

PHARMACIST ACCESS TO PUBLICLY FUNDED VACCINE IN BRITISH COLUMBIA: IMPLEMENTATION GUIDELINE

Pharmacist and Immunization Working Group

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ABBREVIATIONS

AEFI	Adverse Events Following Immunization
BC	British Columbia
BCCDC	British Columbia Centre for Disease Control
BCIC	British Columbia Immunization Committee
BCPhA	British Columbia Pharmacy Association
CDPC	Communicable Disease Policy Committee
CPBC	College of Pharmacists of British Columbia
CVP	Community Vaccine Provider
FNIH	First Nations and Inuit Health
HPA	Health Professions Act
HPV	Human Papillomavirus Vaccine
HU	Health Units
IPV	Inactivated Poliomyelitis Vaccine
MMR	Measles/Mumps/Rubella
MOH	Ministry of Health
MSC	Medical Services Committee
PEWG	Professional Education Working Group
PIWG	Pharmacist and Immunization Working Group
PIN	Product Identification Number
PODSA	Pharmacy Operations and Drug Scheduling Act
PSD	Pharmaceutical Services Division, Ministry of Health
RHA	Regional Health Authority
Td	Tetanus-Diphtheria
Td/IPV	Tetanus-Diphtheria-Inactivated Poliomyelitis Vaccine

EXECUTIVE SUMMARY

The province of British Columbia (BC) is committed to improving access to publicly funded vaccines for eligible BC residents. The province has accomplished this by establishing a collaborative model between public health and community vaccine providers, including community pharmacists authorized to administer immunizations. This work is consistent with the goals set out by the Ministry of Health's immunization strategic framework, *ImmunizeBC*. The British Columbia Immunization Committee's Pharmacists and Immunization Working Group (PIWG) is responsible for maximizing the involvement of pharmacists as community vaccine providers in the province.

In anticipation of the 2009 flu season and H1N1 pandemic, the British Columbia Ministry of Health (MoH) changed the regulations of the *Health Professions Act* (HPA) to add the administration of intramuscular, intradermal, and subcutaneous injections into pharmacists' scope of practice¹. Pharmacists in BC who are authorized to administer immunizations have had access to a number of publicly funded vaccines since 2009. In 2011, the PIWG received approval from the BC Immunization Committee (BCIC) to make the necessary preparations for pharmacists to access and administer an expanded list of publicly funded vaccines to eligible BC residents. Beginning August 1st, 2012 immunizing pharmacists will be able to access and administer the following vaccines from the publicly funded supply in collaboration with public health under the following specific circumstances:

1. To eligible BC residents who present at the pharmacy: Td, MMR, Influenza, Pneumococcal (23 valent), Hepatitis A, Hepatitis B (for adults)
2. To eligible BC residents as a supplement to a school based program: Tdap, Varicella, Hepatitis B, HPV, Meningococcal C Conjugate
3. To eligible BC residents during an outbreak: MMR, Hepatitis A, Pertussis containing vaccine (for children 5+), Pneumococcal-23 polysaccharide, Meningococcal C Conjugate
4. To household contacts in post-exposure situations: MMR, Hepatitis A, Pertussis containing vaccines (for children 5+), Meningococcal C Conjugate
5. To eligible BC residents on a case by case basis: Varicella for adults, Tdap (for previously unimmunized adults), Td/IPV, IPV (for travel indications)

Since this decision was made, the collaborative work between immunizing pharmacists and public health has already achieved a number of early successes, including: pharmacists administering over 100,000 publicly funded influenza doses as part of the 2011/12 provincial influenza immunization campaign², pharmacists administering over 10,000 doses of Tdap as

¹ News Release: BC Ministry of Health Services. Proposed Changes Allow Pharmacists to Give Injections. Jul 21, 2009. [http://www.bcpharmacists.org/library/A-About Us/A-8 Key Initiatives/MOH-News Release-2009HSERV0008-000123.pdf](http://www.bcpharmacists.org/library/A-About%20Us/A-8%20Key%20Initiatives/MOH-News%20Release-2009HSERV0008-000123.pdf) (Accessed Jan 14, 2011).

part of the pertussis outbreak management efforts in two health authorities³, and pharmacists administering HPV (Cervarix™) vaccine as part of the one-time HPV vaccination initiative. These experiences have strengthened partnerships between pharmacy and public health, and also provided valuable information and understanding that can now be applied to other vaccine initiatives.

This guideline outlines processes and procedures for stakeholders working collaboratively to expand eligible BC resident access to publicly funded vaccines in collaboration with immunizing pharmacists.

