



PRINCE EDWARD ISLAND  
**COLLEGE OF PHARMACY**

*Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)*

Administration of Drugs

Practice Directive

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## Introduction

Under the authority of the Regulated Health Professions Act and the Pharmacist and Pharmacy Technician Regulations (The Regulations), the Administration of Drugs Practice Directive outlines the accountabilities and responsibilities of pharmacy professionals regarding the administration of drugs. Pharmacy professionals will administer drugs in accordance with these practice directives as well as public health guidelines, the PEICP Code of Ethics and other standards of practice and policies relevant to pharmacy practice in Prince Edward Island.

The authority to administer drugs provides pharmacy professionals with the opportunity to support the health of Islanders in helping combat vaccine preventable diseases and to address some of the challenges of health care delivery in the province. Pharmacy professionals are readily accessible, have the knowledge and expertise to identify patients who need vaccinations, and are experienced in direct patient care. This places pharmacy professionals in a position to contribute to the reduction in vaccine preventable disease.

## Acknowledgments

The Prince Edward Island College of Pharmacy (PEICP) would like to acknowledge the following regulatory bodies for sharing their standards of practice documents:

Nova Scotia College of Pharmacists

New Brunswick College of Pharmacists

Alberta College of Pharmacists

## Authorization

1. A pharmacist or pharmacy technician shall undertake the administration of a drug to support the health care needs and health outcomes of the patient.
2. An applicant for extended practice in drug administration must be registered with PEICP as a pharmacist in the provisional, general or special classes, or a pharmacy technician in the provisional, general or special classes, and meet all registration requirements, including first aid/CPR certification and professional liability insurance.
3. Pharmacist applicants without a prior authorization to inject in a Canadian jurisdiction (initial applicants) must have successfully completed a CCCEP competency mapped accredited program in immunization and injection (i.e., Dalhousie CPE IIATP program) or have received their education and training on the administration of injections as part of the pharmacy program core curriculum within the last year.
  - a. An exception will be made for provisional pharmacists who have completed the program within the last three years and who submit evidence of completing injections within the last year under the supervision of a pharmacist with an EPC in drug administration.
4. Pharmacy technician applicants without a prior authorization to inject in a Canadian jurisdiction (initial applicants) must have successfully completed a CCCEP competency mapped accredited program in immunization and injection (i.e., Dalhousie CPE PTADI program) within the last year.
5. All other applicants should refer to the registration policy RP.07 Application Requirements – Extended Practice Certificate in Drug Administration found on the PEICP website.
6. **Pharmacists** who hold extended practice certification in drug administration may:
  - a. Administer any drug or vaccine by injection to a patient of any age in accordance with the prescription of a medical practitioner or nurse practitioner.
  - b. Prescribe and administer a vaccine in Schedule A of the Regulations to a patient over the age of 18 years.
  - c. Prescribe and administer influenza or rabies (pre-exposure only) vaccine by injection to a patient between five and 18 years of age.
  - d. Prescribe and administer influenza vaccine by intranasal means to a patient two years of age or older.
  - e. Prescribe and administer a vaccine for COVID-19 to a patient between the ages of 12 and 18 years of age.
  - f. Administer a hormonal contraceptive by injection.

