Provincial Immunization Program Standards

Public Health Branch

Manitoba Health recently released the Immunization Program Standards that has been updated to include pharmacists. Those pharmacists that plan to administer vaccinations/immunizations this flu season must read the following document carefully in addition to registering as an immunization provider (information on how to do this can be found here) through Manitoba Health, and have certification of authorization to administer drugs and vaccines by injection from the College of Pharmacists of Manitoba.

The following provides clarification with regards to section B of Immunization Program Standards that states:

"An immunization provider must administer all vaccines, regardless of the route of administration (e.g. intradermal, intramuscular, oral or intranasal) at the right time and place where safety and confidentiality can be assured."

To be clear, this means when an immunization is ordered, the practitioner ordering the immunization must ensure that the immunizing drug/vaccine is sent to a practitioner (including a pharmacist) authorized to immunize and done so in a manner that protects and insures the integrity of the immunizing drug/vaccine. Patients should not be given a vaccine to administer to themselves and parents should not be given a vaccine to administer to their children.
College of Pharmacists of Manitoba
2014-2016 Council

Please welcome the new Council for the 2014-2016 term. For a list of the executive committee, councillors, public representatives and liaison please see the list on the left hand side of this page.

Thank you, outgoing Council
A sincere thank you to all outgoing Council members for a job well done these past few years in creating the framework for excellence in pharmacy practice under the province’s new Pharmaceutical Act.

Shawn Bugden
Kristine Petrasko
Kurt Schroeder
Randall Stephanchew

Council Meeting Minutes Posted on www.cphm.ca

The minutes from the February 10, 2014, Council Meeting are approved and posted online under Meetings, Minutes & Reports.

Highlights from the meeting can be found throughout the newsletter.
Dear Members,

This is my first president’s message of my two year term and I will provide updates as the College of Pharmacists of Manitoba continues to implement the new legislation and regulations. It is an honour to be placed at the forefront of our profession in a position to lead, inspire and inform the membership. I plan to do just that as we all work together to advance the profession of pharmacy in the province. I would like to acknowledge the past Council, and the Councils before that, for all their work in the development of the regulations and supporting documents for the new Pharmaceutical Act to make sure pharmacists could begin practising confidently in their expanded scope of practice as soon as possible. Thanks to them, we have a solid foundation to build upon.

In April, during the Manitoba Pharmacy Conference, the College held the 136th Annual General Meeting. It was a special meeting to begin the legacy of the College of Pharmacists of Manitoba and carry on the mandate of the Manitoba Pharmaceutical Association.

The College of Pharmacists of Manitoba is not the only name change this year, the University of Manitoba Faculties of Medicine, Nursing, Pharmacy, School of Medical Rehabilitation and Dentistry (including School of Dental Hygiene) will be integrated into the new Faculty of Health Sciences. This presents an opportunity for interprofessional collaboration and better continuity amongst regulatory Colleges and faculty Colleges alike. The College is meeting with the University of Manitoba to discuss matters of funding, the implementation of the Doctor of Pharmacy Program and other matters of mutual interest.

Even though a lot has been accomplished, there is still much work to do and I am confident that the current Council members possess the skills and expertise to continue the success of the previous Council. Over the next two year term, the goal is to create and implement the infrastructure to support pharmacists ordering tests, in relation to a drug prescribed to the patient, through laboratories in the province using a standardized “pharmacy lab order form.” This project is already well underway with a Manitoba-specific lab test training program currently being developed for pharmacists and undergraduates at the University of Manitoba in collaboration with the College of Pharmacists of Manitoba. Work is also being done by the College on a pharmacy technician jurisprudence exam and structured practical training program to support the regulation of pharmacy technicians in Manitoba. Much work is expected to be completed throughout the year with regards to these important issues so that the new legislation is being used to its fullest potential.

The Standards of Practice and Professional Development Committees continue to draft documents and practice directions in support of the legislation, and regulations. As a member of this College, your involvement in these processes are critical to its success. We welcome active participation on the Standards of Practice and Professional Development Committees. To join a Committee, contact the College office by email info@cphm.ca. With your help, we can continue building the necessary infrastructure to support pharmacists working under the new regulations and advance patient safety in Manitoba.

Glenda Marsh, BSc.(Pharm.)
President, College of Pharmacists of Manitoba
What do you plan to do to celebrate Patient Safety Week this year?

It’s never too early to start thinking about Canadian Patient Safety Week. The Canadian Patient Safety Institute (CPSI) is excited to launch Canadian Patient Safety Week and Canada’s Forum on Patient Safety and Quality Improvement.

It’s CPSI’s 10th Anniversary this year and plans are for a very special celebration during Canadian Patient Safety Week (CPSW) on October 27-31, 2014.

The College is inviting pharmacists, pharmacy technicians and other pharmacy staff to take advantage of this advanced notice and plan ahead for their own patient safety celebrations during CPSW.

Some of the activities you may want to consider for celebration at your pharmacy include:

1. Register for Canadian Patient Safety Week
   Registration reserves a FREE package of posters, patient safety magazines, and other materials for your use. Packages will be sent out at no cost to you starting in mid-September. Make sure to go to the CPSI website (www.patientsafetyinstitute.ca) to register your pharmacy.

2. Attend Canada’s Forum on Patient Safety and Quality Improvement Virtually – maybe even at your pharmacy so that staff and clients can view the Forum with you. You can join the party virtually, as the Forum will be broadcast live to a computer near you. Closer to the date, information on how to join the Forum virtually through your personal computer will be posted on the CPSI website at www.patientsafetyinstitute.ca.

3. Plan to hold a medication safety workshop for your clients during CPSW
   Learn to be Safe – Medication Safety: A Guide for Pharmacists is an innovative virtual resource guide designed to promote medication safety with patients and their families!