This guideline is based on five goals as identified by the PIWG:

1. Implement procedures for procurement and management of publicly funded vaccine,
2. Provide pharmacists with the information to implement the vaccine program,
3. Establish billing procedures for new vaccines,
4. Develop and implement a communications plan, and
5. Develop and implement an evaluation plan.

Each goal is further broken down into specific deliverables, major activities, and key milestones to consider when working towards achieving these goals. Other considerations related to this work but beyond the scope of this document have also been identified and outlined for future reference.

² Policy, Outcomes Evaluation and Research; Pharmaceutical Services Division; Ministry of Health Services. Retrieved July 11, 2011; HealthIdeas. Data for the period Oct-01-2009 to Mar-31-2011. Published in PharmaCare Newsletter Edition 11-008, July 15, 2011. <http://www.health.gov.bc.ca/pharmacare/newsletter/news11-008.pdf> .

³ Media Release: British Columbia Pharmacy Association. Whooping Cough Outbreak Continues – See your pharmacist for vaccine. April 20, 2012. <http://www.bcpharmacy.ca/files/news/1334953138.pdf> (Accessed June 13, 2012)

PREAMBLE

In July 2011 the British Columbia Immunization Committee (BCIC) and the Communicable Disease Policy Committee (CDPC) approved recommendations made by the Pharmacist and Immunization Working Group (PIWG) to expand pharmacist access to publicly funded vaccines under certain circumstances. As part of the approval process the PIWG agreed to develop a detailed implementation guideline describing processes, procedures, and other practical issues for stakeholders working collaboratively to implement this program.

The PIWG members are the joint authors of this document.

INTRODUCTION

Since 2009, pharmacists have been able to become authorized to administer subcutaneous, intradermal and intra-muscular injections for immunization and for the treatment of anaphylaxis to residents 5 years of age and older in BC⁴. This is in addition to the existing scope of practice whereby pharmacists can administer oral and intranasal forms of vaccines to patients of any age if requested. For more information on the background and history behind immunizing pharmacists working with public health to provide immunization services please refer to [Appendix A](#).

Immunizing pharmacists have full access to vaccine products for sale and administration to patients within the private payer system.

Pharmacists have had access to and administered a limited number of publicly funded vaccines to eligible BC residents in recent years:

Year	Vaccine
2009	Seasonal Influenza and H1N1
2010	Seasonal Influenza, Pneumococcal (23 valent)
2011	Seasonal Influenza, Pneumococcal (23 valent), MMR*
2012	Seasonal Influenza, Pneumococcal (23 valent), pertussis-containing vaccine*, HPV (Cervarix™)

**only in specific health authorities; for outbreak management*

As of August 1, 2012 pharmacists authorized to administer immunizations are able to receive vaccine from the public supply and administer it under five specific circumstances listed here:

1 - To eligible BC residents who present at the pharmacy	
Vaccines	Release Procedures
1) Td 2) MMR 3) Seasonal Influenza 4) Pneumococcal (23 valent)	Local health units may provide these vaccines to an immunizing pharmacist to provide immunization services to immunocompetent patients.
3) Hepatitis A 4) Hepatitis B (for adults)	Local health units may provide these vaccines to an immunizing pharmacist who provides services (such as needle distribution of methadone) to high-risk clients.

⁴ British Columbia Public Health Act. 2008. Available at http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_08028_01 (Accessed January 30, 2012).

2 - To eligible BC residents as a supplement to school-based programs	
Vaccines	Release Procedures
1) Tetanus/Diphtheria/acellular Pertussis (Tdap) 2) Varicella 3) Hepatitis B 4) HPV 5) Meningococcal C Conjugate	<p>Local health units may provide these vaccines to an immunizing pharmacist on a case-by-case basis specifically for an eligible recipient who is unwilling or unable to participate in a school-based setting.</p> <p>These vaccines are scheduled for administration in grades 6 or 9, but students in grade 6 or older who have not been immunized will always be eligible to receive grade 6 vaccines (hepatitis B, meningococcal C, varicella, and HPV- girls only), and those in grade 9 or older will always be eligible to receive Tdap.</p>
3 - To eligible BC residents during an outbreak	
Vaccines	Release Procedures
1) MMR 2) Hepatitis A 3) Pertussis containing vaccines (for children age 5+) 4) Pneumococcal-23 polysaccharide 5) Meningococcal C Conjugate	<p>Local health units may provide these vaccines to an immunizing pharmacist to assist in community-based vaccination under direction of the Medical Health Officer.</p>
4 - To household contacts in post-exposure situations	
Vaccines	Release Procedures
1) MMR 2) Hepatitis A 3) Pertussis containing vaccines (for children age 5+) 4) Meningococcal C Conjugate	<p>Local health units may provide these vaccines to an immunizing pharmacist on an as-needed basis when recommended by the Medical Health Officer for a specific post-exposure situation <u>and</u> when the pharmacist can administer the vaccine in the timeliest manner.</p>
5 - To eligible BC residents on a case-by-case basis	
Vaccines	Release Procedures
1) Varicella for adults/Others 2) Tetanus/Diphtheria/acellular Pertussis (Tdap) for previously unimmunized Adults 3) Td/IPV or IPV for travel indications	<p>Local health units may provide these vaccines to an immunizing pharmacist on a case-by-case basis when requested by a pharmacist for an eligible patient when the pharmacist can administer the vaccine in the timeliest manner.</p>

Please refer to [Appendix B](#) for an easy reference chart of the above table.