7. Pharmacists who also hold extended practice certification in travel vaccines may also:
  - a. Prescribe and administer a vaccine in Schedule B of the Regulations to a patient over the age of 18 years.
8. **Pharmacy technicians** who hold an extended practice certification in drug administration may, under the direct supervision of a pharmacist who has a special authorization to administer by injection the drug or vaccine:
  - a. Administer any drug or vaccine orally or by injection to a patient of any age in accordance with the prescription of a medical practitioner or nurse practitioner.
  - b. Administer a vaccine in Schedule A of the regulations to a patient over the age of 18 years.
  - c. Administer influenza or rabies (pre-exposure only) vaccine to a patient between five and 18 years of age.
  - d. Administer influenza vaccine by intranasal means to a patient two years of age or older.
  - e. Administer a vaccine for COVID-19 to a patient between the ages of 12 and 18 years of age.
  - f. Administer a vaccine in Schedule B of the Regulations to a patient over the age of 18 years.
9. The pharmacist remains responsible for confirming the appropriateness of drug therapy or vaccination.
10. A pharmacist or pharmacy technician may provide the patient or the patient's representative with information in order for the patient or representative to make an informed and voluntary decision regarding the administration of the drug or vaccine.
11. A pharmacist or pharmacy technician may obtain the informed consent of the patient or the patient's representative.
12. Extended practice certificates in drug administration will expire with a registrant's registration. EPCs must be renewed annually if a pharmacist or pharmacy technician wishes to continue performing the reserved activities authorized under the extended practice certification. Upon renewal, a pharmacy professional must declare that they have completed a sufficient number of injections to maintain competency.

## Professional Independence and Accountability

1. Pharmacy professionals shall avoid situations that present a conflict of interest that compromises their professional independence, judgment or integrity which may include:
  - Accepting gifts, inducements or other benefits from a patient, other health care professional, pharmaceutical manufacturer, supplier, or other organization/person, or
  - Forming an association with a patient, other health care professional, pharmaceutical manufacturer, supplier, or other organization/person.

2. The decision by a pharmacist to administer a drug shall be based on clinical suitability, cost effectiveness and the patient's best interest. Decisions to administer a drug based on bias-oriented information or on providing financial advantage to the pharmacist and/or pharmacy without providing benefit to the patient may be regarded as professional misconduct.
3. A pharmacist shall recognize that they undertake the administration of a drug in consideration of the overall patient care plan and process. With respect to drug administration, they are responsible for the provision of optimal patient care, monitoring drug therapy and ensuring the pharmaceutical and therapeutic appropriateness of drug therapy.

## Informed Consent

1. Pharmacy professionals will provide patients, or patients' representatives, with appropriate information, in accordance with the professional's scope of practice, to allow them to make an informed decision.
2. Pharmacy professionals will document patient's informed consent electronically or manually on a form such as the *Patient Consent – Medication Administration* form. Patient informed consent may be confirmed verbally by the pharmacy professional and documented.

## Collaborate with Other Health Care Professionals

1. When administering a drug, a pharmacy professional shall collaborate and consult with other health care professionals in their pharmacy, the patient's primary health care provider and other health care professionals if appropriate and in the best interest of the patient.
2. If necessary, a pharmacy professional shall recommend that the patient seek the care of another health care professional.

## Safe and Appropriate Drug Administration

1. Pharmacy managers must have established a policies and procedures manual for the provision of drug administration, which is reviewed annually and includes, but is not limited to:
  - personal protective equipment required,
  - emergency protocols and treatments,

- precautions for patients with latex allergies,
  - handling and disposing of medical sharps and biohazard waste,
  - drug storage and handling,
  - post-administration monitoring and treatment options.
2. Pharmacy professionals will ensure the environment in which the injection is to be administered is clean, safe, and comfortable with furnishings. Generally, drugs shall be administered in a separate room to provide the patient with privacy unless it is not practical or the patient requests otherwise.
  3. Pharmacists should assess the appropriateness of the drug for the specific patient including:
    - indication,
    - dose,
    - patient allergy status,
    - risk factors and considerations,
    - route of administration,
    - past injection history, and
    - storage of patient supplied medication.
  4. Pharmacy professionals administering injections will ensure that the drug product to be administered has been prepared for administration using aseptic technique.
  5. Pharmacy professionals administering injections will ensure the drug products have been stored in accordance with the *National Vaccine Storage and Handling Guidelines for Immunization Providers*.
  6. Pharmacy professionals will prepare the injection for administration by:
    - checking the drug product lot and expiry date,
    - determining the product stability/compatibility,
    - assembling appropriate equipment and supplies,
    - wearing appropriate personal protective equipment, and
    - ensuring proper storage of prepared injections after reconstitution or mixing if applicable.
  7. Pharmacy professionals, immediately prior to administration of a drug or vaccine, shall state the patient's name and drug name to the patient to confirm that the appropriate drug is being administered to the appropriate individual.
  8. Pharmacy professionals will observe routine and established precautions for infection control including but not limited to:
    - properly handling all body fluids and tissues as if they were infectious, regardless of a patient's diagnosis,
    - wearing procedure gloves to prevent contact with body fluids, secretions, and excretions, mucous membranes, draining wounds or non-intact skin, contaminated surfaces or objects, or when the pharmacist has open skin lesions on their hands,
    - washing hands before and after administering a drug to the patient, and/or