The online guide is made available for pharmacists and other healthcare providers to plan, create and deliver effective, customizable presentations, discussion groups or workshops aimed at talking with patients and their families on ways to improve medication safety.

Medication incidents remain a leading contributor to patient harm. This guide can help:
- deliver key medication safety messages to the public
- promote patient and family engagement
- promote community connections with healthcare providers
- raise awareness of everyone’s role in improving patient safety

Everyone wins when patients, families and healthcare providers work in partnership to improve medication safety!

The guide includes supplemental content to deliver more focused discussions on medication safety:
- for children and teens
- when travelling
- when using high alert medications
- for seniors
- when using cancer medications in the home

The College of Pharmacists of Manitoba, the Canadian Patient Safety Institute, and the Institute for Safe Medication Practices partnered with the Manitoba Institute for Patient Safety on the production of this resource. CancerCare Manitoba contributed content and tools to help patients and families living with cancer use cancer medications safely at home.

For further information, contact the Manitoba Institute for Patient Safety (204-927-6477 or 1-866-927-6477), the College of Pharmacists (204-233-1411) or access the guide online at www.mips.ca/guide.
Canadian Medication Incident Reporting and Prevention System (CMIRPS)

CMIRPS is a national voluntary medication incident and ‘near miss’ reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication incidents (including near misses) can be reported to ISMP Canada:
(i) through the website: http://www.ismp-canada.org/err_report.htm or
(ii) by phone: 416-733-3131 or toll free: 1-866-544-7672.

ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

Institute for Safe Medication Practices Canada (ISMP Canada)
416-733-3131 or 1-866-544-7672 (1-866-54-ISMPC)
Email: info@ismp-canada.org
Website: www.ismp-canada.org

ISMP Newsletter Subscriptions

ISMP Canada Safety Bulletins are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins will also share alerts and warnings specific to the Canadian marketplace.

The following ISMP Canada Safety Bulletins have been issued since the last issue of the MPhA Newsletter.

2014 - ISMP Canada Safety Bulletins:
- Safety Checklist: A New Approach to Promote Safe Prescribing of and Counselling for DIANE-35 and Its Generics
- Preventable Death Highlights the Need for Improved Management of Known Drug Interactions
- Alert: Wrong Route Incidents with Epinephrine
- Advancing Opioid Safety for Children in Hospitals

2014 - SafeMedicationUse.ca Safety Newsletters and Alerts for Consumers
- Preventing Harm from Drug-Food Interactions
- More Reports of Eye Injuries Involving Clear Care

All issues of the ISMP Canada Safety Bulletins, including those issued in previous years, are freely downloadable from the ISMP Canada website www.ismp-canada.org.

ISMP Canada is pleased to distribute The Medication Safety Alert! (US) newsletters along with ISMP Canada Safety Bulletins to Canadian practitioners and corporations.

To subscribe and for more information on all ISMP Canada’s publications, events and services visit the ISMP Canada website at www.ismp-canada.org.

If you have made changes in your pharmacy, which focus on patient safety and that you would like to share with your colleagues, please contact Susan Lessard-Friesen at 204-233-1411.
Prescribing Overview

The Manitoba Pharmaceutical Regulation authorizes the following distinct types of prescribing by a pharmacist:

- prescribing in a public health emergency
- prescribing of the following:
  - a drug listed on NAPRA Schedule II or III or an unscheduled drug with a drug identification number or natural health product number,
  - a medical device approved by Health Canada
- prescribing for a condition listed in Schedule 3 of the Regulation (included below*) and often referred to as a self-limiting condition prescribing. Schedule 3 to the Regulation lists the conditions and the category of drugs limited to self-limiting condition prescribing.
- Extended practice prescribing – prescribing of a drug listed in Schedule I of the Manual (NAPRA) by an extended practice pharmacist within the scope of their specialty.

Pharmacists are also able to adapt a prescription and renew continued care prescriptions.

*Available drugs under the prescription drug categories that are included in Schedule 3 to the Pharmaceutical Regulation are listed below:

**Atopic Dermatitis, Allergic and Irritant Contact Dermatitis, Urticaria**

D07AA: Corticosteroids, weak (group I), dermatological preparations
  - Methylprednisolone
  - Hydrocortisone
  - Prednisolone

N.B. Combinations of corticosteroids are NOT included for weak corticosteroid dermatological preparations.

D07AB: Corticosteroids, moderately potent (group II), dermatological preparations
  - Clobetasone
  - Flumethasone
  - Fluorometholone
  - Desonide
  - Triamcinolone
  - Dexamethasone
  - Combinations of corticosteroids

N.B. Combinations of corticosteroids are included for moderately potent corticosteroid dermatological preparations.

**Acne Vulgaris**

D10AE01: Benzoyl peroxide
D10AF01: Clindamycin

N.B. Combination products containing both benzoyl peroxide and clindamycin are not included in the above categories and therefore cannot be prescribed by a pharmacist.

**Tinea Pedis**

D01AE: Other antifungals for topical use
  - Salicylic acid
  - Ciclopirox
  - Terbinafine
  - Combinations

N.B. Combinations of other antifungals for topical use are included in the above category.

**Candidal Stomatitis**

A07AA02: Nystatin
  - Nystatin Oral

N.B. Combination nystatin products are not included in this category.

**Unspecified Haemorrhoids without Complication**

C05AA: Corticosteroids for treatment of hemorrhoids and anal fissures for topical use
  - Hydrocortisone
  - Prednisolone
  - Betamethasone
  - Fluorometholone
  - Dexamethasone
  - Fluocinolone acetonide
  - Fluocinonide
  - Triamcinolone

N.B. All antihemorrhoidal products, which contain corticosteroids, are classified in this group, including both plain products and combinations with anti-infectives, local anaesthetics etc. Combinations may occur.