This document describes the processes and practical procedures that the PIWG recommends for consideration by stakeholders when providing pharmacist immunizers with access to an expanded list of vaccines from the public vaccine supply in BC. A list of stakeholders is provided in [Appendix C](#).

IMPLEMENTATION GUIDELINE GOALS

Implementation planning is a vital component in the successful delivery of any initiative. The following section is a guideline for the implementation of expanded access to publicly funded vaccine to pharmacist immunizers. The success of this program is based on the achievement of five goals specified below. This guideline is designed to assist stakeholders with accomplishing these goals. Each goal has been carefully selected and background information has been provided. Specific details on the deliverables, major activities, and key milestones assigned to each goal are also included for consideration.

The goals identified for the Pharmacist Access to Publicly Funded Vaccine Implementation Guideline for 2012 include:

1. Implement procedures for procurement and management of publicly funded vaccine.
2. Provide immunizing pharmacists with information to implement the vaccine program.
3. Establish billing procedures for new vaccines.
4. Develop and implement a communications plan.
5. Develop and implement an evaluation plan.

GOAL 1: IMPLEMENT PROCEDURES FOR PROCUREMENT AND MANAGEMENT OF PUBLICLY FUNDED VACCINES

Background

One of the ways the province of BC is improving access to publicly funded vaccine is by expanding the list of publicly funded vaccines available to immunizing pharmacists for administration. For successful implementation of pharmacist access to more publicly funded vaccines, pharmacist immunizers need to be familiar with all the procedures and logistics related to the public vaccine supply including: procurement, distribution and general management. One of the many responsibilities of the BCCDC includes creating and maintaining the infrastructure for vaccine service delivery in the province. This includes but is not limited to purchasing, maintaining and monitoring vaccine inventory for use in the public health system and outlining the policies and procedures required to retain vaccine potency and safety during the distribution process. The following table describes the tasks recommended for consideration when planning the implementation of this section of the guideline.

<u>Deliverable 1.1</u>	<i>Support and expand the infrastructure to distribute publicly funded vaccine to immunizing pharmacists based on forecasting, availability, estimated need, and demand.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Provide guidance in forecasting and estimating vaccine requirements for immunizing pharmacists.	Identify number of immunizing pharmacists in the province.
	Obtain data on previous vaccine use or other immunization program uptake (e.g. HPV) by immunizing pharmacists and incorporate into estimates.
	Identify any upcoming immunization programs that may increase the demand of specific vaccines (in general or at specific times of the year) and incorporate into estimates accordingly.
	Identify location of pharmacies with immunizing pharmacist and coordinate/match to local health units.
	Combine data collected to estimate/ forecast quantity of publicly funded vaccine to be distributed to pharmacists via health units.
Support local health units (HU) to meet increased demands specific to immunizing pharmacists.	Identify available supplies and staff.
	Make provisions for increased need for supplies and / or staff if needed.
	Communicate and address any concerns identified to all partners. Continue to build and strengthen communication between HU and pharmacists.
Create and share processes to demonstrate inventory.	Establish guidelines for vaccine redistribution (consider from pharmacy to pharmacy, from pharmacy to HU, within or outside different RHA).

	Identify documentation requirements for vaccine redistribution.
	Provide information on guidelines and required documentation to immunizing pharmacists and HU staff.
<u>Deliverable 1.2</u>	<i>Establish policies and procedures for management of biological products.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Disseminate policies and procedures relating to all aspects of vaccine handling.	Identify and orient immunizing pharmacists on BCCDC guidelines on management of biological products.
	Outline and share procedures (HA specific) relating to vaccine ordering and pick up.
	Share documentation (HA specific) requirements for vaccine ordering, pick-up, transport, and storage of vaccine.
<u>Deliverable 1.3</u>	<i>Create procedures to document/record/report vaccine receipt, doses administered and wastage.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Prepare policies and procedures to monitor publicly funded vaccine receipt, use and wastage.	Identify documentation and reporting requirements.
	Create and share forms (HA specific) for documentation and reporting.
	Create parameters for routine reporting (who to report to, how often etc)
	Collate reported information and disseminate findings.
<u>Deliverable 1.4</u>	<i>Establish mechanisms for immunizing pharmacists to access policy/procedural information and updates specific to the management of biological products.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Create a mechanism for the provision of updates to resources when needed.	Create updates to resources when required.
	Revise resources.
	Post/Publish revised resources.
	Arrange for notification of updated material.
	Educate and encourage immunizing pharmacists to use email update tools (e.g. Admin Circ).
Perform regular reviews of resources to ensure information is accurate.	Arrange for yearly review of resources.
	Edit and revise resources as needed.
	Post/Publish revised resources as needed.
	Arrange for notification of updated material as needed.

