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*Normes de pratique de la pharmacie pour les établissements de santé  
de la Direction générale de la santé des Premières nations et des Inuits*

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and Government Services Canada, 2001  
Cat. N° H35-4/17-2001  
ISBN 0-662-66080-3

**Pharmacy Standards of Practice  
for First Nations and  
Inuit Health Branch  
Health Facilities**



# Pharmacy Standards of Practice for First Nations and Inuit Health Branch Health Facilities

**T**he purpose of the Pharmacy Standards of Practice for the First Nations and Inuit Health Branch (FNIHB) Health Facilities is to outline the minimal requirements for the safe and effective provision of pharmacy services to clients in First Nations communities, serviced by First Nations and Inuit Health Branch. Pharmacy services are provided by nurses/pharmacists working in these settings. These Standards attempt to address the uniqueness of practice in the FNIHB health facilities, often influenced by their remote locations. In the majority of health facilities, nurses with expanded scope of practice are responsible for drug distribution and these standards recognize their training, background and role. Although the roles and the responsibilities of the employer (FNIHB) in supporting the maintenance and enforcement of these Pharmacy Standards are not directly stated throughout the document, it is understood that the environment for the safe delivery of drugs is in place (i.e., adequate and appropriate staffing, adequate physical facilities, etc.) and that this is the responsibility of the employer.

The safe and effective provision of drugs encompasses several basic principles—including the knowledge base and competence of the individual who is distributing drugs; patient counselling; and the drug distribution system which includes the receiving, storage, distribution and disposal of drugs. These Standards outline the minimal requirements for providing safe and effective drug therapy.

In these Standards of Practice, each Standard and subsequent operational component relates to the basic principles and forms the basis for the provision of pharmacy services. The operational components, accompanying each Standard, are intended to assist with the implementation of the Standard and at the same time allow for professional judgment when required.

It is recognized that because of the changing nature of health care, the Standards and accompanying operational components should be reviewed on a regular basis.

The following standards are adapted with permission from the Model Standards of Practice for Canadian Pharmacists, developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) and approved by the NAPRA Council in April 1998.

# Summary of Standards

## **Standard #1: *Professional Responsibilities***

*The nurse/pharmacist, using unique professional knowledge and skills to meet a client's drug-related needs, practices client-focused care in partnership with clients and other health care providers, to achieve positive health outcomes and/or to maintain or improve quality of life for the client.*

- 1.1 Professional Relationships
- 1.2 Client History
- 1.3 Selection of Drug Therapy
- 1.4 Therapeutic Options
- 1.5 Client Referral
- 1.6 Monitoring and Evaluating Therapeutic Outcomes
- 1.7 Documentation
- 1.8 Adverse Reactions
- 1.9 Medication Errors
- 1.10 Toxic Drug Effects

## **Standard #2: *Legal and Ethical Responsibilities***

*The nurse/pharmacist practices within legal requirements and ethical principles, demonstrates professional integrity, and acts to uphold professional nursing and pharmacy standards of practice.*

- 2.1 Scope of Practice
- 2.2 Ethical Responsibility
- 2.3 Professional Integrity
- 2.4 Competence

### **Standard #3: Drug Information**

*The nurse/pharmacist identifies, consults, retrieves, evaluates, interprets and provides appropriate drug and pharmacy practice information to achieve safe and effective patient care.*

- 3.1 Sources
- 3.2 Retrieval
- 3.3 Evaluation
- 3.4 Provision

### **Standard #4: Communication**

*While respecting the patient's right to confidentiality, the pharmacist/nurse communicates and educates to provide optimal patient care and promote health.*

- 4.1 Confidentiality
- 4.2 Communication Skills
- 4.3 Record of Dialogue
- 4.4 Providing Drug Information to Client
  - 4.4.1 Releasing of Medications to Other than Client
  - 4.4.2 Assessment of Client's Level of Understanding
- 4.5 Over-the-Counter (OTC) Medication
  - 4.5.1 Provision of OTCs by Non-Professional Staff

## **Standard #5: Management of Drug Distribution**

*The nurse/pharmacist manages drug distribution by performing, supervising or reviewing the functions of selection, preparation, distribution and storage of drugs to ensure safety, accuracy and quality of supplied products.*

- 5.1 Security and Storage
- 5.2 Distribution
  - 5.2.1 Relevant Knowledge
  - 5.2.2 Labelling
  - 5.2.3 Disposal
- 5.3 Delegation of Distribution Activities
- 5.4 Extemporaneous Preparations
- 5.5 Clients' Unused Drugs
- 5.6 Record Keeping
- 5.7 Time Frame for Valid Prescriptions

## **Standard #6: Pharmacy Operations**

*The nurse/pharmacist applies knowledge, principles and skills of management as they pertain to the site of pharmacy practice, with the goal of optimizing patient care and interprofessional relations.*

- 6.1 Management Activities
- 6.2 Staffing
- 6.3 In-Service Education
- 6.4 Policies and Procedures
- 6.5 Access to Professional Consultation

Note: While the competence, knowledge, skills and procedures, required for the delivery of safe and effective pharmacy services lie with the health care professional, the management/employer must ensure that an appropriate environment is in place for the health care providers to meet this objective. Thus, the role of the employer is implied in each of the following standards.