**Vasomotor and Allergic Rhinitis**

R01AD: Corticosteroid nasal preparations for topical use
  - Beclomethasone Nasal
  - Prednisolone
  - Dexamethasone
  - Flunisolide Nasal
  - Budesonide Nasal
  - Betamethasone Nasal
  - Fluticasone Nasal
  - Mometasone Nasal
  - Prednisolone, combinations
  - Dexamethasone, combinations
  - Fluticasone, combinations
  - Hydrocortisone, combinations

N.B. Combinations of corticosteroid nasal preparations for topical use are only included for prednisolone, dexamethasone, fluticasone, and hydrocortisone.

R01AX03: Ipratropium Bromide Nasal

**Seborrhoeic Dermatitis (Excluding Pediatric)**

D01AE: Other antifungals for topical use
  - Salicylic acid
  - Ciclopirox
  - Terbinafine
Prescribing Overview

and received a Certificate of must submit two copies of the website. Additional training and authorization from the College is required when prescribing for a condition listed in Schedule 3 of the Regulation and for extended practice prescribing. Additional information on prescribing can be found below or on the College website.

Recurrent Oral Aphthae
A01AC: Corticosteroids for local oral treatment (stomatological preparations)
- Triamcinolone
- Dexamethasone
- Hydrocortisone
- Prednisolone, combinations

N.B. Combinations of corticosteroids and local anesthetics are classified here for local oral treatment.

Vomiting of Pregnancy, Unspecified
R06AA59: Doxylamine, Combinations
N.B. Combination products with doxylamine are included in the above category.

Smoking Cessation
N07BA: Drugs used in nicotine dependence
- Nicotine Sublingual/buccal
- Nicotine Chewing gum
- Nicotine Inhalation
- Nicotine Nasal
- Nicotine Transdermal
- Varenicline

N.B. Bupropion is not included in this category.

Adapting a prescription, prescribing in a public health emergency and prescribing of a NAPRA Schedule II or Schedule III drug or a medical device, may be performed by any licensed pharmacist who is on the College register in accordance with practice directions approved by Council.

Additional training and authorization from the College is required when prescribing for a condition listed in Schedule 3 of the Regulation and for extended practice prescribing. Additional information on prescribing can be found below or on the College website.

Prescribing for Self-Limiting Conditions Training Programs and Authorization Applications
Pharmacists can receive authorization from the College to prescribe for the self-limiting conditions listed in Schedule 3 to the Regulation with the exception of smoking cessation; just for smoking cessation; or for both the self-limiting conditions and smoking cessation, once they have completed the requirements.

Successful completion of the Self-Limiting Conditions Independent Study Program available through the AdvancingPractice.com website, a completed Application for Authorization to Prescribe a Drug Included in Schedule 3 to the Pharmaceutical Regulation for Self-Limiting Conditions (not including smoking cessation) and a Certificate of Authorization to Prescribe a Drug for Self-Limiting Conditions from the College of Pharmacists of Manitoba is required before pharmacists can prescribe for the conditions and the drugs (not including smoking cessation) listed in Schedule 3 to the Manitoba Pharmaceutical Regulations.

In order to prescribe a drug for smoking cessation, pharmacists must view the Fundamentals of Self-Limiting Conditions Prescribing for Manitoba Pharmacists presentation available at www.cphm.ca (or through the Advancing Practice program, Self-Limiting Conditions Independent Study Program), and have successfully completed a smoking cessation program approved by Council (CATALYST (all 5 modules), or PACT (Level 1 and PACT Pharmacy Specialty Module), or QUIT, or TEACH (3 day course)). Pharmacists must also read the product monographs of the drugs that the pharmacist is prescribing, reviewed other resources such as the Prescribing for Smoking Cessation Resource Document, completed an Application to Prescribe a Drug Included in Schedule 3 to the Pharmaceutical Regulations for Smoking Cessation and received a Certificate of Authorization to Prescribe a Drug for Smoking Cessation from the College of Pharmacists of Manitoba before they can prescribe a drug listed in Schedule 3 to the Manitoba Pharmaceutical Regulations for smoking cessation.

Extended Practice Pharmacist
Pharmacists that receive additional knowledge and training, make an Application for Registration as an Extended Practice Pharmacist to the College, and receive a certificate from the College of Pharmacists may be registered as an extended practice pharmacist. The College has received several applications for pharmacists to become “Extended Practice Pharmacists.” Those applications will be reviewed by the Board of Examiners and confirmed by Council. There has been a slight delay in the review process but all applicants should be receiving feedback shortly.

To date, 358 practicing pharmacists have received a Certificate of Authorization to Administer Drugs and Vaccines by Injection, 85 members have received certificates to prescribe a drug included in Schedule 3 to the Pharmaceutical Regulation for Self-Limiting Conditions (excluding for smoking cessation), and 58 pharmacists have received authorization to prescribe for smoking cessation.

Please Note:
Those submitting an Application for Authorization to Prescribe a Drug Included in Schedule 3 to the Pharmaceutical Regulation for Self-Limiting Conditions AND an Application for Authorization to Prescribe a Drug Included in Schedule 3 to the Pharmaceutical Regulation for Smoking Cessation must submit two copies of the Statement of Successful Completion of the Self-Limiting Conditions Independent Study Program for Manitoba Pharmacists (issued by Advancing Practice), one with EACH application. The College will not be able to process applications that do not include the required documents.
Accountability of Drugs Covered Under the Controlled Drugs and Substances Act

The pharmacy manager is accountable for all narcotic and controlled drug inventory covered by the Controlled Drugs and Substances Act (CDSA) including those drugs which have expired and have been returned by patients for destruction. As there is often a time lag between when the drug expired or is returned for disposal, and the actual destruction, each pharmacy must maintain an inventory count of these drugs until the time of destruction. The pharmacy manager will be responsible for completing and recording a physical count of these drugs at least once every three months.