GOAL 2: PROVIDE IMMUNIZING PHARMACISTS WITH INFORMATION TO IMPLEMENT THE VACCINE PROGRAM

Background

A solid infrastructure of written policies and procedures regarding vaccine administration practice standards is recommended to ensure a smooth transition to the appropriate application, administration and utilization of publicly funded vaccines by immunizing pharmacists. As part of their professional responsibility pharmacist immunizers must be aware of and be able to adhere to all aspects of vaccine administration standards and will need to be provided with information regarding the specific circumstances when certain publicly funded vaccines can be administered by immunizing pharmacists to eligible BC residents. The following table identifies proposed deliverables and activities that may be useful for stakeholders to consider as they move forward with their implementation plans.

<u>Deliverable 2.1</u>	<i>Provide immunizing pharmacists with information and initial training pertaining to the expanded list of vaccines.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Provide information on expanded list of publicly funded vaccines available to immunizing pharmacists.	Identify and disseminate the list of specific publicly funded vaccines and corresponding circumstances that immunizing pharmacists have access to.
Ensure all information on the expanded list of specific vaccines available for pharmacist access is incorporated into current competency programs.	Identify competency programs.
	Request addition of information into current competency program curriculum.
	Create information/messaging regarding expanded list of publicly funded vaccines.
	Incorporate messaging into programs.
Provide resource documents (resource guides) on specific vaccines and criteria surrounding availability for use.	Identify types of resource documents required for pharmacist reference.
	Prepare and add information to current resources (and / or create new ones)
	Post/Publish resources.
	Arrange for notification of new/updated resources.
<u>Deliverable 2.2</u>	<i>Establish a mechanism that provides pharmacists with access to updates and/or allows changes to available information regarding the vaccine program.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Establish a standard protocol to provide updates to immunizing pharmacists.	Develop communications to highlight/define updates and changes.
	Add/update/create resource documents with updated information.
	Post/Publish updated information.

	Provide notifications of updated information.
<u>Deliverable 2.3</u>	<i>Establish and encourage ongoing training and education.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Coordinate access to (where available) and / or explore ways to facilitate immunizing pharmacist participation in training sessions provided by public health on topics related immunizations/ immunization programs in BC.	Identify ongoing training sessions that may be appropriate for immunizing pharmacists to attend (flu schools).
	If applicable inquire about including immunization pharmacists in training sessions on a regular basis.
	Arrange for notification of training sessions to immunizing pharmacists.
Explore options to ensure ongoing training and continuing education opportunities on the topic of immunizations are available to immunizing pharmacists.	Explore opportunities to provide immunizing pharmacists with opportunities to attend ongoing training and education sessions specific to immunizations and vaccine administration practice standards (to refresh/update skills or learn about new vaccines).
	Arrange for notification/invitation of immunizing pharmacists to continuing education programs/events/conferences associated with the topic of immunizations.
	Encourage immunizing pharmacists to maintain and update their education and training in all aspects of providing publicly funded immunization services.

GOAL 3: ESTABLISH BILLING PROCEDURES FOR NEW VACCINES

Background

The BC Ministry of Health provides budgetary support for provincial immunization services. Vaccinations that are used as part of the publicly funded immunization program are recommended and provided free of charge to BC residents who meet the eligibility criteria as outlined in the BCCDC Immunization Manual.

Immunizing pharmacists have access to specific vaccines from the publicly funded vaccine supply. This means an eligible BC resident can receive a publicly funded vaccination from a pharmacist at no charge to them. Each time an immunizing pharmacist administers a publicly funded vaccine to an eligible BC resident, the pharmacy where that pharmacist works can submit a claim to PharmaCare via PharmaNet for a \$10 immunization administration fee. This is in line with the \$10.10 immunization administration fee that immunizing physicians can submit to the Medical Services Commission (MSC).