## **Standard #1: Professional Responsibilities**

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*The nurse/pharmacist, using unique professional knowledge and skills to meet a client's drug related needs, practices client-focused care in partnership with clients and other health care providers, to achieve positive health outcomes and/or to maintain or improve quality of life for the client.*

### **1.1 Professional Relationships**

The nurse/pharmacist develops a professional relationship with the client:

- a) to determine the client's needs, values, desired level of care and desired outcomes regarding drug therapy, and
- b) to establish the mutual responsibility of each participant.

#### ***The nurse/pharmacist:***

- 1.1.1 ...establishes and maintains rapport by using effective communication skills to initiate dialogue. Effective communication includes:
  - ◆ listening, speaking and writing skills;
  - ◆ sensitivity to nonverbal forms of communication;
  - ◆ sensitivity to language barriers; and
  - ◆ sensitivity to diversity/cultural background in the community.
- 1.1.2 ...demonstrates a caring and professional attitude.
- 1.1.3 ...elicits the needs, values, desired level of care and desired outcomes of the client.
- 1.1.4 ... assesses the impact of factors that facilitate or impede the health of individual clients.
- 1.1.5 ...discusses with the client the responsibilities of the client, the nurse/pharmacist and other health care providers in health care management and outcomes, outlining the benefits of acceptance of these responsibilities and the consequences of not accepting these responsibilities.



## 1.2 Client History

The nurse/pharmacist gathers and records appropriate information to establish a client database for the provision of client-focused care, and maintains such information in a manner, specified in the employer's procedures for documentation, which ensures ease of use for client care activities and confidentiality for the client.

### *The nurse/pharmacist:*

- 1.2.1 ...establishes or has access to a database containing relevant information about the client's health, including but not limited to:
- ◆ the background and past and current history that may be related to the client's current condition;
  - ◆ relevant family medical history;
  - ◆ relevant social history (i.e. alcohol, nicotine use);
  - ◆ the current condition or symptoms being treated and the clinical diagnosis of the situation;
  - ◆ the history of current disease states (as they relate to the condition being treated);
  - ◆ known client risk factors for adverse drug reactions, drug allergies or sensitivities;
  - ◆ known contraindications to prescription or nonprescription drug use;
  - ◆ dietary restrictions; and
  - ◆ other medications or treatments the client is currently taking that may contribute to this condition or interact with suggested therapy.
- 1.2.2 ...assesses and identifies such factors as financial constraints, lifestyle, nutrition, drug use and client's motivation to take drugs that impact on the drug therapy, health problem or condition of the client.

### 1.3 Selection of Drug Therapy

The nurse/pharmacist interacts with the client to identify the desired outcomes of drug therapy and critically evaluates the client's drug therapy and identifies potential and actual drug-related problems with the client.

***The nurse/pharmacist:***

- 1.3.1 ... integrates knowledge of the health status of the client with knowledge of pharmacotherapies and non-drug treatment options to evaluate and describe the possible outcomes of pharmacotherapy.
- 1.3.2 ...encourages and supports the client's right to make choices.
- 1.3.3 ...determines whether the client needs the drug, requires drug therapy and is not receiving it, or is receiving the wrong drug.
- 1.3.4 ...determines if the correct amount of the drug is being received and taken appropriately.
- 1.3.5 ...recognizes and takes steps to avoid or minimize adverse outcomes of drug interactions.
- 1.3.6 ...recognizes and takes steps to avoid or minimize side effects, toxicity, and adverse drug reactions.
- 1.3.7 ...recognizes and addresses patterns of inappropriate use of drugs.
- 1.3.8 ...detects and responds appropriately to activities which would divert drugs from their intended legitimate use.
- 1.3.9 ...provides appropriate information to facilitate the client's understanding of his or her drug therapy and ability to comply with the therapy regimen.

## 1.4 Therapeutic Options

In consultation with the client and/or other health care providers, the nurse/pharmacist determines the appropriate therapeutic options to solve or prevent the identified drug-related problems, including non-drug, nonprescription and prescription drug therapies.

### ***The nurse/pharmacist:***

- 1.4.1 ...prioritizes identified drug-related problems.
- 1.4.2 ...proposes and assesses alternative strategies, including non-drug and drug therapies.
- 1.4.3 ...establishes a positive working relationship with health care providers in order to meet the objective of positive health care outcomes.
- 1.4.4 ...selects with the client and/or through consultation with other health care providers the most appropriate therapeutic option.
- 1.4.5 ...explains the rationale of the proposed treatment to the client.

## 1.5 Client Referral

The nurse/pharmacist refers the client to the appropriate health care provider or health care agency after determining with the client if such a referral is necessary.

### ***The nurse/pharmacist:***

- 1.5.1 ...is aware of available health care resources and agencies.
- 1.5.2 ...is knowledgeable of necessary procedures in making referrals to other health care resources and agencies.
- 1.5.3 ...accesses other appropriate resources and agencies as needed.

## 1.6 Monitoring and Evaluating Therapeutic Outcomes

When the nurse/pharmacist or client identifies a drug-related need, the nurse/pharmacist in collaboration with the client/caregiver develops and implements a plan to evaluate therapeutic outcomes and then monitors and evaluates the therapy.

