

HPA Bylaws Schedule F

Part 3 - RESIDENTIAL CARE FACILITIES AND HOMES STANDARDS OF PRACTICE

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Application

1. These parts apply to pharmacists providing pharmacy services to facilities and homes as defined in section (2).

Definitions

2. In these parts:

“**administration**” means the provision of a drug to a resident as prescribed, or for drugs listed in Schedule II or III of the *Drug Schedules Regulation*, or unscheduled drugs initiated by a registered nurse;

“**audit**” means a periodic review of the pharmacy services provided in accordance with this bylaw;

“**dispense**” has the same meaning as in the *Pharmacy Operations and Drug Scheduling Act*;

“**drug**” has the same meaning as in section (1) of the *Pharmacy Operations and Drug Scheduling Act*;

“**facility**” means a residential care facility licensed under the *Community Care and Assisted Living Act* and applicable regulations to provide care to 7 or more persons;

“**home**” means a residential care home licensed under the *Community Care and Assisted Living Act* and applicable regulations to provide care to 3 to 6 persons;

“**medication**” has the same meaning as drug;

“**medication safety and advisory committee**” means a committee established pursuant to the *Community Care and Assisted Living Act*, SBC 2002, c.75 and applicable regulations;

“**monitored dose system**” means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time;

“**natural product**” has the same meaning as in the *Natural Health Products Regulations* under the *Food and Drug Act* as amended from time to time;

“**practitioner**” has the same meaning as in the *Pharmacy Operations and Drug Scheduling Act*;

“**registered nurse**” means a person designated as a registered nurse in accordance with the *Nurse (Registered) and Nurse Practitioners Regulation*;

“**resident**” means a person who lives in and receives care in a facility or home;

“**Schedule II and III drugs**” mean drugs listed in Schedules II and III of the *Drug Schedules Regulation*.

Supervision of Pharmacy Services in a Facility or Home

3. (1) A pharmacist must not provide pharmacy services to a facility or home unless appointed to do so by the licensee of that facility or home.
- (2) A pharmacist must not allow any person to interfere with the provision of pharmacy services in accordance with the *Health Professions Act*, the *Pharmacy Operations and Drug Scheduling Act* and related bylaws.
- (3) The pharmacist appointed to provide services to the facility or home must do the following:
 - (a) visit and audit the medication room at the facility at least every 3 months,
 - (b) visit and audit the medication room or storage area at the home at least once annually,
 - (c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and
 - (d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.
- (4) The pharmacist appointed to provide services to a facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the:
 - (a) safe and effective distribution, administration and control of drugs,
 - (b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,
 - (c) reporting of drug incidents and discrepancies, and
 - (d) training and orientation programs for staff members who store, handle, or administer drugs to residents.
- (5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.
- (6) Except where a person in care self administers drugs in accordance with the *Community Care and Assisted Living Act* and applicable regulations, the pharmacist must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.
- (7) The pharmacist must ensure that a copy of this *Standard of Practice* is available in the facility or home.

Quality Management

4. A pharmacy providing services to a facility or home must have a documented ongoing quality management program that:
 - (a) monitors the pharmacy services provided, and
 - (b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

Prescription Authorizations

5. (1) A pharmacist may only dispense a drug to a resident upon receipt of a prescription.
- (2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.
- (3) A prescription may be transmitted to the pharmacy servicing the facility or home verbally, electronically or in writing.
- (4) If a prescription is transmitted to the pharmacy by facsimile, the pharmacist must comply with section (6) of the *Community Pharmacy Standards of Practice*.
- (5) If a prescription is transmitted verbally, the pharmacist must make a written record of the verbal authorization, and include his or her signature or initial.
- (6) If a prescription is transmitted electronically, the pharmacist must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialling and filing.
- (7) A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to the pharmacy and the pharmacist may dispense the drug.
- (8) Upon receipt from the practitioner, a prescription must include the following information:
 - (a) the date the prescription was written,
 - (b) the name of the resident,
 - (c) the name of the drug or ingredients and strength where applicable,
 - (d) the quantity of the drug,
 - (e) the dosage instructions including the frequency, interval or maximum daily dose,
 - (f) refill authorization if applicable, including number of refills and interval

- between refills,
 - (g) the name, identification number and signature of the practitioner for written prescriptions, and
 - (h) the date on which the drug is dispensed.
- (9) A pharmacist may accept a new drug order verbally from a practitioner to a facility registered nurse provided that:
- (a) the drug is not a controlled drug substance,
 - (b) the registered nurse writes the verbal order on a practitioner's order form, and
 - (c) transfers the written order to the pharmacy.