The infrastructure for submitting and handling claims associated with publicly funded vaccines within the PharmaCare program, PharmaNet and community pharmacies is already established and more information can be found on the PharmaCare website at:

[PHARMACARE PUBLICLY FUNDED PINS](#)
[PHARMACARE NEWSLETTER 10-010](#)

The following table focuses on the recommended procedures for adding new publicly funded vaccines to the list of vaccines eligible for administration fee claims.

<u>Deliverable 3.1</u>	<i>Review PharmaCare’s administrative implications of receiving administration fee claims associated with the new publicly funded vaccines pharmacists have access to.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Provide infrastructure required for immunizing pharmacists to bill for administration of new publicly funded vaccines as they become available to them.	Identify publicly funded vaccines that are available for pharmacist administration. (Ongoing)
	Prepare the internal requirements (within PharmaCare and PharmaNet) to receive and pay administration fee claims for additional publicly funded vaccines. This includes budget preparations and the creation and activation of Product Identification Number (PIN) codes if not already available.
	Incorporate new Product Identification Numbers (PINS) into the established infrastructure to allow pharmacists to submit and handle claims
	Update PIN code list as needed.
	Conduct regular (annual?) reviews of PIN codes and

	update/revise PIN list and associated resources as needed.
<u>Deliverable 3.2</u>	<i>Establish mechanisms for communication of addition of new PINS associated with publicly funded vaccines to immunizing pharmacists.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Support the development and dissemination of communications related to submitting claims for the administration of publicly funded vaccine to PharmaNet	Publish new PIN codes and corresponding publicly funded vaccines identified in a PharmaCare newsletter.
	Incorporate information regarding new PIN codes into pharmacist specific resource documents currently available or being developed.
<u>Deliverable 3.3</u>	<i>Conduct surveillance of claims data and publicly funded vaccine usage by pharmacists.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Perform regular reviews of publicly funded vaccine usage by immunizing pharmacists using claims data.	Establish criteria for surveillance reports.
	Obtain access to and approvals for the reporting of data.
	Share claims data with other partners on a regular basis.

GOAL 4: DEVELOP AND IMPLEMENT A COMMUNICATIONS PLAN

Background

Constant, effective communication to all partners involved is essential to the successful implementation of any initiative. A multi-faceted approach to share information and knowledge will lead to tasks being performed efficiently and in accordance with established policies and procedures. A means for receiving and addressing feedback or concerns and suggested improvements on potential obstacles, resources, and policy issues is also recommended. The following table identifies and describes the types of communications to be considered and details on suggested strategies for execution.

<u>Deliverable 4.1</u>	<i>Establish a communication plan for the public.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Coordinate an announcement for the public.	Develop key messages and communication.
	Determine target dates for dissemination.
	Identify communication methods.
	Arrange for dissemination/publication of communication.
Explore the potential to expand the “flu” locators to include all publicly funded vaccines and become “vaccine” locators.	Collaborate with the coordinators of the flu locator resource to expand the locator mechanism to include all publicly funded vaccines.
	Update/refresh “flu” locators to become “vaccine” locators.
	Identify sites to post locators.
	Post/Publish vaccines locators.
<u>Deliverable 4.2</u>	<i>Establish a communication plan for pharmacists.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Coordinate an announcement for all pharmacists.	Develop key messages and communication.
	Determine target date for announcement.
	Identify communication methods.
	Arrange for dissemination/publication of announcement.
Coordinate updates specific to the expanded list of publicly funded vaccines, general resource materials and forms developed for immunizing pharmacists.	Identify current list of resources.
	Identify resources requiring updating.
	Create updates and incorporate into existing resources.
	Post/Publish/Disseminate updated information.
	Arrange for notification of updates.
Establish mechanisms to notify pharmacists of any future updates/ changes to the vaccine program.	Educate and encourage immunizing pharmacists to use email update tools (e.g. Admin Circ)
	Educate and encourage immunizing pharmacists to routinely review websites where resources specific to immunization services are located and watch for updates.