### ***The nurse/pharmacist:***

- 1.6.1 ...identifies important clinical indicators (signs and symptoms).
- 1.6.2 ...identifies and applies appropriate monitoring techniques.
- 1.6.3 ...establishes an effective plan which includes the onset, frequency and duration of monitoring.
- 1.6.4 ...involves the client/caregiver in the implementation and maintenance of the plan.
- 1.6.5 ...defines measurable therapeutic outcomes in consultation with the client and/or health care professionals if required.
- 1.6.6 ...discusses the responsibilities of the nurse/pharmacist, client and other health care providers.
- 1.6.7 ...collects and interprets pertinent information from clients and health care providers.
- 1.6.8 ...assesses client outcomes.

## 1.7 Documentation

The nurse/pharmacist maintains client documentation in a readily retrievable format, consistent with the employer's standards for client documentation.

### ***The nurse/pharmacist:***

- 1.7.1 ...is aware of the purpose(s) for the documentation.
- 1.7.2 ...maintains a client information database which includes a medication profile and pertinent medical history.
- 1.7.3 ...records the client's current problems and priority for resolution.
- 1.7.4 ...documents the actual intervention.
- 1.7.5 ...documents the client's outcome and follow-up assessment.
- 1.7.6 ...documents communication with the client and other health care providers.

## 1.8 Adverse Drug Reactions

The nurse/pharmacist documents and reports any adverse drug reactions to the prescriber and other health care providers as appropriate, and complies with formal adverse drug reaction reporting programs. Completed forms (*blank forms are included in the lilac section of the Compendium of Pharmaceuticals and Specialties and are available on the web at [www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/forms/adverse\\_e.pdf](http://www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/forms/adverse_e.pdf)*) should be forwarded to the appropriate Regional Adverse Drug Reaction Centre as identified on the form. Proof that a drug has caused an undesirable patient effect is not a requirement for reporting an adverse drug reaction. If an adverse event is suspected of being drug related, particularly if the event is unusual in the context of the illness, it should be reported.

### ***The nurse/pharmacist:***

- 1.8.1 ...notifies the client of allergies or hypersensitivities that may occur and mechanisms to avoid recurrence, including when appropriate, written documentation and advice to wear “Medic Alert” or similar bracelets.

## 1.9 Medication Errors

The nurse/pharmacist documents medication errors as per employer’s requirement and discusses the error with the client, prescriber and other health care professionals, as appropriate, resolve drug-related problems resulting from drug errors and implements appropriate follow-up according to the employer’s policy.

### ***The nurse/pharmacist:***

- 1.9.1 ...assumes responsibility for recognizing drug errors.
- 1.9.2 ...takes the necessary steps to resolve issues arising through medication discrepancies and errors, including the notification of appropriate personnel, and implements measures to prevent recurrence.

## 1.10 Toxic Drug Effects

The nurse/pharmacist shall be knowledgeable about the toxic effects of drugs.

### ***The nurse/pharmacist:***

- 1.10.1 ...shall use child-resistant containers for solid dosage forms except when it is not advisable or suitable.
- 1.10.2 ...shall promote poison prevention and shall have information about how to contact poison control centres for information in the event of an accidental poisoning or overdose.

## Standard #2: *Legal and Ethical Responsibilities*

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*The nurse/pharmacist practices within legal requirements and ethical principles, demonstrates professional integrity, and acts to uphold professional nursing and pharmacy standards of practice.*

### 2.1 Scope of Practice

The nurse/pharmacist complies with legal requirements and ethical principles of practice including federal and provincial legislation governing the sale of drugs and in addition the nurse complies with FNIHB standards of practice with respect to providing medications, including the *Nurses Drug Classification System* which provides a framework for nurses practising within the expanded Scope of Practice.

#### ***The nurse:***

- 2.1.1 ...dispenses only those drugs identified in the Nurses Drug Classification System.
- 2.1.2 ...may be further limited in dispensing by regional/agency formularies within the context of the Nurses Drug Classification System.

### 2.2 Ethical Responsibility

The nurse/pharmacist upholds and acts on the ethical principle that the primary accountability of the nurse/pharmacist is to the client, with respect to:

- ◆ client confidentiality;
- ◆ involvement of the client in the decision-making process; and
- ◆ respect for the right of clients to make their own choices.

#### ***The nurse/pharmacist:***

- 2.2.1 ...in the course of fulfilling their duty of care for the client, the nurse/pharmacist has the right to refuse to provide a product or service when in her/his professional judgement provision is inappropriate, for example, unsafe for client; client has demonstrated overuse of drug; a physician's order is pending.

## 2.3 Professional Integrity

The nurse/pharmacist demonstrates personal and professional integrity; and:

- 2.3.1 ...accepts responsibility for his or her actions and decisions.
- 2.3.2 ...shows respect for the dignity of the client.
- 2.3.3 ...maintains appropriate interprofessional relationships.
- 2.3.4 ...recognizes and practices within his or her personal abilities.

## 2.4 Competence

The nurse/pharmacist continuously strives to gain knowledge and maintain professional competence.

### ***The nurse/pharmacist:***

- 2.4.1 ...identifies learning needs and seeks, evaluates and participates in learning opportunities to meet these needs to enhance practice through education and experiential learning.
- 2.4.2 ...maintains a knowledge base on: drugs, including but not limited to pharmacology, clinical uses, dosage forms and regimens, side effects, contraindications, interactions, factors affecting action, etc.; therapeutics; devices; nonmedical use of drugs; legal requirements.