Dispensing

6. (1) All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging. Each package must contain not more than a 35 day supply of medication.
- (2) Where directions for the use of a drug are changed by the practitioner, the pharmacist must, following receipt of the required confirmation, initiate and dispense a new prescription.

Contingency Drugs

7. (1) The pharmacist may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.
- (2) Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 6(1).
- (3) A list of the contingency drugs must be available in the facility, home and the pharmacy.
- (4) Records of use of contingency drugs must be kept in the facility or home and must include:
- (a) the date and time the drug was administered,
 - (b) the name, strength and quantity of the drug administered,
 - (c) the name of the resident for whom the drug was prescribed,
 - (d) the name or initials of the person who administered the drug, and
 - (e) the name of the practitioner who prescribed the drug.

Nurse Initiated Drugs

8. (1) A pharmacist may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication and safety advisory committee has approved protocols for doing so.
- (2) A record of use of all medications must be on the resident's medication administration record.

Standing Orders

9. (1) Standing orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.
- (2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.

Returned Drugs

10. (1) A pharmacist must provide for the return of all discontinued drugs at the time of the next scheduled delivery.
- (2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.
- (3) Previously dispensed drugs must not be re-dispensed unless:
 - (a) they have been returned to the pharmacy in a sealed dosage unit or container as originally dispensed,
 - (b) the labelling is intact and includes a legible drug lot number and expiry date, and
 - (c) the integrity of the product can be verified.

Drug Containers and Prescription Labels

11. (1) All drugs dispensed pursuant to a prescription must be labeled.
- (2) The label for all prescriptions must include the following:
 - (a) the name, address and 10-digit telephone number of the pharmacy,
 - (b) the prescription number and dispensing date,
 - (c) the full name of the resident,
 - (d) the name of the practitioner, nurse practitioner or registered nurse,
 - (e) the strength of the drug,

- (f) the dosage instructions including the frequency, interval or maximum daily dose,
 - (g) the route of administration,
 - (h) medical indication for use for all “as required” prescription authorizations, and
 - (i) any other information required by good pharmacy practice.
- (3) For single-entity products the label must include:
- (a) the generic name and either:
 - (i) the brand name,
 - (ii) the manufacturer’s name, or
 - (iii) the drug identification number.
- (4) For multiple-entity products the label must include:
- (a) the brand name, or
 - (b) all active ingredients, and either:
 - (i) the manufacturer’s name, or
 - (ii) the drug identification number.
- (5) For compounded preparations the label must include all active ingredients.
- (6) If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for:
- (a) identification,
 - (b) repackaging in a monitored dose system if appropriate,
 - (c) labeling, and
 - (d) notation on the resident’s record and the medication administration record.
- (7) If labels are produced to be attached to a resident’s medication administration record, the label must state “for MAR”.
- (8) All drugs must be labelled with the drug expiry date and manufacturer’s lot number.
- (9) A pharmacist may not delegate the labelling of drugs in a monitored dose system to an employee of a facility or home.

Resident Records

12. (1) The pharmacist must maintain a record for each resident.
- (2) The record must include:
 - (a) the resident's full name, personal health number, birth date, gender, practitioner name, name of the facility or home, and where possible, the resident's location within the facility or home,
 - (b) diagnoses,
 - (c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,
 - (d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,
 - (e) the medical indication for use for all "as required" prescription authorizations and drugs dispensed,
 - (f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and
 - (g) the dates and reasons for early discontinuation of drug therapy if applicable.
- (3) When a drug is to be administered on a "when necessary" basis, the record and prescription label must clearly indicate:
 - (a) the specific indication for which the drug is to be given,
 - (b) the minimum interval of time between doses, and
 - (c) the maximum number of daily doses to be administered.
- (4) A pharmacist must review the resident record before dispensing a drug and take appropriate action when necessary with respect to:
 - (a) the appropriateness of drug therapy,
 - (b) drug interactions,
 - (c) allergies, adverse drug reactions, and intolerances,
 - (d) therapeutic duplication,
 - (e) contraindicated drugs,
 - (f) the degree of compliance,
 - (g) the correct dosage, route, frequency and duration of administration and dosage form, and
 - (h) any other potential drug-related problems.