	Explore the development of an email update tool (similar to Admin Circ) for immunizing pharmacists to update pharmacists of changes to pharmacist immunization specific resources.
Ensure pharmacists have ongoing access to the expanded PIN list for submitting claims.	Request PIN list to be incorporated into PharmaCare newsletter.
	Post/Publish the information.
	Review and update PIN list as needed.
	Arrange for notification of updates as needed.
Provide pharmacists with logistical, operational, and issues management updates in a timely fashion (via PIWG).	Establish mechanisms for feedback or concerns to be forwarded to members of the PIWG.
	Create clarification (eg. FAQ) documents as needed.
	Identify communication methods.
	Post/Publish documents.
	Arrange for notification of posting.
	Review and update as needed and arrange for notification of updates as needed.
Share information regarding progress and evaluation of immunizing pharmacists providing publicly funded vaccination services (via PIWG).	Identify areas being monitored and evaluated.
	Collate and create reports on findings.
	Publish/Share/Present results and findings.
Deliverable 4.3	<i>Establish a communication plan for health authorities.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Coordinate an announcement for health authority staff.	Develop key messages and communication.
	Determine target date for announcement.
	Identify communication methods.
	Arrange for dissemination/publication of announcement.
Coordinate updates to general resources/forms related to providing publicly funded vaccine to immunizing pharmacists.	Identify current list of resources.
	Identify resources requiring updating.
	Create updates and incorporate into existing resources.
	Identify communication methods.
	Post/Publish/Disseminate updated information.
Share information regarding progress and evaluation of immunizing pharmacists providing publicly funded vaccination services.	Identify areas being monitored and evaluated.
	Collate and create reports on findings.
	Publish/Share/Present results and findings.

GOAL 5: DEVELOP AND IMPLEMENT AN EVALUATION PLAN

Background

The PIWG is committed to on-going evaluation of the pharmacist’s role in immunization delivery and some initial evaluation work is underway. An evaluation plan should be developed to evaluate the experience of immunizing pharmacists in BC that builds on the “Partners in Prevention” evaluation methodology used to evaluate the experience of BC primary care physicians with vaccines.⁵

The following table provides the general steps recommended for this evaluation work to proceed.

<u>Deliverable 5.1</u>	<i>Ascertain budget available for monitoring progress and evaluation.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Assess budgetary framework for the provision of the evaluation plan.	Identify budget and funding available for evaluation plan.
<u>Deliverable 5.2</u>	<i>Establish goals for monitoring progress.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Identify areas for evaluation.	Identify areas to evaluate based on stakeholder input.
	Identify areas that have already been evaluated or being currently evaluated.
	Identify short and long term goals for monitoring progress in and evaluate work being done in areas identified.
<u>Deliverable 5.3</u>	<i>Establish framework for overall planning and coordination of evaluation plan.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Determine methods for monitoring progress and coordinate the development and implementation of an evaluation	Identify existing methods of evaluation (methods used to evaluate the experience of other community vaccine providers, surveys etc)
	Identify any other potential methods of evaluation.
	Create evaluation plan to investigate and evaluate the short and long term goals using methods identified.
	Arrange for data collection and assessment.

⁵ Dawar M, Fan Sym et al. Partners in Prevention: Survey results exploring attitude, knowledge and experience of BC primary care physicians with immunization delivery. Vaccine Evaluation Centre, Final Phase 3 Evaluation Report. 29 February, 2011.

plan.	
<u>Deliverable 5.4</u>	<i>Determine timelines for short and long term evaluation.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Provide overall planning for evaluation timelines.	Identify timeline for evaluation of short and long-term goals.
	Incorporate timelines into overall evaluation plans.
<u>Deliverable 5.5</u>	<i>Share findings with all partners.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Provide ongoing reports on findings and prepare a final report.	Identify partners requiring reports.
	Identify criteria for reporting.
	Identify timelines for collecting and reporting data.
	Obtain access and approval to publish and share data.
	Collect and report on progress and evaluation on a regular basis.
	Create final report of overall findings.
	Publish final report.
Present findings at events and conferences.	
<u>Deliverable 5.6</u>	<i>Establish mechanisms for addressing gaps identified through monitoring and evaluation.</i>
<u>Major Activities</u>	<u>Key Milestones</u>
Implement strategies to facilitate corrective action to improve progress in areas where gaps have been identified.	Arrange for assessment of gaps identified.
	Collaborate with partners to address gaps and provide suggestions for improvements.
	Implement suggestions if applicable.

OTHER CONSIDERATIONS

This document provides guidelines for the main issues associated with increased pharmacist access to publicly funded vaccines through public health. Other potential issues that exist and are beyond the scope of this document may require consideration in the future and are described below.

Interim First Nations Health Authority

First Nations British Columbians with Status have been receiving immunization services primarily via Health Canada's First Nations and Inuit Health Branch (FNIHB). In some areas, in addition to services through Health Canada, public health nurses from the local health authority also provide assistance. In recent years, the government of BC, FNIHB, and the First Nations Health Council have been working towards First Nations assuming management of First Nations health from health Canada through the development of a First Nations Health Authority.

Maintaining immunization services provincially for Aboriginal British Columbians both on and off reserve will require collaboration of all health care providers involved in publicly funded immunization programs. As demonstrated in other health authorities, pharmacist immunizers may have a significant role in assisting public health provide publicly funded immunization services to these communities.

