

TECHtalk

MAY 2020

MOTHER AND DAUGHTER TECHS TEAM UP

PHARMACY TECHNICIANS VALERIE AND

Mariah Kantz don't see much of each other these days, even though they're mother and daughter and work at the same pharmacy.

As the COVID-19 pandemic rages, Fort St. John Pharmacy and Wellness Centre in Fort St. John, B.C., has divided its staff in two to limit the exposure to the virus of all the staff at one time. As a result, Mariah works a 6:00 a.m. to 2:00 p.m. shift, and Valerie, 2:00 to 10:00 p.m. The frontline workers at Fort St. John

Pharmacy—three pharmacy technicians, two assistants, three full-time pharmacists, and one part-time pharmacist—are better protected than most, thanks to the pharmacy's drive-through access that allows staff and patients to maintain physical distancing. Front doors are closed to the public except for special circumstances, in which case patients are screened and given a mask to wear.

While Valerie notes that the pharmacy has gained new patients (likely because of the drive-through access), technicians and assistants must invest the time "to ask appropriate questions of each client so we have gathered as much information as possible when we hand over the prescription to the pharmacist," she says.

Two career paths

Valerie began working in a pharmacy in 1988 while still in high school. In 2003, the shareholders of the pharmacy decided that all in-house-trained assistants should become pharmacy technicians. Valerie travelled to Thompson Career College in Kamloops to take the course, leaving her three young children in the care of her "very supportive" husband. "They all adjusted to me being gone, but it was tough on all accounts," she recalls.

With the advent of regulated pharmacy technicians in B.C., she had to take the bridging programs, offered through videoconferencing, and became licensed in 2015. She juggled her studies while working full-time and managing the children's activities, as her husband was frequently on the road as a sales representative. "I'm not even sure how we figured it all out," she says.

Valerie is also a shareholder in three of the four independent pharmacies within the parent company, including Fort St. John and two in southern B.C. Besides travelling to the other pharmacies as required, she has developed in-house training sessions for staff. "I tend to be the organizer, or so I'm told," she laughs. The first session is an orientation and discussion of policies and procedures; the second covers



Mother/daughter pharmacy tech duo Valerie (left) and Mariah (right)

blister packs; and the third, on compounding, includes the new National Association of Pharmacy Regulatory Authorities (NAPRA) standards, which is her "new focus." She plans to extend the sessions to all four stores as schedules permit. "I'm available to all four stores when and if needed, and if our current staffing allows."

Mariah followed her mother into pharmacy, working as an assistant at the Fort St. John Pharmacy while in high school. She graduated with a pharmacy technician diploma from Stenberg College in 2016 and became regulated in 2019. She says her mother's career "definitely affected my decision in getting a job in pharmacy to start with." She decided to stay in the profession "because I always wanted to help people, and I realized pharmacy was an amazing way to do this."

Mariah's responsibilities include device training, air cast fitting, and both sterile and non-sterile compounding. She hopes to further her compounding expertise by taking Professional Compounding Centers of America (PCCA) courses, and to work in hospital to broaden her experience. And should it ever become available, she says she'd love to take pharmacy technician injection training because she believes it would be an excellent fit with the pharmacy's regular travel clinic.

After 31 years in the profession, Valerie advises newcomers to do their homework in understanding what the work entails and what their life priorities are. "Make sure to find a job that will allow you the growth you deserve."

BY THE NUMBERS*

Total licensed pharmacy technicians: 9,564
 Alberta: 1,612
 British Columbia: 1,645
 Manitoba: 177
 New Brunswick: 244
 Newfoundland and Labrador: 198
 Nova Scotia: 194
 Ontario: 5,051
 Prince Edward Island: 72
 Saskatchewan: 371

*As of January 1, 2020. Quebec does not have licensed pharmacy technicians.

Source: National Association of Pharmacy Regulatory Authorities.

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Health Canada makes temporary exemptions around OAT

IN RESPONSE TO COVID-19, HEALTH

Canada has made some exemptions around the delivery of opioid agonist treatment (OAT) by non-pharmacists.

According to the College of Pharmacists of B.C., these temporary amendments allow pharmacists to authorize pharmacy employees, including pharmacy technicians and pharmacy assistants, to deliver OAT on a pharmacist's behalf in "exceptional circumstances" where it is not possible for a pharmacist or other regulated health professional to do so.

The temporary authorizations come in response to an increased demand for OAT delivery services, including for patients who must self-isolate due to COVID-19, which

has placed considerable strain on B.C.'s pharmacists.