## **Standard #3: Drug Information**

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*The nurse/pharmacist identifies, consults, retrieves, evaluates, interprets and provides appropriate drug and pharmacy practice information to achieve safe and effective care.*

### **3.1 Sources**

The nurse/pharmacist identifies and evaluates appropriate sources of relevant information. A list of examples (but not limited to) of resources is attached as Appendix I.

### **3.2 Retrieval**

The nurse/pharmacist consults and retrieves information from relevant sources using a variety of retrieval techniques.

### **3.3 Evaluation**

The nurse/pharmacist determines the credibility of information sources and critically evaluates drug information from the various sources.

### **3.4 Provision**

The nurse/pharmacist provides drug information to maximize the therapeutic outcomes of drug therapy.

#### ***The nurse/pharmacist:***

- 3.4.1 ....identifies client groups requiring such information.
- 3.4.2 ...determines the critical content to be provided/shared.
- 3.4.3 ...applies appropriate methods for providing information, including the use of appropriate printed material, e.g., printed hand-outs or package inserts.
- 3.4.4 ...assesses outcomes of providing the information.

## Standard #4: Communication

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*While respecting the client's right to confidentiality, the pharmacist/nurse communicates and educates to provide optimal care and promote health.*

### 4.1 Confidentiality

The nurse/pharmacist respects the client's rights to confidentiality and privacy by ensuring that personal health information is communicated in a manner in which the discussion cannot be overheard by others.

#### ***The nurse/pharmacist:***

- 4.1.1 ...respects the confidences of the client and protects the information received as privileged communication between a client and a health care provider.

### 4.2 Communication Skills

#### ***The nurse/pharmacist:***

- 4.2.1 ...communicates using effective and appropriate communication skills (verbal, nonverbal, listening, and writing) while respecting the client's cultural and ethnic background, education and other variables.
- 4.2.2 ...demonstrates sensitivity, respect and empathy when communicating with clients, their families, and other health care providers.

### 4.3 Record of Dialogue

As part of the nurse/pharmacist dialogue with the client, the nurse/pharmacist consults, reviews and updates the client information database/chart.

### 4.4 Providing Drug Information to Client

The nurse/pharmacist takes reasonable steps to communicate with the client regarding any prescribed drug or medical device to be given to that client. Such communication includes, but is not necessarily limited to, a confirmation of the:

- ◆ identity of the client;
- ◆ drug allergy status;

- ◆ name, general description of the drug or device issued, and directions for use, including duration of use;
- ◆ the intended therapeutic response;
- ◆ common or important side effects and appropriate management;
- ◆ storage requirements; and
- ◆ mandatory patient package inserts (must be supplied with drugs listed in Appendix II).

#### 4.4.1 ...Release of Medications to Other than Client

If the prescribed drug is being released to a person other than the client or for delivery to another premises, the nurse/pharmacist takes reasonable steps to:

- ◆ confirm that the person is acting on behalf of the client;
- ◆ provide the client with the necessary information if the nurse/pharmacist is satisfied that it is in the client's best interest to do so;
- ◆ where possible, communicate by telephone or other electronic means with the client, regarding the release of the prescribed drug and relevant information about it; and
- ◆ document outcome on chart.

#### 4.4.2 ...Assessment of Client's Level of Understanding

The nurse/pharmacist endeavours to judge the level of the client's understanding and feelings, regarding the use of the medication/drug, in order to facilitate effective communication, and uses reasonable means to comply with the intent of this standard.

### 4.5 Over-the-Counter (OTC) Medications

When a client is seeking to self-medicate with an over-the-counter drug, the nurse in the non-treatment health facility provides the drug only after the following criteria have been met:

- ◆ the client has been assessed as to the need for the drug;
- ◆ the possibility of allergies and interactions has been addressed;
- ◆ the side effects and precautions have been explained;
- ◆ the client assessment and medication provided is recorded in the client's confidential health record;
- ◆ only enough medication will be given to the client to alleviate a minor problem or until the client can be assessed by a physician (maximum of 2 - 3 days); and
- ◆ any medication provided from the non-treatment health facility must be included on the OTC Medication List for Non-Treatment Health Facilities (see Appendix III).

#### 4.5.1 ...Provision of OTCs by Non-professional Staff

Where non-professional staff (e.g., Community Health Representatives) provide over-the-counter medication to clients the following conditions must be met:

- ◆ sufficient initial and ongoing training must be provided to the staff;
- ◆ scope of drugs provided will be limited to those in the OTC Medication List for Non-Treatment Health Facilities;
- ◆ consultation with a professional health care provider must occur; and
- ◆ employer policies and procedures must be in place to guide the non-professional staff.

## Standard #5: Management of Drug Distribution

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*The nurse/pharmacist manages drug distribution by performing, supervising or reviewing the functions of selection, preparation, distribution and storage of drugs to ensure safety, accuracy and quality of supplied products.*

### 5.1 Security and Storage

The nurse/pharmacist ensures that all drugs are located in a secure/locked area of the health facility where there is no public access and only authorized personnel are allowed entry. This must be a windowless room.