Special Programs

In April 2012 BC launched a one-time program of publicly funded HPV vaccination (Cervarix™) for young women who were born in 1991, 1992, and 1993. Immunizing pharmacists are participating in this program and have access to publicly funded HPV (Cervarix™) for administration to eligible BC residents. The initiation of this program benefited greatly from the collaborative effort between all stakeholders involved. This was accomplished through the development of a special provincial working group to strategize, plan, implement and follow the progress of the program. This strategy is recommended for any similar types of special programs in the future.

New Vaccines

When a new vaccine becomes available as part of a public health program or if an addition or change is needed in the list of publicly funded vaccines available for immunizing pharmacists to access, a process is needed to investigate these requests and includes input from all stakeholders including pharmacists. An ongoing review process of the vaccines available and criteria for pharmacist access as well as the review of any requests for additions, changes, or deletions is highly recommended.

CONCLUSION

This implementation guideline is the starting point for a coordinated effort to increase access to publicly funded vaccine in the province of BC. This guideline has been developed to achieve the principal goal of successfully expanding pharmacist access to publicly funded vaccine. The PIWG is leading this effort by leveraging existing resources and expertise, building on previous experience and exploring new systems and procedures where appropriate.

APPENDICES

APPENDIX A: Background

The provincial Immunize BC Strategic Framework (the Framework) was developed in 2007 to guide health authorities and health system partners in the delivery of optimal immunization services across BC⁶. The Framework is linked with and supports the National Immunization Strategy.

The mission of the Framework is to improve the health of British Columbians by continuing to reduce the incidence of vaccine-preventable diseases and the associated impact of disease, disability, and death. Having pharmacists provide immunizations is consistent with this mission and supports priority actions identified in the Framework such as:

- Improve access to immunization services.
- Ensure an adequate supply of knowledgeable, trained service providers.
- Promote the immunization program publicly and with health care professionals.

The College of Pharmacists of BC (the College) is the regulatory authority responsible for ensuring pharmacists provide safe and effective care to patients. The College ensures all authorized pharmacists have the knowledge, skills and abilities to administer immunizations safely and effectively.⁷ Please see [Appendix D](#) for more information on pharmacist legislation and regulation and the authority to administer injections.

The Pharmacists and Immunization Working Group (PIWG) is responsible for:

- Supporting the full implementation of pharmacists' expanded scope of practice to administer publicly funded immunizations through existing processes at the British Columbia Centre for Disease Control (BCCDC) and the Regional Health Authorities (RHA), and
- Providing recommendations to the British Columbia Immunization Committee (BCIC) related to the logistics of utilizing pharmacists' authority to administer vaccinations and injections to further population and public health goals.⁸

The PIWG membership includes representatives from the College, BCCDC, BC Pharmacy Association (BCPhA), each Regional Health Authority (RHA), First Nations and Inuit Health (FNIH), and the BC Ministry of Health.

⁶ Immunize BC, A Strategic Framework for Immunization in BC. February 2007.
<http://www.health.gov.bc.ca/library/publications/year/2007/immunizebc.pdf>

⁷ HPA Bylaws Schedule F Part 4 – Certified Practice – Drug Administration By Injection Standards, Limits And Conditions For Immunization. College of Pharmacists of British Columbia. 2009. http://library.bcpharmacists.org/D-Legislation_Standards/D-2_Provincial_Legislation/5099-HPA_Bylaws_Injection_Drug_Administration.pdf Accessed February 1, 2012

⁸ Pharmacist and Immunization Working Group Terms of Reference. Updated Feb 2011.

BC History

BC has already built a strong foundation for increasing BC resident access to publicly funded immunization services. Immunizing pharmacists and public health have collaborated together on various new initiatives in 2011 and 2012 and this work has been instrumental in assisting public health and pharmacist authorized to administer immunizations move forward together in the area of administering publicly funded vaccines to eligible BC residents.

Mumps Outbreak Management

In response to a mumps outbreak in 2011 immunizing pharmacists in Vancouver Coastal Health had access to MMR vaccine and were able to support and participate in the MMR vaccination campaign within the region.

Pertussis Outbreak Management

In early 2012 immunizing pharmacists partnered with public health in the management of the pertussis outbreak in Fraser Health Authority and Vancouver Coastal Health. This initiative demonstrated the benefits of public health and pharmacists working together to manage an outbreak situation. It also provided the opportunity to work through various logistical, operational, and procedural issues as a team.

One-Time HPV Program

In April of 2012 the BCCDC launched a one-time program of publicly funded HPV vaccination (Cervarix™) for young women who were born in 1991, 1992, or 1993. Immunizing pharmacists are an integral part of this program, and pharmacy stakeholders were involved in the planning and preparation work as well. This program also marked the first time that a pharmacy wholesaler was engaged as part of the product distribution process.