Resident Medication Administration Records

13. (1) The pharmacist must provide a medication administration record for each resident.
- (2) The medication administration record must be current for each resident based on the information on the resident's record and must be sent to the facility or home each month.
- (3) A resident's medication administration record must include:
 - (a) the resident's full name,
 - (b) the resident's location within the facility or home, where possible,
 - (c) the name of the practitioner,
 - (d) allergies,
 - (e) diagnoses,
 - (f) the month for which the record is to be used,
 - (g) the name and strength of all drugs currently being administered, including those to be administered on a "when necessary" basis,
 - (h) full directions for use.

Resident Medication Review

14. (1) The pharmacist responsible for a facility must:
 - (a) review each resident's drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and
 - (b) review the resident's personal health information stored on the PharmaNet database before releasing any drug to the facility.
- (2) A pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy.

The record of review must include information about:

 - (a) the people in attendance,
 - (b) the date of the review, and
 - (c) recommendations, if any.
- (3) At a facility or home, if a resident's practitioner does not attend the review, the pharmacist must advise the practitioner of any recommendations arising from the review.

- (4) The pharmacist responsible for a home must:
 - (a) review each resident's drug regimen and document the result of the review at least once every 6 months,
 - (b) the review must be conducted on site at least once in every 12 month period.
- (5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every six 6 months, either by written, verbal or electronic communication.

Resident Oriented Pharmacy Practice

- 15. (1) When a resident is first admitted to a facility or home, the pharmacist must obtain a history for the resident.

The following information must be obtained if available:

 - (a) allergies, adverse drug reactions, and intolerances,
 - (b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy,
 - (c) compliance with prescribed drug regimen,
 - (d) Schedule II, III and unscheduled drug use, and
 - (e) laboratory results.
- (2) The pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.
- (3) Where an adverse drug reaction as defined by Health Canada is identified, a pharmacist must:
 - (a) notify the resident's practitioner,
 - (b) make an appropriate entry on the resident's record, and
 - (c) report the reaction to the Canada Vigilance Program Regional Office.
- (4) Where a self-medication program is deemed suitable for a resident, the pharmacist must comply with the *Community Care and Assisted Living Act and applicable Regulations*, and must:
 - (a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements,
 - (b) ensure a drug consultation with the resident occurs,
 - (c) ensure authorization from the resident's practitioner and the

- medication safety and advisory committee is obtained,
- (d) include any drugs in the self-medication program in the drug regimen review referred to in section 12(4), and
 - (e) document the consultation referred to in subsection (b) in the resident's record.
- (5) The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must:
- (a) confirm the identity of the resident,
 - (b) identify the name and strength of drug being dispensed,
 - (c) identify the purpose of the drug,
 - (d) provide directions for use of the drug including the frequency, duration and route of therapy,
 - (e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
 - (f) discuss storage requirements,
 - (g) provide information regarding:
 - (i) how to monitor response to therapy,
 - (ii) expected therapeutic outcomes,
 - (iii) action to be taken in the event of a missed dose, and
 - (iv) when to seek medical attention, and
 - (h) provide other information unique to the specific drug or resident.

Respite Care

16. (1) When a resident is admitted for short-stay respite care, the pharmacist must confirm all prescription authorizations with the resident's practitioner.
- (2) The pharmacist must dispense drugs using a monitored dose system and provide medication administration records.
- (3) Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

Leave of Absence Drugs

17. (1) The pharmacist must establish a system to ensure that leave-of-absence drugs are prepared correctly.

- (2) The label on a leave of absence medication must include:
 - (a) the facility or home name,
 - (b) the resident's name,
 - (c) the practitioner's name,
 - (d) the drug name, strength, quantity and complete directions for use,
 - (e) the initials of the person preparing the drug, and
 - (f) the date of issue.
- (3) All leave of absence drugs must be documented on the resident's medication administration record.