#### ***The nurse/pharmacist shall:***

- 5.1.1 ...ensure that all drugs are stored under proper conditions of sanitation, temperature, light, humidity and ventilation.
- 5.1.2 ...ensure that drugs and disinfectants for external use are stored separately from internal and injectable medications.
- 5.1.3 ...arrange the drugs in a systematic manner (e.g., alphabetically by generic name) to allow for efficient and accurate dispensing and to enhance inventory management.
- 5.1.4 ...ensure that flammable and hazardous products are stored in an appropriate storage area.
- 5.1.5 ...ensure that narcotics and controlled drugs are stored in a double-locked cupboard to prevent loss or theft. Keys or combinations for the narcotic and controlled drug lockup should be kept in a different area from the lockup. Keys should never be left unattended.
- 5.1.6 ...ensure during periods of temporary closure of health facilities (for example, during threat of forest fires or floods), narcotics and controlled drugs and their records shall be made secure according to the employer's policies and procedures.

- 5.1.7 ...ensure that client-specific medications sent to facilities by community pharmacies for distribution to clients are stored in the pharmacy/medication room or room with no public access until they are issued to the clients.

In situations where the nurse/pharmacist has contacted the pharmacy to arrange for refills of chronic medications, he/she must ensure that the medication is still required, that the interval from the last time the prescription was filled is appropriate, that any changes to the prescription are transmitted to the community pharmacist, that upon issuing the filled prescription to the client, it is for the right person and that all information about the refill is recorded in the clients chart.

In situations where a physician contacts the community pharmacist to fill a prescription for a client and the drug is delivered to the nursing station for pick-up by the client, the nurse/pharmacist must ensure that the medication is issued to the right person and that this is recorded in client's chart.

The delivery of client-specific drugs to health facilities for distribution to clients should only be done when no other alternatives exist; otherwise the drug should be delivered directly to client.

- 5.1.8 ...ensure that physician's drug samples are not stored in the FNIHB health facilities nor distributed by the nurse/pharmacist to clients. Physician's drug samples are the responsibility of the physician who must ensure their safe storage and distribution.

## 5.2 Distribution

The nurse/pharmacist performs, supervises and reviews drug distribution activities according to federal and provincial regulations and drug distribution policies and procedures, established by the region (health facility).

***The nurse/pharmacist:***

- 5.2.1 ... applies relevant knowledge in the identification and resolution of problems related to:
- ◆ interpretation of prescription medication orders—including evaluation for accuracy, completeness, appropriateness and authenticity;
  - ◆ drug interactions and adverse reactions;
  - ◆ identifying generic and brand names;
  - ◆ regional formulary and Non-Insured Health Benefits Drug Benefit List;
  - ◆ pharmaceutical calculations;
  - ◆ selection of ingredients;
  - ◆ acquisition of pharmaceuticals;
  - ◆ dispensing;
  - ◆ preparation of sterile products; and
  - ◆ storage, handling conditions and stability.
- 5.2.2 ...ensures that prescriptions are clearly labelled and easily read, preferably typed or computer-generated. The label shall include:
- ◆ client's name;
  - ◆ generic drug name and strength and name of manufacturer;
  - ◆ directions for use;
  - ◆ quantity dispensed;
  - ◆ expiry date when applicable;
  - ◆ date that drug is dispensed;
  - ◆ name of prescriber;
  - ◆ name, address, telephone number of location from which drug is dispensed;
  - ◆ *prescription number for filing prescriptions where applicable*; and
  - ◆ auxiliary labels (e.g., shake well) are affixed in addition to the label when necessary.
- 5.2.3 ...ensures the removal of outdated, mislabelled or deteriorated drugs and those recalled from regular stock, for storage in a separate area for appropriate disposal. Drugs returned by clients should also be stored for appropriate disposal as per the employer's procedures.

***The nurse/pharmacist ensures that:***

- ◆ expired and recalled drugs are not dispensed;
- ◆ drugs returned by clients are not dispensed to other clients;
- ◆ drugs prescribed and dispensed for a specific client are not dispensed to another client;
- ◆ drug recall policies and procedures are in place and enacted if necessary;
- ◆ dispensed drugs will not expire prior to the client completing the course of therapy;
- ◆ drugs are provided in the most appropriate package to ensure stability; and
- ◆ adequate instructions on proper storage are provided.

5.2.4 ...ensures that expired, recalled, returned or contaminated narcotics are segregated from other narcotics and controlled drugs and stored in the lockup until authorization is received from the Office of Controlled Substances in accordance with employer's policies and procedures to destroy these locally or to ship them to an authorized facility for disposal.

### **5.3 Delegation of Distribution Activities**

- 5.3.1 ...in satellite facilities when full-time nursing services are unavailable, the nurse/pharmacist assigns or delegates the distribution activities to authorized personnel within their scope of duties and abilities.
- 5.3.2 ...where appropriate the pharmacist can delegate distribution activities to authorized personnel.

### **5.4 Extemporaneous Preparations**

The pharmacist prepares extemporaneous preparations within her/his scope of practice.

***The pharmacist:***

- 5.4.1 ...documents calculations and other information pertinent to the preparation on the prescription or in the client's record.



### **5.5 Clients' Unused Drugs**

The nurse/pharmacist accepts the return of unused drugs for safe and appropriate disposal as per employer's procedures. These drugs must not be dispensed to other clients.

### **5.6 Record Keeping**

The nurse/pharmacist shall ensure that each time a prescription is filled, the transaction is recorded, either on the original prescription or on a suitable prescription record (e.g., medication profile). Generally, in a nursing station this transaction is recorded in the client's chart.

### **5.7 Time Frame for Valid Prescriptions**

The nurse/pharmacist shall not fill a new prescription or refill a prescription after 12 months from the date that the prescription was written.