The inventory records of expired and returned CDSA drug stock should include the date of entry into the expired narcotic inventory and quantity of the drug. A physical inventory count will compare the stock on hand with the count from the expired and returned CDSA drug inventory sheet. Any discrepancies are to be investigated by the pharmacy manager. By tracking expired and returned CDSA drug inventory, possible diversion of these medications by pharmacy staff can be prevented.

Narcotic and controlled drugs covered under the CDSA to be destroyed must receive prior authorization from Health Canada and, at the time of destruction, must be witnessed and documented by two health care professionals. Destruction will be noted on the expired and returned CDSA drug inventory log sheet and the count adjusted. Click for a Sample Form for Expired and Returned CDSA Drug Inventory Count.

National Prescription Drug Drop Off Day

Saturday, May 10, 2014, was National Prescription Drug Drop Off Day. This event was an initiative coordinated by the Canadian Association of Chiefs of Police, and was held in partnership with the Canadian Centre on Substance Abuse. Locally, the College of Pharmacists of Manitoba partnered with the Manitoba Society of Pharmacists, the Winnipeg Police Service and the RCMP. All groups worked together to spread awareness of this important day where Manitobans could return their unwanted, unused or expired medications to their local pharmacy or a local Winnipeg Police Service detachment.

This year, 95 lbs. of medication were collected! Of note, less than 1% of the medication collected were barbiturates, Percocet or oxycodone.
Identification of and Intervention in Post-Partum Depression

As pharmacists will remember, a severe case of post-partum depression resulted in the tragic death of a fellow pharmacist and her two children.

This past December, the Chief Medical Examiner referred this matter to the College of Physicians and Surgeons and directed that they, along with other healthcare regulatory bodies in the province, further educate members on this potentially fatal illness.

In discussion with the Winnipeg Regional Health Authority, the Mood Disorders Association, The College of Physicians and Surgeons of Manitoba, The College of Pharmacists of Manitoba, The College of Registered Psychiatric Nurses of Manitoba and the College of Registered Nurses of Manitoba, the following notice was created:

It is important that all health professionals be aware of the insidious nature of post-partum depression. Post-partum depression (PPD) is often underreported because many women dismiss their symptoms as a normal result of childbirth. It is imperative for physicians to proactively screen women for PPD soon after delivery to identify depressive symptoms and initiate treatment before the disorder progresses.

Pharmacists can play a key role by making certain at-risk women who approach them receive appropriate help and referral. Whether by recognizing symptoms that may warrant referral to their primary health-care provider, referral to the resources linked below, providing valuable drug information to a woman starting a new medication for PPD (i.e., when to expect relief, potential side effects), or offering assurance and support, pharmacists can contribute significantly to the early detection and treatment of this common and treatable disorder.

The following resources linked below present various materials that health professionals may provide to their patients. It is very important to be aware of the potentially tragic results that can occur when a mother who has serious post-partum depression is not identified or intervention is not started early enough. Post-partum depression can be a serious life threatening illness.

Please read the following material and consider it carefully:

**Key Messages on Post-Partum Mental Health Awareness for Health Care Regulatory Colleges**

**March 2014**

**Goals**

1. To create awareness amongst health care professionals about post-partum mental health.
2. To stress the importance of early recognition of symptoms of post-partum depression, anxiety and psychosis.
3. To support health care professionals in finding the tools and resources needed to best serve their patients.

**Key Messages**

1. Attention to perinatal and post-partum mental health is crucial to the well-being of both mother and child.
2. Awareness and early recognition is essential because postpartum mental health issues can be silent. Helpful treatment options include counselling, medication and support.
3. Health care professionals must work together to provide comprehensive care to women and children during the perinatal and post-partum periods.
4. You can find resources to support your practice in the following places:
   - Mental Health Resource Guide for Winnipeg: [www.cmhawpg.mb.ca/resources.htm](http://www.cmhawpg.mb.ca/resources.htm)
   - Fact sheet for public education on postpartum depression: [www.heretohelp.bc.ca/publications/factsheets/postpartum](http://www.heretohelp.bc.ca/publications/factsheets/postpartum)
   - Culture of Wellbeing: Guide to Mental Health Resources for First Nations, Metis and Inuit People of Winnipeg: [www.wrha.mb.ca/aboriginalhealth/services/resources.php](http://www.wrha.mb.ca/aboriginalhealth/services/resources.php)
   - [www.postpartum.org](http://www.postpartum.org)
   - [www.postpartum.net](http://www.postpartum.net)
   - Women’s Health Clinic (204) 947-1517
5. Crisis resources are available in the following places:

After much consultation with stakeholders, the National Association of Pharmacy Regulatory Authorities (NAPRA) released the document entitled Pharmacy Practice Management Systems (PPMS): Requirements to Support NAPRA’s “Model Standards of Practice for Canadian Pharmacists”. The document outlines the requirements that pharmacy software programs must meet in order to support NAPRA’s national standards of practice. “The purpose of these requirements is to instruct pharmacists, pharmacy managers, pharmacy owners, pharmacy practice management system vendors, and developers of federal/provincial/territorial electronic health records about the minimum functionality required by systems used in pharmacy practice in order for pharmacists and pharmacy technicians to comply with their respective standards of practice.”