The pharmacist must ensure that the pharmacy employee who is authorized to deliver the OAT drug has the appropriate knowledge and competence to provide witnessed ingestion (where applicable), and to recognize when it may be unsafe to provide the dose to the patient (e.g., the patient is intoxicated), and how to proceed in these situations. Where possible, the pharmacist should assess the patient by phone or other virtual means before the pharmacy employee releases the dose.

Those authorized to deliver OAT should consider how to maintain physical distancing while delivering medications to a patient.

Pharmacy5in5 partners on COVID-19 quizzes

GIVEN COVID-19'S ENORMOUS IMPACT on day-to-day pharmacy operations, Pharmacy 5in5 is working with the Ontario Pharmacy Association, the Ontario College of Pharmacists and the Canadian Pharmacists' Association to develop quizzes about the latest news. They also include relevant links that are updated regularly.

The first quiz covered: a review of how to do a pharmacist renewal; limiting dispensing to a 30-day supply; dispensing hydroxychloroquine for office use only; and no-contact prescription deliveries.

Another quiz covers how to manage methadone and buprenorphine when patients are supposed to stay at home, and deals with witnessed opioid agonist treatment (OAT) ingestion, delivery of OAT, Naloxone kits and more. A quiz on video consults looks at how Ontario pharmacists, technicians, students and pharmacy staff can provide and support virtual visits.

Pharmacy5in5 is free to anyone who registers at www.pharmacy5in5.ca, and features modules on many other topics as well.

OPA launches podcast; episode 1 on COVID-19

THE ONTARIO PHARMACISTS ASSOCIATION (OPA) has launched a podcast called "Pharmacists' Matters" that is intended to "bring forward the issues that matter to the pharmacy profession."

Episode #1 is entitled "COVID-19 and the evolving pharmacy model." Hosted by OPA CEO Justin Bates and featuring guest Blair Thielemier, PharmD, an independent consultant pharmacist, the 42-minute podcast is available for anyone at www.opatoday.com/pharmacists-matters.

PTSA advocates for immunization training

THE PHARMACY TECHNICIAN SOCIETY OF ALBERTA (PTSA) has identified one of its strategic objectives as advocating for legislation changes and developing a framework that would authorize pharmacy technicians to administer drugs by injection.

The Nova Scotia College of Pharmacists led the way when it announced in October 2019 that it was moving forward with new regulations that would authorize this practice. "Putting a plan in place to ensure pharmacy technicians can be appropriately trained will be part of the overall framework," says a PTSA article on the topic.

PTSA points out that more and more pharmacy technicians in the U.S. are being trained and authorized to inject immunizations through a new nationwide training program for pharmacy technicians. It consists of an online self-study component, combined with a live seminar that teaches hands-on immunization techniques.

Members of PTSA's Advocacy Committee plan to take the program in the U.S. and bring their knowledge back to Alberta pharmacy technicians.

CSHP invites techs to join Pharmacy Specialty Networks

IN AN EFFORT TO SHARE INFORMATION and best hospital pharmacy practices regarding COVID-19, the Canadian Society of Hospital Pharmacists (CSHP) has set up a special open-access (free to members and non-members) Pharmacy Specialty Network (PSN). Technicians who wish to join can register at <https://qid.io/COVID19PSN/home>.

CSHP also offers a series of free webinars on COVID-19 that are recorded and posted as they become available, at <https://www.cshp.ca/covid-19#webinars>.

Recently, CSHP also added a PSN on compounding, available to current members. The Compounding PSN invites discussions on topics relating to sterile, non-sterile, hazardous and non-hazardous compounding. "As compounding is a cross-disciplinary topic, we invite questions from both pharmacists and pharmacy technicians involved in compounding," says the Society.

PSNs are communities of CSHP members who share common professional practice interests.

B.C. College seeks tech input to modernize jurisprudence exam

THE COLLEGE OF PHARMACISTS OF B.C. has asked for input from pharmacy technicians and pharmacists in updating its jurisprudence exam (JE).

Technicians were invited to participate in one or more of four workshops, including: Blueprinting – developing the blueprint for the JE; Item writing – developing new JE questions based on specific content areas; Item review – review of JE questions to ensure they reflect entry-level practice of pharmacy technicians and pharmacists; and Standard setting – establishing and validating the minimum passing score.

Participants receive an honorarium for their time spent at meetings, as well as meeting preparation time.