## Standard #6: *Pharmacy Operations*

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*The nurse/pharmacist applies knowledge, principles and skills of management as they pertain to the site of pharmacy practice, with the goal of optimizing patient care and interprofessional relations.*

### 6.1 Management Activities

The nurse/pharmacist in collaboration with management, ensures that pharmacy operations are designed to protect the public and the people working on the premises.

***The nurse/pharmacist or the nurse/pharmacist in collaboration with management:***

- 6.1.1 ...maintains the pharmacy in a professional manner which inspires client confidence in the pharmacy services that can be provided.
- 6.1.2 ...ensures that adequate space, facilities, equipment and supplies are available to fulfil the needs of the professional, educational, and administrative functions of the pharmacy services, to ensure client safety through proper storage, preparation, dispensing, distribution, and disposal of drugs. This includes ensuring that the pharmacy/medication room:
  - ◆ is weatherproof, dry, free of pests, ventilated, heated, lighted, in a state of good repair and sanitation and otherwise hygienic;
  - ◆ has a double-locked cupboard for the storage of narcotic and controlled drugs in accordance with the relevant federal legislation;
  - ◆ has surfaces that are readily cleanable and that are kept sanitary;
  - ◆ is a non-smoking room;
  - ◆ has a sanitary sink with potable hot and cold running water. The sink must not be used for disposal of biological wastes or cleaning containers for biological waste;
  - ◆ has a working refrigerator that is exclusively for keeping drugs and vaccines;
  - ◆ has adequate equipment (including a computer or typewriter), materials and supplies (e.g., vials, labels, auxiliary labels, counting trays, distilled water, etc.) sufficient to perform pharmacy services; and
  - ◆ has a Narcotic and Controlled Drug Register (record system).
- 6.1.3 ...ensures that procedures for the handling and evaluation of medication errors and incidents are developed and followed.
- 6.1.4 ...ensures that adequate and appropriate inventory is available.
- 6.1.5 ...is aware of the financial management of the inventory.

## **6.2 Staffing**

The nurse/pharmacist or the nurse/pharmacist in collaboration with management ensures that adequate staffing is maintained with respect to workload that allows pharmacy to be practiced in accordance with these Standards of Practice.

- 6.2.1 ...in collaboration with management ensures that staff, providing pharmacy services, is trained, supervised and delegated responsibility using appropriate division of functions that recognize that the nurse/pharmacist is responsible for all activities relating to pharmacy practice.

## **6.3 In-Service Education**

The nurse/pharmacist in collaboration with management will arrange for the provision of in-service education to foster and maintain the competence of staff who provide pharmacy services.

## **6.4 Policies and Procedures**

The employer shall establish current written policies and procedures for staff, providing pharmacy services, with clear direction on the scope and limitations of their functions and responsibilities.

- 6.4.1 ...written policies and procedures for pharmacy services shall guide all personnel in the performance of their duties.
- 6.4.2 ...a comprehensive policy and procedures manual will contain information relating to the administrative aspects of pharmacy services as well as the medication-related activities.
- 6.4.3 ...all pharmacy staff will be familiar with the manual. It is important for new staff orientation and crucial to staff development and continued competence.
- 6.4.4 ...these policies and procedures shall be reviewed annually, revised if necessary and dated to indicate the time of the last review and/or revision.

## **6.5 Access to Professional Consultation**

The employer shall ensure that in facilities without a pharmacist, access to a pharmacist and a physician is available 24 hours per day for advice/consultation.

# Glossary

<b>Administer</b>	☞ to give, to inject or to apply medication as directed to a client. In some situations, medication may need to be prepared prior to administration—e.g., some injectables require reconstitution prior to administration.
<b>Agent</b>	☞ one who acts on behalf of a client.
<b>Authorized Personnel</b>	☞ for the purposes of these standards, nurses or pharmacists or individuals authorized by them to have access to the pharmacy/medication room.
<b>Caregiver</b>	☞ a person who provides care to a client; may be, but is not exclusive to, a parent(s), guardian, homecare worker, etc.
<b>Client</b>	☞ the individual who receives care at one of the health facilities and requires pharmacy services (for the purposes of these standards).
<b>Competence</b>	☞ the condition or quality of being competent; reflects the combined knowledge, abilities, skills, attitudes and judgment, required for the safe distribution of drugs.
<b>Delegation</b>	☞ refers to the transfer of authority to a person who is not otherwise authorized to perform a procedure within a controlled act. The responsibility lies with the person who is transferring the authority.
<b>Dispense</b>	☞ to prepare and to give out drugs in accordance with orders issued by a practitioner for a specific client. Dispensing includes all of the steps which must take place from the receipt of the prescription/order through to the delivery of the medication to the client.
<b>Distribution</b>	☞ the act of providing drugs to the client in a controlled manner.
<b>Drug</b>	☞ for the purposes of this document, a drug is any substance defined as such in the federal legislation and includes any drug product.
<b>Employer</b>	☞ person or organization that uses and pays for the services of workers.
<b>Extemporaneous Products</b>	☞ products that require compounding in a pharmacy/medication room in compounds accordance with the orders of a prescriber and which must not duplicate the formulations of commercially manufactured drug products.
<b>Community Centre</b>	☞ a field unit staffed by one or more community health nurses and support health personnel to carry out disease prevention and health promotion activities in the community. Services for primary/urgent care are provided by physicians residing in the area.