On April 25, 2014, Council passed a motion to accept the document’s proposed requirements for the PPMS used by pharmacy professionals for compliance in Manitoba pharmacies by January 1, 2016, in conjunction with NAPRA’s effective date. The Pharmacy Practice Management Systems (PPMS): Requirements to Support NAPRA’s “Model Standards of Practice for Canadian Pharmacists” document should be brought to the attention of the pharmacy owner, I/T department or support person and/or software vendor so any necessary changes to current practice can be made.

Clarification on prescribing and advanced administration by injection

For an advanced method of administration, section 110 of the Pharmaceutical Regulation states:

**Drugs that may be administered by certified members**

110 A member who is certified in an advanced method may use that method to administer any of the following drugs:

1. A member may administer a vaccine that is prescribed by an authorized practitioner to a person who is at least seven years of age, using an advanced method described in clause 107(a) or (b).
2. A member may administer a drug other than a vaccine that is prescribed by an authorized practitioner to a person over the age of five years.
3. A member may administer a vaccine listed in **Schedule 2** to this regulation, which is provided under a provincial immunization program free of charge to patients who meet provincial criteria, as long as the member complies with the program requirements.

A number of members have called the office asking for clarification on this section. First, when administering a drug by an advanced method, a prescription is required from an **authorized practitioner** for the drug or vaccine to be administered by a pharmacist, with the exception of the publically funded vaccines included in Schedule 2 to the Pharmaceutical Regulation. While pharmacists are considered practitioners, they are **not** considered authorized practitioners as it applies here. Only medical practitioners or physicians, dentists and nurse practitioners are included in the definition of authorized practitioners as it applies to the practice of pharmacy in Manitoba.

Secondly, 110 (3) refers to vaccines in Schedule 2 to the Manitoba Pharmaceutical Regulation. This does **not** refer to NAPRA Schedule II drugs or vaccines. Schedule 2 to the Regulation includes the following vaccines: human papillomavirus (HPV) vaccine, tetanus-diphteria-acellular pertussis vaccine, pneumococcal polysaccharide (Pneu-P-23) vaccine, and the influenza vaccine. NAPRA schedule II drugs refer to medications where a prescription is not required, but the drugs are available only from the pharmacist with pharmacist intervention and must be retained within an area of the pharmacy where there is no public access and no opportunity for patient self-selection. In other words, even if a drug or vaccine is included in NAPRA Schedule II, only the four vaccines included in Schedule 2 to the Regulation can be administered without a prescription from an authorized practitioner.
The Manitoba Module: Administration of Injections was updated in April based on the new legislation, Administration of Drugs including Vaccines Practice Direction, and information from Manitoba Health on pharmacist access to MIMS. The updated version is now live on AdvancingPractice.com. Those who successfully completed the previous version of the Manitoba Module are not required to retake the module, but it is strongly recommended that you review the updated module linked above.

From another Canadian province

On April 25, 2014, Council approved a motion to recognize a pharmacist’s authorization to administer injections from another Canadian jurisdiction if that province has the same CCCEP Stage II injection training accreditation requirement and that pharmacist’s authorization is current/active at the time of application. These pharmacists must still complete the Manitoba Module: Administration of Injections, meet the CPR/First Aid requirements, and submit an Application for Authorization to Administer Drugs and Vaccinations by Injection to the College of Pharmacists of Manitoba.

Recertification

At the April 25, 2014, Council meeting, Council approved a motion accepting the following recommendations regarding injection recertification:

• A self-declaration of proficiency of knowledge and skills as part of annual renewal
• Retraining in a full CCCEP Stage II injection course if an injection has not been given in the preceding three years
• As of January 1, 2015, retraining in a full CCCEP Stage II injection course if an injection has not been given within one year after completion of the initial training course; and
• As of January 1, 2015, a pharmacist must apply and receive certification of injection authorization from the College of Pharmacists of Manitoba within one year of completing the required training or within one year of graduating from a Faculty of Pharmacy in Canada (or retrain in a full CCCEP Stage II injection course).
Congratulations to the following award winners:

College of Pharmacists of Manitoba
Gold Medal & President’s Prize, Heather Bourns
Silver Medal, Heidi Marschall

Congratulations to the following Manitoba pharmacists for their achievement at the Canadian Pharmacists Association Awards in Saskatoon, Saskatchewan on June 1, 2014.

2014 CPhA Patient Care Achievement Award for Specialty Practice, Jennifer Gibson
This award recognizes a pharmacist who has embraced excellence in pharmacy specialty practice.

2014 CPhA Patient Care Achievement Award for Innovation, Tara Maltman-Just
This award recognizes a pharmacist who demonstrates outstanding innovation and leadership in pharmacy practice aimed at improving patient outcomes, access to health services, or expanding pharmacists’ contributions within the Canadian Healthcare system.

The Manitoba Institute for Patient Safety names Susan Lessard-Friesen Patient Safety Champion Award Winner

This year, the Manitoba Institute for Patient Safety is celebrating 10 years of service promoting patient safety to patients, families, the public and healthcare providers. To mark the 10 year anniversary, MIPS created an award called the Patient Safety Champion Award.

The Patient Safety Champion Award celebrates a leader in the healthcare system who shows a passion and commitment for improving patient safety. Susan Lessard-Friesen, Deputy Registrar of the College of Pharmacists of Manitoba, is the deserving recipient. Protection of the public is a primary mandate of the College of Pharmacists of Manitoba and Susan’s work always promotes the critical component of patient safety in fulfilling that mandate.

