

TECHtalk

JULY 2017

Techs weigh in on OCP plan for medication safety

THE ONTARIO COLLEGE OF PHARMACISTS (OCP) has asked pharmacy techs and other practitioners to provide feedback on a standardized continuous quality assurance (CQA) program for medication safety, including the mandatory reporting of anonymous medication incident data to a third party.

The CQA program would support continuous quality improvement (CQI) and put in place a mandatory consistent standard for all pharmacies. The objective is to support practitioners to learn from medication incidents, and review and enhance policies and procedures to reduce the chances of recurrence.

The College proposes a two-phased approach for adoption, with full implementation in all pharmacies by December 2018. A task force comprising pharmacy techs, pharmacists and members of the public developed a model for implementation. Council supported the task force's recommendations, and authorized the College to begin public consultation to determine the critical factors that would support a successful rollout.

Several pharmacy techs provided feedback anonymously. Comments were positive, with some noting that the program would provide greater consistency and be best for patient safety. One pointed out that her pharmacy already had ISMP Canada and an internal incident reporting system, so she was concerned about more paperwork. Handwritten prescriptions, medications on back order, and the pressure to fill a large volume of prescriptions all contribute to errors or near misses, said the tech. "[It] would be very helpful to have one centralized system that includes all the parties and observes all the factors."

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TECH TAKES ON MANY ROLES IN STEADY CAREER CLIMB

From the time she embarked on her pharmacy career, Sorell Wellon has made the most of the opportunities that have come her way—including being part of the inaugural group of registered pharmacy technicians (RPTs) in British Columbia in 2011.

After graduating from a pharmacy assistant program at Sprott Shaw College in 2002, she was working in community pharmacy when her alma mater came calling, asking if she would be interested in teaching. She jumped at the chance and so she became a full-time instructor for the pharmacy assistant program. During this time, Sprott Shaw put her through the Provincial Instructor's Diploma at Vancouver Career College, where she added another valuable qualification to her resume.

In 2006, Wellon returned to community pharmacy, this time at Safeway in Duncan, B.C. The pharmacy chain, she says, was "very receptive for RPTs," and funded her education to earn that designation.

A few years later, teaching again beckoned, as her instructor's diploma, combined with her previous experience, led to a position instructing the online pharmacy technician bridging program for the University of B.C.

Ever eager to expand her horizons, Wellon landed her current position as operations manager in 2013 at Remedy'sRx Specialty Pharmacy in Sidney, B.C. In this capacity, she supervises eight assistants and one tech, and is responsible for a wide range of management functions—hiring, performance reviews, training, scheduling, payroll, complaint resolution, and more—along with her regular RPT duties. The pharmacy specializes in compounding and long-term care. "The majority of our clientele is long-term-care assisted living," she explains.

Wellon has also been elected to the board of the College of Pharmacists of British Columbia. "With my experience and my role as a pharmacy technician, I felt that I could bring a lot to the table," she says, "[I'm] really stepping out of the role of representing pharmacy technicians into more of a public-safety responsibility." As a board member, Wellon



chairs two committees and serves on another two. A significant time commitment, to be sure, but one that she willingly embraces, and hopes other techs will too. "I want to see if I can rally some RPTs to run, and let them know what governance is all about," she says.

The enterprising Wellon plans to continue her board involvement in the future, but has other goals as well. Drawing on her teaching background, she would like to develop lesson plans and/or courses that can be utilized as CE credits. "I find it's hard sometimes searching for CE credits," she says. "There are a lot for pharmacists, but not too many for techs."

Whatever the future holds, she couldn't be happier with her career choice. "The rewards are seeing the standards of patient care improve through the involvement of RPTs," she says. "It's exciting to see the collaborative help that we bring—it's not just pharmacists and doctors and nurses now looking after the patients, it's RPTs as well. We can relieve the pharmacists from some of their duties so they can give that quality of care."

"If someone is thinking about becoming an RPT, now is the time to do it," she urges. "The healthcare profession as a whole is expanding and changing so rapidly that there are always opportunities for an RPT. And it's not just hospital and community, it's long-term care as well."

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Saskatchewan safety program changes name to include techs

THE SASKATCHEWAN COLLEGE OF Pharmacy Professionals (SCPP) is changing the name of its COMPASS safety program to include pharmacy techs. What was previously known as “Community Pharmacists Advancing Safety in Saskatchewan” is now “Community Pharmacy Professionals Advancing Safety in Saskatchewan.” COMPASS, which was piloted in 2014, is a continuous quality improvement (CQI) program that provides community pharmacy staff with the tools needed to better report and learn from medication incidents, and imple-

ment system-based changes to reduce the likelihood of similar incidents occurring again.

The program involves designating an individual—ideally a pharmacy tech, pharmacy manager or pharmacist—to be the quality-improvement coordinator. That person is responsible for taking the approved COMPASS training, and then training the other pharmacy staff on the tools. The coordinator also ensures that all pharmacy staff report quality-related events and participate in completing a medication safety self-assessment (MSSA) every two years.

Reducing risk to techs of handling hazardous drugs

ACCORDING TO CAREX CANADA, approximately 22,900 pharmacy technicians—the largest occupational group in Canada—are exposed to antineoplastic agents as traditional anti-cancer drugs such as methotrexate and tamoxifen are dispensed more frequently from community pharmacies. The National Institute for Occupational Safety and Health (NIOSH) classifies antineoplastic agents (including antiviral drugs, antibiotic medications, and some hormone-therapy and bio-engineered drugs) as high-risk medications that require special handling.