<b>Health Facilities</b>	☞ FNIHB sites where varying levels of health care are provided and include nursing stations, health centers and health stations.
<b>Health Station</b>	☞ a field unit in a small building or trailer in an isolated or semi-isolated community. A Health Station houses field unit staff consisting of community health nurse(s) and other health care support staff to carry out disease prevention and health promotion activities in the community. A Health Station may include primary care services for urgent health needs of the community which is available on weekdays only and not on a 24-hour basis. Physician services and dental services are provided on a visiting basis.
<b>Management</b>	☞ person(s) with effective control or authority, directing the affairs of the organization; different levels of management exist with different degrees of authority, ie, at nursing station level, zone level or regional office.
<b>Mandatory Package</b>	☞ relevant patient information which has been approved by Health Canada. Insert which must accompany a drug when it is dispensed to a patient to ensure that the drug is used correctly and safely. (This is not the same as the product monograph or facility-generated leaflet.)
<b>Medical Device</b>	☞ any article, instrument or apparatus for use in the diagnosis, treatment, mitigation or prevention of disease, disorder or abnormal physical state or its symptoms in humans.
<b>Medication Error</b>	☞ an event which involves the actual incorrect administration of a drug or omission of a prescribed drug to a client.
<b>Nonprescription</b>	☞ any drug or product not requiring a prescription for sale in Canada, as determined by the Therapeutic Products Program. (Note: provincial laws can be more restrictive and require a prescription for these drugs.)
<b>Nurse</b>	☞ refers to a registered nurse.
<b>Nursing Station/ Treatment Health Facility</b>	☞ a health facility staffed by two or more community health nurses and other support and primary health care staff organized to carry out primary health care services including management of common health problems/conditions, urgent/emergent care across the lifespan. Services of disease prevention and promotion are also provided. Access for urgent/emergent health needs is available on a 24-hour basis, except in those areas designated and staffed as “day treatment only”. Physician consults are available on a 24-hour call basis with scheduled visits to the communities. Many of these facilities are located in isolated/semi-isolated and remote communities.
<b>Outdated (Expired)</b>	☞ not used within expiration date. Includes those drugs that are within a date, but when issued are likely to be consumed beyond their expiry date.
<b>Over-the- Counter Drug</b>	☞ a drug that can be purchased without a prescription. (Also known as an OTC or nonprescription drug.) See also nonprescription drug.

<b>Pharmacy Support</b>	☞ anyone who is not a nurse with responsibility to provide pharmacy staff services or who is not licenced to practice pharmacy and who assists in the provision of pharmacy services under the supervision of a nurse/ pharmacist.
<b>Prescribe</b>	☞ to recommend or order a drug, remedy or treatment. Drugs must be prescribed by an authorized practitioner for a specific client with specific instructions and for a stated amount.
<b>Practitioner</b>	☞ a person who is registered and entitled under the laws of a province to practice in that province the profession of medicine, dentistry or veterinary medicine and includes other persons so identified. For the purposes of this document, practitioner also refers to a FNIHB nurse with an expanded scope of practice.
<b>Prescriber</b>	☞ a person with authority to prescribe drugs. In the context of this document, it includes licenced physicians and dentists and nurses with expanded scope of practice.
<b>Prescription</b>	☞ an order from a practitioner or an FNIHB-employed nurse with an expanded scope of practice, authorizing the dispensing of a stated amount of drug to a person named in the authorization. In FNIHB, nurses with an expanded scope of practice can prescribe drugs in accordance with the guidelines in the Nurses Drug Classification System.
<b>Prescription Drugs</b>	☞ those drugs listed in Schedule F of the Food and Drug Regulations and in Schedule I of the provincial acts. They require a prescription from an authorized practitioner.
<b>Standards of Practice</b>	☞ a requirement of professionalism in pharmacy practice respecting competency, ethical conduct and the application of pharmaceutical knowledge and skills.
<b>Transfer of Dispensing</b>	☞ in the context of this document, it is the transfer of authority to dispense drugs to a person who is not otherwise authorized to perform this task or procedure within a controlled act. The responsibility in this case lies with the person to whom the authority has been transferred (e.g., in Saskatchewan, dispensing has been transferred to some nurses.)

# Appendix I

## List of Suggested Drug Information Resources

*Note: The following suggested list includes but is not limited to the resources listed.*

### **Clinical Guidelines for First Nations and Inuit Health Branch Personnel**

- ◆ Nurses' Drug Classification System;
- ◆ Regional Narcotic and Controlled Drugs Policy;
- ◆ Selected regulations to the Controlled Drugs and Substances Act (Canada);  
and
- ◆ Selected regulations to the Food and Drugs Act (Canada).

### **Texts, including examples:**

#### **A. Compendium of Pharmaceuticals and Specialties (current edition)**

Welbanks L (ed). *Compendium of pharmaceuticals and specialties*. 36<sup>th</sup> ed. Ottawa: Canadian Pharmacists Association, 2001.