Of note, Susan influenced and actively participated in the programs It’s Safe to Ask Medication Card (which resulted in a Manitoba wide distribution of medication cards) and the Patient Safety is in YOUR Hands project which resulted in the development of a “Do Not Use” list of abbreviations, dose designations, and symbols known to result in miscommunication and medication incidents and errors. Also, Susan chaired a major project that has made, and continues to make, a significant contribution to an international movement for patient safety education. The Learn to be Safe – A Simulation Learning Experience is a learning tool in a kit format for multidisciplinary groups to work together around patient safety using the teaching strategy of simulation. Susan’s knowledge, skills and abilities regarding patient safety are evidenced by her involvement in starting the Interprofessional Continuing Professional Development Network (iCPD Manitoba) which brings together several healthcare regulatory bodies, health service organizations, and healthcare profession education programs to enable inter-professional continuing professional development. Inter-professional education is a primary driver to improving patient safety.

The College of Pharmacists of Manitoba and the Manitoba Institute for Patient Safety congratulate Susan on her achievement of winning this prestigious award.
Pharmacy Technician Update

Pharmacy Technician and Pharmacy Technician in Training Applications

The Application for Pharmacy Technician with the College of Pharmacists of Manitoba and the Application for Pharmacy Technician in Training with the College of Pharmacists of Manitoba are now available on www.cphm.ca on the Pharmacy Technicians webpage. Please read the applications for more information. The College will not be able to process applications that do not include the required documents.

Currently, work is being completed on the development of a Pharmacy Technician Structured Practical Training program and a Pharmacy Technician Jurisprudence Examination in Manitoba. Please remember to visit the Pharmacy Technicians webpage of www.cphm.ca regularly to stay updated.

Pharmacy Technician National Bridging Program

The Pharmacy Technician Bridging Program Course Schedules for Spring 2014 onward are now posted on the NAPRA website: Course and PLAR Schedules. Registration for all courses is conducted directly with the educational institution offering the program.

Pharmacy Technician PEBC Examinations

The Pharmacy Examining Board of Canada (PEBC) released a schedule for the Pharmacy Technician Examinations. For more information, please see the Pharmacy Technician section of the PEBC website: http://www.pebc.ca/index.php/ci_id/3100/la_id/1.htm

Stay Updated

If you are interested in receiving email updates on information pertaining to pharmacy technicians and upcoming regulation requirements or know of pharmacy assistant who are interested, please contact Stacey Hjorleifson at shjorleifson@cphm.ca to be added to our pharmacy assistant/technician email distribution list. Please provide your full name, email address, phone number and workplace (if applicable).

Update on the Development of University of Manitoba’s Doctor of Pharmacy Program

The Council on Post-Secondary Education (COSPE) reviewed a statement of Intent for a Doctor of Pharmacy Program from the University of Manitoba. COSPE granted the University of Manitoba permission to develop a Full Program Proposal for the Doctor of Pharmacy Program for their consideration. A Doctor of Pharmacy Program recognizes the new curriculum that supports the expanded scope of practice for pharmacists in the province and is an important step to prepare graduates to better serve their patients.

Stay tuned for updates on this important initiative.

New Faculty of Health Sciences at the University of Manitoba

The Faculties of Medicine, Nursing, Pharmacy, Dentistry (including School of Dental Hygiene), and School of Medical Rehabilitation are now integrated into the new Faculty of Health Sciences. The new Faculty of Health Sciences is part of the University of Manitoba’s academic structure initiative to enhance the school’s ability to meet needs of students, faculty and the community. The Faculty of Health Sciences will enhance collaboration in inter-disciplinary research, inter-professional education and training and service delivery to students in the health professions.

The Faculties of Dentistry, Medicine, Nursing, Pharmacy, and the School of Medical Rehabilitation will now be often referred to as Colleges, although the official change in names and structure will not be complete until a new governance structure is approved, which is anticipated to occur in the fall of 2014. Each College will be led by a College Dean who will be accountable for professional programs and other academic functions within their respective Colleges and will continue to liaise with their respective regulatory body as they did prior to the restructuring.

The College of Pharmacists of Manitoba will continue to work with the Dean to discover how this new faculty will affect and improve the practice of pharmacy in Manitoba.
Save the Date! Golf Tournament, September 11, 2014

Save the date for the College of Pharmacists of Manitoba Annual Golf Tournament on Thursday, September 11, 2014. This year’s tournament is taking us just north of Winnipeg to the Selkirk Golf and Country Club. The event will have lots of prizes, opportunity for your business to sponsor a hole or donate. **Early bird deadline is August 25, 2014.** To sign up or donate, please see the golf [registration form](#).

Welcome, Tamara Hines

Please join the College in welcoming Term Receptionist, Tamara Hines. Tamara joined the College on March 25, 2014, to help with the additional administrative duties associated with the implementation of the new *Pharmaceutical Act.*

Welcome, Alby Kusno

Please join the College in welcoming third year, University of Manitoba Pharmacy student, Alby Kusno as summer apprentice. Alby is working with College staff on pharmacy practice projects this summer.

Notice of Abandonment

At the last Council Meeting on April 25, 2014, the Registrar reported that the Manitoba International Pharmacists Association (MIPA) has abandoned its lawsuit against the College of Pharmacists of Manitoba. This marks the end of a dispute between MIPA and the College of Pharmacists of Manitoba with regards to preferential licences and charging fees to allow International Prescription Service (IPS) pharmacists to carry on their practice. Legal counsel for both parties arrived at a settlement agreement that has brought this issue to a close.

**In Memoriam**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pak-Wai Chan</td>
<td>March 23, 2014</td>
</tr>
<tr>
<td>Reginald Harman</td>
<td>May 8, 2014</td>
</tr>
<tr>
<td>Rene Mulaire</td>
<td>June 12, 2014</td>
</tr>
</tbody>
</table>
Purpose:
- To provide immunization providers with the provincial standards necessary for participation in Manitoba’s Provincial Immunization Program.