Psychologists offer mental health assistance to front-line workers

MORE THAN 100 PSYCHOLOGISTS from every province have signed on to an initiative by the Canadian Psychological Association (CPA) to provide psychological services, via Telehealth, to healthcare providers working on the front lines of the COVID-19 crisis. Psychologists have agreed to respond to requests for services within 24 hours and at no charge.

"This burden takes its toll on the mental health of healthcare providers, and Canadian psychologists stand ready to help them as they help the people of Canada manage the COVID-19 crisis," says CPA CEO Dr. Karen Cohen.

Participating psychologists are listed by province at <https://cpa.ca/coronavirus/psychservices/>.

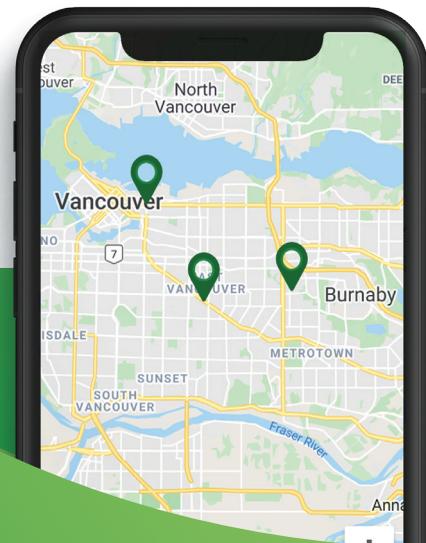


Get your caregiver-friendly pharmacy on the map

Teva Canada's free, accredited Continuing Education course, the Caregiver-Friendly Pharmacy Training Program, prepares pharmacists and pharmacy technicians to recognize and support caregivers with tangible resources and tools.

Building a trusted relationship with caregivers is good for your pharmacy: many caregivers will also require pharmacy products and services for themselves and other family members.

Better yet, once you've successfully completed the program, we'll promote your pharmacy by adding it to our interactive map of Canada to show caregivers the names and locations of pharmacies that have been trained to help them!



To register for the CE, and add your pharmacy to the map once you've completed the CE, visit:

TevaCanada.com/CaregiverPharmacies

This CE has been accredited by CCCEP for 1.5 Continuing Education Units.

Techs can help tackle Lyme disease

WHAT DO AVRIL LAVIGNE, JUSTIN BIEBER and Shania Twain have in common, besides the fact they are all Canadian singers? They all have suffered from Lyme disease.

The incidence of Lyme disease has been increasing steadily over the past several years, and as the weather warms up, it is a growing concern. Lyme disease is spread through the bite of infected ticks: the blacklegged tick (or deer tick) in southeastern and south-central regions of Canada; and the western black-legged tick in British Columbia.

According to the Government of Canada, most humans are infected through the bite of immature ticks, called nymphs, that are approximately the size of a poppy seed. Adult ticks are about the size of a sesame seed.

Some people may not develop symptoms of Lyme disease until weeks after the initial bite, so the patient may not associate the illness with the bite, or even know he or she was bitten. Early symptoms may include fever, chills, fatigue, muscle and joint aches, headache, swollen lymph nodes, and possibly the presence of a rash, sometimes shaped like a bull's-eye, called *erythema migrans* (EM).

If the tick is removed within about 24 hours, infection rarely occurs. If not, the bacterium can travel through the bloodstream and cause damage to other body sites. If it remains untreated, late Lyme disease can last months or even years and cause neurological and musculoskeletal conditions, such as chronic arthritis.

Diagnosis is primarily clinical, supported by a history of possible tick exposure. Treatment for early Lyme disease is with antibiotics, depending on the patient's age and medical history. There is currently no human vaccine for Lyme disease, and patients do not become immune once they have had it.

Role for techs

Technicians can play a major role in identifying when a patient might suspect treatment failure or is having a problem with their regimen, and then referring that patient to the pharmacist, says Taylor Raiche, a pharmacist at the Medication Assessment Centre, College of Pharmacy and Nutrition, University of Saskatchewan. "Patients asking for refills on a one-time prescription for antibiotics for Lyme disease may be looking for more medication because their symptoms haven't fully resolved," says Raiche. "These people should be referred if there wasn't a pre-existing plan for long-term antibiotic therapy."

Another way in which technicians could contribute is by helping pharmacists set up a health promotion booth during the spring/summer season, especially if they have students joining them for the summer, says Raiche. "This could be an opportunity for technicians

"NEW" DISEASE IN OLD LYME

Lyme disease was diagnosed as a separate condition for the first time in 1975 in Old Lyme, Connecticut. It was originally mistaken for juvenile rheumatoid arthritis. The bacterium involved was first described in 1981.