- properly disposing of waste materials including sharps.
9. Pharmacy professionals shall be prepared to treat emergencies or adverse reactions associated with the administration of drugs, including at minimum:
    - providing basic first aid,
    - using epinephrine and diphenhydramine by injection, if necessary,
    - performing CPR,
    - managing sensitivity/anaphylactic reactions, and
    - addressing needlestick injuries.
  10. Pharmacy professionals will ensure that there is ready access and will be prepared to use drugs and health care products, aids and devices, equipment and supplies to treat emergencies and adverse reactions associated with the administration of drugs, including at minimum:
    - epinephrine,
    - diphenhydramine for injection,
    - oral diphenhydramine,
    - resuscitator bag/equipment to maintain adult and child airways, and
    - ice or cold compresses.

## Follow-up

1. Pharmacists shall establish a follow-up plan including therapeutic goal(s) to be monitored, if appropriate, and actions to be undertaken in the event of an emergency, adverse reaction, or recurring treatment.
2. Pharmacy professionals administering injections will ensure that the patient is monitored appropriately for adverse reactions and allergies and will report all major and moderate adverse events that occur following vaccine administration.

## Documentation and Communication

1. Pharmacy professionals shall create and maintain documentation regarding drug administration that is:
  - accurate, concise, legible, complete, and organized. Any abbreviations used shall be clear and well-known to all health care professionals, and not in the List of Error-Prone Abbreviations published by the Institute for Safe Medication Practices (ISMP),
  - completed in a timely manner, and
  - handled in a manner to protect the integrity and confidentiality of the information.



2. Pharmacy professionals will document any administration of a drug by any method and maintain the record for a minimum of ten years either electronically or manually on a form such as the *Patient Drug Administration Record*. The documentation will include, but is not limited to:
  - patient's name and address,
  - name and registration number of the pharmacist administering the drug,
  - drug, DIN, dose and dose number in sequence, lot, and expiry of the drug,
  - route of administration,
  - site of administration for injections,
  - date and time of administration,
  - patient or patient's agent contact information,
  - adverse reactions and management as needed,
  - follow-up plan as needed.
3. Pharmacy professionals who administer a vaccine shall report to the Chief Public Health Office in accordance with the *Public Health Act Immunization Regulations*.
4. Pharmacy professionals who administer a vaccine to a patient shall record the following information in respect of each vaccination:
  - the patient's name, address, provincial health number, date of birth and sex,
  - the name of the vaccine and the dose administered,
  - identification of the manufacturer and lot number of the vaccine,
  - the route of administration and the location on the patient's body where the vaccine was administered,
  - the name of the pharmacist who administered the vaccine, and
  - the date on which the vaccine was administered.

Vaccination records shall be retained by the pharmacist for a period of not less than 10 years from the date of administration of the vaccine, and the record shall be provided to the Chief Public Health Officer upon request.

5. Pharmacy professionals who administer a vaccine to a patient who does not have a provincial health card will submit the information required to the Chief Public Health Office on the *Immunization Report Form* (by fax or email.)
6. A pharmacy professional who observes an adverse event following immunization (AEFI) shall report the AEFI as soon as observed and, in any case, not later than 24 hours after observation, to the Chief Public Health Officer.