Background:
Manitoba Health, Healthy Living and Seniors (MHHLS) is responsible for setting strategic policy direction for the safe and effective delivery of immunizations to Manitobans. The Province gathers best practice evidence from public health experts including those from other provinces, territories and countries as well as from research to inform Manitoba’s Publicly-Funded Immunization Program.

MHHLS develops communicable disease management protocols to guide the prevention, management and control of communicable diseases within the province. Protocols for specific communicable diseases contain epidemiologic information with reference to provincial and national trends. Detailed information related to laboratory testing, treatment and public health investigation is included in the protocols and reflects best practice at the time of release.

The regional health authorities (RHAs) including First Nations Inuit Health (FNIH) are responsible for developing clinical practice guidelines for immunization providers. Clinical practice guidelines are intended to establish standards and recommendations based on best practices for the delivery of immunization services. Each RHA is responsible for reviewing, approving and adopting region-specific guidelines for the delivery of immunization services.

Definitions:
- **Adverse event following immunization (AEFI):** any untoward medical occurrence in a client which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine.
- **Client (or patient):** a person or individual receiving an immunization.
- **Eligibility criteria:** requirements that must be met for a Manitoba resident registered with MHHLS to receive a publicly-funded vaccine. These requirements are approved and set by MHHLS.
- **Epidemiology:** study of the occurrence, transmission and control of disease in Manitoba.
- **Immunization provider:** a health care professional who is registered or licensed to provide health care under an Act of the Legislature and who is authorized under that Act to administer vaccines.
- **Manitoba Immunization Monitoring System (MIMS):** electronic immunization registry that has the capacity to maintain immunization records for Manitobans registered with the Province’s Insurance Registry.
- **Provincial Vaccine Warehouse:** the central location where all vaccines are stored, and from which they are distributed, to the immunization provider.
- **Publicly-funded vaccines:** are provided free-of-charge to Manitoba residents who are registered with MHHLS and, meet MHHLS’ eligibility criteria.
- **Regional health authority (RHA):** Governance structure set up by the province, responsible for the delivery and administration of health services in specified areas.

Guiding Principles:
- All immunization providers should implement and abide by the National Guidelines for Immunization Practices, detailed in the Canadian Immunization Guide (CIG) (www.phac-aspc.gc.ca/publicat/cig-gci/p01-03-eng.php).
A. Schedule and eligibility criteria

- Immunization providers are expected to vaccinate according to the routine provincial immunization schedule including the schedule for those not previously immunized. In some cases, providers will need to consult with the CIG and/or the National Advisory Committee on Immunization (www.phac-aspc.gc.ca/naci-ccni/index-eng.php).

- Immunization providers must adhere to MHHLS’ Eligibility Criteria for Publicly-Funded Vaccines when providing vaccines from the Provincial Vaccine Warehouse (www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html).

- Eligibility Criteria are subject to change at any time based on provincial epidemiology, scientific evidence, funding availability and national recommendations.

- It is the responsibility of the immunization provider to determine which vaccines, under what conditions, should be recommended to the client by consulting the appropriate resources, experts and client’s medical history, as required.

- Only the immunization provider is authorized to request and obtain a client’s immunization history to determine which vaccines, under what conditions, should be recommended.

- Immunization providers must be compliant with The Manitoba Personal Health Information Act (PHIA) at all times (www.gov.mb.ca/health/phia/index.html).

- All immunization providers (excluding pharmacists) are authorized to administer any and all publicly-funded vaccines, in accordance with MHHLS Eligibility Criteria for Publicly-Funded Vaccines and the Recommended Immunization Schedule for Infants, Children and Adults.

- Pharmacists are only authorized to administer the following four (4) publicly-funded vaccines to people ≥ 7 years of age (in accordance with The Manitoba Pharmaceutical Regulation), as per MHHLS Eligibility Criteria and routine immunization schedule(s):
  1. Tetanus, diphtheria, acellular pertussis (Tdap)
  2. Seasonal influenza (flu)
  3. Pneumococcal polysaccharide (Pneu-P-23)
  4. Human papillomavirus (HPV)

- Immunization providers do not require a written prescription to administer publicly-funded vaccines.

B. Administration of vaccines and biologics

- Before administering a vaccine or biologic to a client, the immunization provider must obtain consent from the client or, from the person authorized to consent on the client’s behalf, as per The Manitoba Public Health Act. More information about informed consent can be found online at: www.gov.mb.ca/health/publichealth/cdc/protocol/consentguidelines.pdf.

- An immunization provider must administer all vaccines, regardless of the route of administration (e.g. intradermal, intramuscular, oral or intranasal) at the right time and place where safety and confidentiality can be assured.

- It is the responsibility of the immunization provider to obtain any and all necessary supplies to vaccinate (e.g. syringes, needles, alcohol swabs, etc.), as prescribed by his/her professional licensing body/RHA/site/program (as applicable).

- Procedures and guidelines about the administration of vaccines are as per the respective professional licensing body/RHA/site/program/manufacturer (as applicable).

- Clients must be advised to stay in the facility for 15 minutes after getting any vaccine because there is a possibility of a severe allergic reaction. The immunization provider must be trained and able to provide safe, effective and immediate healthcare to a client experiencing a reaction.

C. Anaphylaxis Management

- All immunization providers are responsible for supplying emergency response equipment required to manage adverse events following immunization (AEFI). The equipment must be kept on site, maintained and replaced as needed. Immunization providers should refer to their respective RHA or professional licensing body for more information.
Provincial Immunization Standards

- Information on the management of vaccine-related anaphylaxis can be found in the respective protocol at: www.gov.mb.ca/health/publichealth/cdc/protocol/anaphylactic.pdf.