#### **B. Therapeutics text such as:**

1. Gray J (ed). *Therapeutic Choices*. 3<sup>rd</sup> ed. Ottawa: Canadian Pharmacists Association, 2000.

#### **C. Books on pediatric dosages such as:**

1. Isaacs E (ed). *Pediatric drug dosage handbook*. 8<sup>th</sup> ed. Winnipeg: Department of Pharmaceutical Services, Health Sciences Centre. 1999. (Note: new publication edited by Take Tomo is scheduled for Oct-Nov, 2000.)
2. Dipchand A (ed). *The HSC handbook of pediatrics*. 9<sup>th</sup> ed. Toronto: the Hospital for Sick Children, 1997.
3. Pagliaro LA, Pagliaro AM (eds). *Problems in pediatric drug therapy*. 3<sup>rd</sup> ed. Hamilton IL: Drug Intelligence Publications, Inc, 1995.

**D. Books on drug interactions such as:**

1. Hansten PD et al (eds). *Hansten and Horn's Drug Interactions Analysis and Management*. Vancouver, WA: Applied Therapeutics, Inc. 1998.
2. Tatro, DS (ed). *Drug Interaction Facts*. St. Louis, MO: First Data Bank, 1999.
3. Lilac pages in: Welbanks L (ed). *Compendium of pharmaceuticals and specialties*. 35<sup>th</sup> ed. Ottawa: Canadian Pharmacists Association, 2000.

**E. Book/resource on herbal remedies, including interactions with drugs such as:**

1. Chandler F (ed). *Herbs: Everyday Reference for Health Professionals*. Ottawa: Canadian Pharmacists Association and Canadian Medical Association, 2000.

Access to a drug information centre or pharmacist with drug information resources.



## Appendix II

### Mandatory Package Inserts

In a July 21, 1999 communication, Health Canada has advised that Patient Package Inserts have been made mandatory as part of the marketing authorizations, Notice of Compliance (NOC) and/or Drug Identification Number for the drugs listed below. The patient information material supplied by the manufacturer should be dispensed with:

1. Prescription Drugs:
  - a. Drugs delivered with the assistance of a device (e.g., inhalers, transdermal patches)
  - b. Isotretinoin and other oral tretinoids, except those used in oncology
  - c. Methotrexate for rheumatoid arthritis
  - d. Nonsteroidal anti-inflammatory drugs (NSAIDS)
  - e. Oral contraceptives
  - f. Ticlopidine
  
2. Biologicals—all drugs intended for self-administration including:
  - a. Erythropoietin
  - b. Gonadotropins
  - c. Human Growth Hormone
  - d. Insulins
  - e. Interferons
  - f. Wound Healing Factors
  
3. All drugs where the Product Monograph or Prescribing Information indicates that a patient information document is available.

# Appendix III

## OTC Medication List for Non-Treatment Health Facilities

### **Analgesics/Antipyretics**

Acetaminophen Drops(Tylenol 80 mg/ml)	24 ml
Acetaminophen Elixir(Tylenol 32 mg/ml)	100 ml
Acetaminophen Ped. Tablets (80mg or 160 mg)	24 or 20 tab/btl
Acetaminophen (325 mg) (Immunization Program Only)	12 tab/btl

### **Expectorant Cough Syrup\***

Guaifenesin (both Alcohol and Sugar-free) [e.g., Balminil Expectorant  
Sucrose-free, Koffex Expectorant Syrup(sucrose-free)]

\*Note: These cough preparations will not be included on the next List. Steps should  
be taken to phase them out.

### **Vitamins**

Infant Multivitamin (e.g., Infantol, Tri-vi-sol)  
Vitamin D (e.g., D Vi Sol 400IU/ml)  
Prenatal Vitamins ( e.g., Orifer F, Materna)

### **Topical**

Bacitracin-containing Ointment (e.g., Bacitin, Baciguent, Polysporin)  
Calamine Lotion  
Crotamiton Cream (Eurax)  
Permethrin Dermal Cream 5% (Nix Dermal Cream)  
Permethrin Rinse Creme (Nix Creme Rinse)  
Pyrethrins with Piperonyl Butoxide Shampoo (R&C Shampoo)  
Zinc Oxide Cream (e.g., Zincofax)  
Lubricant , water-based (e.g., Muko, K-Y Jelly)

# Appendix III-a

## **Medications for Management of Anaphylaxis**

Epinephrine Injection (1:1000 amp)  
Benadryl® Children's Liquid 1.25 mg/ml  
Diphenhydramine Injection 50 mg/ml

Note: These medications must be available in the Non-Treatment Health Facilities for the management of anaphylaxis which may occur during immunization. Dosages are outlined in *The 5th Edition Canadian Immunization Guide*. These medications are not intended to be issued to clients for home use.

Note: Supplies, such as hydrogen peroxide, utilized by staff in the health care facility are not identified in this policy. Supplies should be selected and stocked in accordance with management discretion and facility need. These items are not to be sent home with the client.

## Appendix IV

### Suggested List of Narcotic/Controlled Drug Issues to be Addressed in a Policies and Procedures Manual

1. Definitions
2. Responsibilities of FNIHB personnel
3. Accounting procedures
  - ◆ requisitioning/ordering;
  - ◆ distribution;
  - ◆ accounting and records; and
    - ◆ receipts,
    - ◆ issues,
    - ◆ charting,
    - ◆ drug counts, and
    - ◆ counts discrepancy.
  - ◆ change of personnel.
4. Security
  - ◆ physical requirements;
  - ◆ keys/combinations;
  - ◆ during temporary closure/evacuation; and
  - ◆ theft/loss.
5. Breakage
6. Disposal