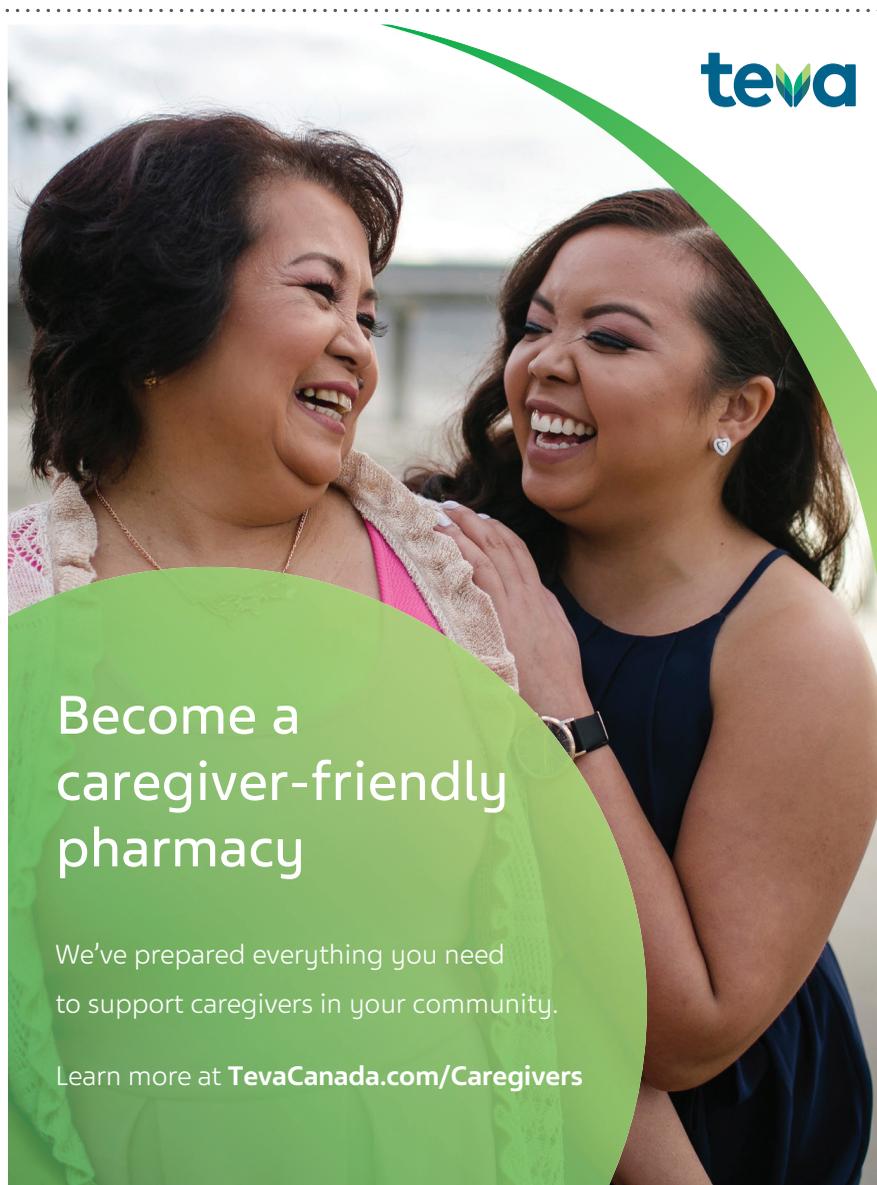
to get involved in promoting and advertising this service, as well as a way to gather appropriate patient information resources and handouts in collaboration with the pharmacist." She recommends <https://cep.health/clinical-products/early-lyme-disease/> as one source of trusted information for patients.

Technicians might also offer non-therapeutic

suggestions for the prevention of tick bites. "For example, recommendations for attire and scanning one's body post-exposure for ticks are relevant to all populations," says Raiche. Other suggestions include showering as soon as possible after spending time outdoors and putting clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing.

FOR MORE INFORMATION:

- Canadian Lyme Disease Foundation: www.canlyme.com
- CEP (Centre for Effective Practice): www.cep.health/early-lyme-disease and <https://cep.health/clinical-products/early-lyme-disease/>
- Government of Canada: www.canada.ca/en/public-health/services/diseases/lyme-disease.html
- Infection Prevention and Control Canada: <https://ipac-canada.org/lyme-disease.php>



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