D. Adverse events following immunization

- As per The Manitoba Public Health Act, all health care professionals are required to report an AEFI within 7 days of becoming aware of the reportable event. A “reportable event” is defined by regulation made under The Public Health Act (see The Immunization Regulation).

- More information, documents and resources about AEFI are available online at: www.gov.mb.ca/health/publichealth/cdc/div/aefi.html.

E. Documentation and reporting

- Immunization providers are required to record information about the immunization event on the client’s health record immediately following the administration of a vaccine, including:
  - The date of administration;
  - The name of the immunization provider who administered the vaccine or biologic; and,
  - The name of the vaccine or biologic, its lot number, dosage, route of administration and the location on the body where the vaccine or biologic was administered.

- Immunization providers are required to report information about a client’s immunization event to the provincial immunization registry.


F. Management of vaccines and biologics

- All immunization providers must implement and follow MH HLS storage and handling requirements for vaccines and biologics, as outlined in The Cold Chain Protocol, available online at: www.gov.mb.ca/health/publichealth/cdc/coldchain/protocol.html.

G. Communication


H. Competency

- Immunization providers are responsible for ensuring competency to provide immunizations as required by their professional licensing body and/or RHA, as communicated in MH HLS Immunization Competency document, available at: www.gov.mb.ca/health/publichealth/cdc/div/manual/docs/immcomp.pdf.

References:

- MH HLS Eligibility for Publicly-Funded Vaccines Policy
- MH HLS Protocol for the Management of Suspected Anaphylactic Shock
- MH HLS Communicable Disease Management Protocols
- MH HLS Informed Consent Guidelines for Immunization
- The Manitoba Public Health Act
- MH HLS Cold Chain Protocol

Other Sources:

- Winnipeg Regional Health Authority (WRHA) Regional Immunization Manual
- BCCDC Immunization Manual
- Interlake-Eastern Regional Health (IERHA) Authority
NAPRA National Drug Schedules Notice Board

NDSAC Interim Recommendations on omeprazole tablets and triamcinolone acetonide nasal spray
June 16, 2014

A meeting of the National Drug Scheduling Advisory Committee (NDSAC) was held on June 8-9, 2014 with the following Interim Recommendations made:

- omeprazole or its salts, when sold for the 14-day treatment for frequent heartburn at a daily dose of 20mg, in package sizes of no more than 280mg of omeprazole - be granted Schedule II status once removal from the Prescription Drug List comes into effect.

- omeprazole or its salts, when sold for the 14-day treatment for frequent heartburn at a daily dose of 20mg, in package sizes of more than 280mg of omeprazole - will remain in Schedule I once removal from the Prescription Drug List comes into effect.

- triamcinolone acetonide in an aqueous nasal spray that delivers 55mcg per metered spray for adults and children 12 years of age and older, in package sizes containing no more than 120 metered sprays - be granted Schedule III status - subject to removal from the Prescription Drug List by Health Canada.

- triamcinolone acetonide in an aqueous nasal spray that delivers 55mcg per metered spray for adults and children 12 years of age and older, in package sizes containing more than 120 metered sprays - be granted Schedule II status - subject to removal from the Prescription Drug List by Health Canada.

Any objections to these Interim Recommendations must be received by the NAPRA office by July 17, 2014. Questions or comments should be directed to the Manager, Professional and Regulatory Affairs, Sarah Marshall via email at smarshall@napra.ca
NDSAC - Nomination sought for Committee membership
June 16, 2014

The National Drug Scheduling Advisory Committee (NDSAC) is soliciting nominations to fill a membership vacancy.

NDSAC’s members are chosen for their knowledge and experience in such disciplines as pharmacotherapy, drug utilization, drug interactions and toxicology, pharmacy practice, academic research, the drug industry and pharmaceutical regulatory affairs at the federal and provincial levels.

Specifically at this time, the Committee is looking for one (1) nomination in the following area:

- An individual with expertise in toxicology and drug information

The deadline to receive nominations is no later than July 28, 2014.

NDSAC - Call for Nominations 2014
Prizes for best gross and net scores will be up for grabs, as well as many great prizes for not having the best gross or best net score. **SHOTGUN START AT 12:30pm** with dinner at 6:00pm. **THE PUTTING CONTEST** will be held to raise funds for the “Canadian Foundation for Pharmacy”.

Hole sponsorship is **$350.00 per hole** which includes a sign display on the course indicating your support, plus dinner for one company representative with the golfers.

**LOTs OF PRIZES**

**Hole sponsorship & Prizes:** If you wish to provide a donation or sponsor a hole for the event, please express your interest by contacting Stacey by telephone (204.233.1411) or email shjorleifson@cphm.ca All sponsors will be provided with as much exposure and recognition at the event as possible.

**CPhM Golf Tournament Registration Form**

The Tournament is open to pharmacists, pharmacy staff, pharmaceutical representatives, wholesalers, CPhM special guests, CPhM staff, MSP staff, and spouses of eligible golfers.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(w)</td>
</tr>
<tr>
<td>I will golf with:</td>
<td>1)</td>
</tr>
</tbody>
</table>

I require placement in a foursome [ ]

**Early Bird Registration Fee** (must register before August 25th): $80.00 (includes Golf, Dinner, & applicable taxes)

**Registration Fee** (If registering after August 25th): $90.00 (includes Golf, Dinner, and applicable taxes)

**Golf Cart Reservations:** to be made directly with the Selkirk Golf & Country Club 204.482.2050

*Payment must accompany all entries* - no exceptions  - *Deadline for entries is Thursday, September 4, 2014*