## Appendix A - Practice References

Pharmacy professionals shall carry out the administration of drugs in accordance with these practice directives as well as existing legislation, regulations, the Code of Ethics, other standards of practice and policies relevant to pharmacy practice in PEI. The following references may be useful:

- Canadian Immunization Guide, Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- National Vaccine Storage and Handling Guidelines for Immunization Providers 2015, Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/publications/healthy-living/national-vaccine-storage-handling-guidelines-immunization-providers-2015.html>
- Immunization Competencies for Health Professionals, Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/publications/healthy-living/immunization-competencies-health-professionals.html>
- Adverse Event Following Immunization (AEFI) form, Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/immunization/reporting-adverse-events-following-immunization.html>
- PEI Department of Health and Wellness: <https://www.princeedwardisland.ca/en/topic/health-and-wellness>
- CPHO Immunization Report Form:
  - Email version: [https://www.princeedwardisland.ca/sites/default/files/forms/immunization\\_report\\_email\\_2019.xls](https://www.princeedwardisland.ca/sites/default/files/forms/immunization_report_email_2019.xls)
  - Printable version: [https://www.princeedwardisland.ca/sites/default/files/forms/immunization\\_report\\_printable\\_2019.xlsx](https://www.princeedwardisland.ca/sites/default/files/forms/immunization_report_printable_2019.xlsx)
- Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/part-a.html#A>
- List of Error-Prone Abbreviations, ISMP: <https://www.ismp.org/recommendations/error-prone-abbreviations-list>

# Appendix B - Patient Consent: Medication Administration



## Patient Consent: Medication Administration

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Patient date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other Weight: \_\_\_\_\_ PHN: \_\_\_\_\_  
Day/Month/Year

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Emergency Contact Name/Phone Number: \_\_\_\_\_

	Yes/No	If yes, please describe
Are you sick today?		
Do you have any allergies to drugs, thimerosal, latex, eggs or fruit of any kind?		
If you brought your own medication/vaccine with you today, was it stored according to the package/pharmacist's instructions?		
For vaccinations:		
Have you received any vaccinations in the last six weeks?		
Do you have any condition that affects your immune system (i.e., cancer or HIV/AIDS)?		
Do you take any treatments that may lower your immune system such as oral steroids (i.e., prednisone), radiotherapy, or chemotherapy?		
For injections: Have you ever had a serious reaction or fainted following an injection?		

- I understand that on the date indicated above, the pharmacist/pharmacy technician will be administering the drug.
- I understand that the pharmacist/pharmacy technician has been trained and is registered to administer injections by the Prince Edward Island College of Pharmacy.
- I understand that, if required by provincial regulations, my primary health care provider and/or the Chief Public Health Officer will be notified that I have received this injection.
- I understand that I am expected to remain at this location for monitoring after the administration as directed by the pharmacist/pharmacy technician.
- The pharmacist/pharmacy technician has provided me with information pertaining to the drug being administered as well as the administration procedure so that I understand the expected outcome/reaction as well as the possible side effects. I understand that I may ask the pharmacist/pharmacy technician further questions at any time before, during or after the administration.
- In the event of an emergency, I authorize the pharmacist/pharmacy technician to administer diphenhydramine, epinephrine and/or apply necessary life-saving procedures as an interim measure until support personnel arrive. In case of emergency, please contact the person I have named above.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature (parent/guardian if a minor) OR  
Pharmacist/Pharmacy Technician Signature indicating verbal consent

## Appendix C – Patient Drug Administration Record



### Patient Drug Administration Record

Patient Information		
Patient Name:	PHN:	Date:
Address:		
DOB:	Sex:	
Allergies:		
<input type="checkbox"/> Patient (or patient agent) has been provided with information on the drug/vaccine to be administered and has provided informed consent.		
Medication for Administration		
Drug/Vaccine Administered:		
DIN:	Lot:	Expiry:
Administration Information		
Dose administered:	Route:	
Dose sequence:	Administration site:	
Time administered:	Prescriber:	
Monitoring and Follow Up		
Adverse reaction after administration: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pharmacist follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up date:	
Pharmacist/Pharmacy Technician comments:		
Pharmacist/Pharmacy Technician Signature:	Registration Number:	

