient’s best interests, to communicate with the patient’s agent on his or her behalf.
  - ii) The pharmacist must provide the patient or the patient’s agent with sufficient information specific to the circumstances to allow him/her to make an informed decision regarding the administration. This should include but is not limited to:
    - drug therapy being administered;
    - the purpose, expected benefits, and risks of the drug therapy;
    - expected reaction / response and timeframe (if applicable);
    - common and rare side effects;
    - rationale for the required observation period following the inhalation or injection, if applicable;
    - any other monitoring and/or follow-up (including subsequent scheduling subsequent administrations in a series, if applicable); and
    - details of planned communications within the patient’s circle of care, as appropriate.
- c) *Be sure they are practicing within their competence as well as the Code of Ethics.*
  - i) Pharmacists must use their own professional judgement to determine whether or not the specific circumstance of each administration is within their scope of practice, knowledge, skills,

competencies, and experience. In making this determination, the pharmacist should consider whether or not they have the appropriate knowledge and training to administer the drug therapy.

**NOTE:** Most pharmacists have received formal training for intramuscular injections limited to the deltoid muscle and for subcutaneous injections limited to the back of the arm. Prior to administering injections into sites other than those (e.g., abdomen, buttocks, hip, or thigh), the pharmacist must consider whether they have the appropriate training to do so, or if additional training is required. If additional training is sought, it should include the opportunity for the pharmacist to have landmarked and administered the medication into the site under the guidance of a competent individual who can assess and confirm their competency, wherever possible.

- ii) Pharmacists shall not administer drug therapy under conditions that compromise their judgement or integrity, nor impose such conditions on other pharmacists.
  - iii) There is no obligation for a pharmacist to administer drug therapy. A pharmacist shall not administer drug therapy if they determine that there is insufficient information or added risks to the patient. In these cases, pharmacists should refer the patient to their primary health care provider or another appropriate health care professional.
  - iv) The decision to administer drug therapy must be based on clinical suitability, cost-effectiveness and what is in the best interests of the patient. Decisions made based on biased information or financial advantage may be regarded as constituting conduct deserving of sanction.
- d) *Have appropriate knowledge and understanding* of the patient, the condition being treated / prevented, and the drug therapy being administered.

To ensure this understanding, the pharmacist must conduct and document a patient assessment appropriate to the circumstances, using a combination of patient interview, review of the patient's electronic health record, and other sources, as appropriate. This can include, but is not limited to, the patient's:

- i) demographic information;
  - ii) physical characteristics and/or measurements (height, weight, etc.);
  - iii) condition and status (e.g. fever, signs of infection, blood pressure, heart rate, pregnancy)
  - iv) indication for administration of drug therapy;
  - v) relevant laboratory and/or diagnostic test results;
  - vi) history with inhalation/injections (vaccination history, previous adverse effects, etc.);
  - vii) current medical conditions, medications, non-medication therapies;
  - viii) allergies and intolerances (including latex allergies);
  - ix) pregnancy and lactation status;
  - x) risk factors, including immunocompetency; as well as
  - xi) any other personal circumstances, practical needs, values, preferences, or other information relevant to the assessment.
- e) *Be reasonably satisfied that the administration of the drug therapy is appropriate* for the specific patient under the specific circumstances, based on the evaluation of the information gathered under section 4.d). It should be in the best interests of the patient and not put the patient at increased risk.

The pharmacist must be satisfied that the drug therapy being administered is for an intended use that reflects an indication approved by Health Canada or is widely accepted as best practice in Canada and supported by clinical evidence.

Additionally, vaccines must always be administered in accordance with the product monograph, the current [Canadian Immunization Guide](#) and the [Newfoundland and Labrador Immunization Manual](#). Pharmacists should ensure that they have access to current versions of both of these manuals when administering vaccinations.

- f) *Follow best practices when performing the administration* including choosing an appropriate site, route, and method of administration. This includes:
- i) preparing the inhalation or injection for administration including:
    - checking the product lot number and expiry date;
    - ensuring the product is stable, has been properly stored and is clearly labeled;
    - assembling appropriate equipment and supplies (e.g. syringes, needles, administration sets);
    - ensuring injections are prepared using aseptic technique; and
    - properly storing prepared products after reconstitution or mixing, if applicable.
  - ii) ensuring ready access to drugs, health care products, aids, devices, equipment, and supplies to treat emergencies and adverse reactions associated with the administration of drugs (consistent with the recommendation of the Canadian Immunization Guide), including at minimum:
    - epinephrine;
    - diphenhydramine for injection;
    - oral diphenhydramine;
    - resuscitator bag/equipment to maintain adult and child airways; and
    - ice or cold compresses.
  - iii) applying universal precautions for infection control including:
    - washing hands before and after administering drug therapy to the patient;
    - wearing appropriate personal protective equipment;
    - handling all body fluids and tissues as if they were infectious, regardless of a patient's diagnosis; and
    - properly disposing of waste materials including sharps.
  - iv) preparing and providing care to the site of administration, including:
    - selecting and landmarking the site;
    - assessing and preparing the site; and
    - using appropriate dressings.
- g) *Monitor and plan for follow-up*. This includes:
- i) ensuring the patient is appropriately monitored for adverse reactions and allergies;
  - ii) appropriately responding to emergencies or adverse reactions, if they arise, including:
    - providing basic first aid,
    - using epinephrine and diphenhydramine by injection, if necessary,
    - performing CPR,
    - managing sensitivity/anaphylactic reactions, and
    - addressing needle-stick injuries.

- iii) reporting all moderate and major adverse events that occur following vaccine administration in accordance with the [Public Health Agency of Canada requirements](#); and
  - iv) using professional judgement to create and document a follow-up plan appropriate to the circumstances and the patient's needs. This could include details related to the therapeutic goal of the drug therapy, any necessary aftercare, signs of emergency or adverse reaction, and/or scheduling of future administrations.
- h) *Document all administrations.* The method by which documentation is completed (e.g. electronic or paper-based) is left up to the professional judgement of the pharmacist but whichever method is chosen, documentation should include details related to:
- i) the patient assessment (as described in sections 4.d) and e));
  - ii) information about the administration including, but not limited to:
    - substance and dose given;
    - lot number and expiry date;
    - site and route of administration;
    - date and time of administration; and
    - patient response, including any adverse reactions or necessary post-administration management.
  - iii) instructions given to the patient; and
  - iv) follow-up plans, or other information to allow for continuity of care, and the results of the follow-up, if applicable.

Patients should also be provided with suitable documentation for their records or to share with other health professionals in their circle of care.

- i) *Record administrations of vaccinations in the provincial electronic health record.* To help ensure the completeness of provincial vaccination records, pharmacists must record the administration of all vaccinations in the Pharmacy Network (or other appropriate regional health authority-approved record), resulting in their inclusion in the provincial electronic health record. This documentation is in addition to documentation recorded in accordance with section 4.h) and pharmacy dispensing records.

**NOTE:** Pharmacists are advised to contact the NL Centre for Health Information Service Desk if they have questions about how to properly record the administration of vaccinations, or other injections, in the Pharmacy Network.

- j) *Communicate within the circle of care.* Pharmacists should use professional judgement to identify situations where it may be appropriate to directly communicate with other health professionals within the patient's circle of care regarding administration of drug therapy.