In 2016, WorkSafeBC inspected 11 community compounding pharmacies and central fill facilities in B.C., and found that most of the inspected facilities lacked the following:

- protective reassignment for pregnant and/or breastfeeding workers;
- drug-handling records for each worker;
- readily available spill kits;
- effective decontamination and cleaning practices to prevent further contamination;
- specific education and awareness regarding personal protective equipment, safe handling procedures, spill management and adverse health effects from exposure; and
- a comprehensive exposure control plan to protect workers.

Prescillia Chua, an occupational hygienist and a prevention officer at WorkSafeBC, suggests several actions that pharmacies can take to protect workers:

- identify the hazardous drugs on site, noting quantities, concentrations, dosage forms and packaging;
- identify possible routes of exposure;
- document tasks and work practices associated with handling hazardous drugs;
- identify equipment used to handle drugs;
- review any past incidents of hazardous drug exposure.

“Following the risk assessment, document any current mechanisms used to reduce inadvertent exposure, and then incorporate additional industry best practices and controls to specifically address any issues identified by WorkSafeBC,” she advises. “The final step is to develop and implement a site-specific exposure-control plan.”

For more information, visit WorkSafeBC and NIOSH at:

- www.worksafebc.com/en/resources/health-safety/books-guides/best-practices-safe-handling-hazardous-drugs?lang=en
- www.cdc.gov/niosh/topics/antineoplastic/pdf/hazardous-drugs-list_2016-161.pdf

P.E.I. techs to review new Code of Ethics

THE P.E.I. COLLEGE OF PHARMACISTS has posted a new Code of Ethics on its website, at <http://pei.in1touch.org/uploaded/web/PEICP%20COE%20Final%20March%202017.pdf>.

The College is asking all its members, including pharmacy technicians, to review the Code and sign a declaration that they understand and promise to abide by it. The College

also plans to provide an education session to assist members in navigating through ethical decision-making using the Code.

The Council of the College established a working group in 2016 to review and update the Code so that it would appropriately address current practice and more clearly establish the standards of ethical conduct.

Preventing robberies—and what to do if you can't

AS THE MISUSE OF OPIOIDS REACHES epidemic proportions, pharmacy technicians and assistants may find themselves on the frontlines of an armed robbery.

Fortunately, pharmacies are increasingly taking preventive steps to lower the risk. In British Columbia, for example, the theft of narcotics from pharmacies has dropped significantly since the province became the first jurisdiction in Canada to mandate time-delay safes in 2015.

The College of Pharmacists of British Columbia also recently established minimum security measures for community pharmacies. The amended bylaws, which took effect in April, include requirements for physical barriers, such as locked gates, grillwork, locked cabinets, locked doors and locked shelving units. Existing community pharmacies have three years to comply.

According to Sgt. Rob Mills of the Ottawa Police Service, there are several steps that pharmacies should take to prevent robberies.

- Position surveillance cameras at eye level, rather than above. Newer cameras include audio, and can be very cost-effective with a monthly maintenance fee.
- Confirm whether GPS in pill bottles is available in your pharmacy. If so, make sure the GPS bottle is placed within a group of similar pill bottles, and that they are similar in weight and size to other pill bottles being given out. Be prepared, however, that suspects may refuse certain bottles as they become more aware of GPS.
- Acknowledge customers as they enter the pharmacy, and engage in conversation if possible (encourage front-shop staff to do so). Make note of those wearing clothing that does not reflect the weather.

If a robbery occurs:

- Have a quick statement form available in the store where you can jot down descriptors of the suspect. If there are other witnesses in the store, ask them to stay and provide statements to police. Suggested items on the statement form include ethnic background, age, height, weight, build, scars, tattoos, facial features, language, and then clothing (as clothing can be discarded).
- Isolate any items touched by the suspect, including counter tops, notes, or pill bottles.
- Close the store and contain the pharmacy pending the arrival of police.

THE INVESTIGATION

Patrol officers will respond initially to your call to police, says Sgt. Mills. Robbery investigators may attend the scene. Reports, statements, and video footage will be obtained, and surrounding areas will be checked for

security footage and discarded clothing. An Identification Unit will look for fingerprints or DNA. The file will be assigned to a robbery investigator, who will contact the store and witnesses, and pursue a number of avenues to identify and apprehend the suspect.

Once the suspect has been arrested, he will be sent to court, where he may or may not be released. Prior to a trial, the lead investigator will touch base with you and notify you of a subpoena, and answer any questions you may have about the trial. The investigator will help prepare you for the trial, which may take place years after the actual robbery.

Source: Pharmacy Association of Saskatchewan
<https://www.skpharmacists.ca/pharmacists/resources/robbery-prevention>

NEED TO KNOW

Health Canada says any theft or loss of controlled substances must be reported to the local police immediately, and to the Office of Controlled Substances no later than 10 days after its discovery. To access the standard form for reporting the loss or theft of narcotics, visit: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hc-ps/alt_formats/hecs-sesc/pdf/substancontrol/substan/compli-conform/loss-perte/form_4010-eng.pdf

RESOURCES

- **Alberta College of Pharmacists**
<https://pharmacists.ab.ca/sites/default/files/BurglaryPreventionTips.pdf>
- **DELTA Rx Institute, Drake University**
<http://www.drake.edu/deltarx/articles/other/robberyprevention/>
- **Edmonton Police Service**
<http://www.edmontonpolice.ca/CommunityPolicing/PersonalPropertyCrimes/Robbery.aspx>
- **Manitoba Pharmaceutical Association**
<http://cphm.ca/uploaded/web/Guidelines/Procedures%20in%20the%20Event%20of%20a%20Robbery%20or%20Burglary%20Updated%20December2014.pdf>
- **Ottawa Police Service**
<https://www.ottawapolice.ca/en/safety-and-crime-prevention/retail-robbery-prevention.asp>



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