Evaluation of Pharmacist and Public Health Personnel Experiences with the 2011/12 Influenza Campaign

In January 2012, the PIWG distributed a survey to pharmacists and public health personnel to collect opinions on what aspects of the current system are working and areas for improvement. Data analysis is underway and results are expected later in 2012.

APPENDIX B: Circumstances for Release of Publicly Funded Vaccines to Immunizing Pharmacists

Publicly Funded Vaccines	Circumstances for release of publicly funded vaccines for administration to eligible BC residents by immunizing pharmacists				
	1. Public who present at pharmacy	2. Supplement to School-Based Program	3. Outbreak Control	4. Post-Exposure	5. Case-by-case
Influenza (seasonal)	✓				
Hepatitis A	✓ *		✓	✓	
Hepatitis B	✓ * adults	✓			
HPV		✓			
MMR	✓		✓	✓	
Meningococcal C Conjugate		✓	✓	✓	
Polio (travel indications)					✓
Pneumococcal (23 Valent)	✓		✓		
Td	✓				
Tdap (and/or other pertussis-containing vaccines for ages 5+)		✓	✓	✓	✓ Unimmunized adults
Td/IPV (travel indications)					✓
Varicella		✓			✓

Publicly Funded Vaccine Release		
	Circumstances	Release Procedures
1	To eligible BC residents who present at the pharmacy	Local health units may provide these vaccines to an immunizing pharmacist to provide immunization services to immunocompetent patients. *Local health units may provide these vaccines to an immunizing pharmacist who provides services (such as needle distribution of methadone) to high-risk clients.
2	To eligible BC residents as a supplement to school-based programs	Local health units may provide these vaccines to an immunizing pharmacist on a case-by-case basis specifically for an eligible recipient who is unwilling or unable to participate in a school-based setting. These vaccines are scheduled for administration in grades 6 or 9, but students in grade 6 or older who have not been immunized will always be

		eligible to receive grade 6 vaccines (hepatitis B, meningococcal C, varicella, and HPV- girls only), and those in grade 9 or older will always be eligible to receive Tdap.
3	To eligible BC residents during an outbreak	Local health units may provide these vaccines to an immunizing pharmacist to assist in community-based vaccination under direction of the Medical Health Officer.
4	To household contacts in post-exposure situations	Local health units may provide these vaccines to an immunizing pharmacist on an as-needed basis when recommended by the Medical Health Officer for a specific post-exposure situation <u>and</u> when the pharmacist can administer the vaccine in the timeliest manner.
5	To eligible BC residents on a case-by-case basis	Local health units may provide these vaccines to an immunizing pharmacist on a case-by-case basis when requested by a pharmacist for an eligible patient when the pharmacist can administer the vaccine in the timeliest manner.

APPENDIX C: Collaborative Partners-Roles and Responsibilities.

Stakeholder	Role/Responsibility	Details/Comments
PIWG	Contribute/ coordinate/ manage the development and execution of the implementation guideline	<i>Identification of vaccines potentially suitable for pharmacist administration</i> <i>Identification of areas for improvement</i> <i>Identification and provision of resources for development and communication of implementation guideline</i> <i>Evaluation (ongoing)</i> <i>Report to the BCIC</i>
BCIC	Coordinates delivery of immunization in BC (across health care systems)	<i>Reviews and approves recommendations made by the PIWG (implementation guideline)</i> <i>Provides support/direction/ Feedback to PIWG as needed</i>
BCCDC	BC immunization program management (end to end management)	<i>Responsible for the Provincial Vaccine Program:</i> <i>Procurement</i> <i>Distribution</i> <i>Biological Management</i> <i>Biological Wastage Management</i> <i>Provincial guidelines (for biological management, vaccine administration, AEFI's, consent)</i> <i>Education</i> <i>Promotion</i>
Stakeholder	Role/Responsibility	Details/Comments
RHAs	Educate health authority /health unit staff	<i>Provide information on pharmacist expanded scope of practice (vaccines, criteria etc.)</i>
	Biological Products Consultant	<i>Outline ordering, packing and shipping procedures and forms</i> <i>Outline procedures for returning unused or expired vaccine (including forms)</i>
	Biological Product Monitor	<i>Unpack and store</i> <i>Maintain inventory</i> <i>Order vaccine</i> <i>Take orders from CVP for vaccine</i> <i>Prepare orders for CVP</i>
	Outline Documentation Requirements	<i>Both client specific and vaccine specific – lot numbers etc. – may differ between health units/health authorities</i> <i>AEFI's (reporting, documentation, management, follow-up)</i>
	Best practice support	<i>Clinical guidance and client management (special populations)</i> <i>Provide Immunization History (if requested – with client consent)</i>
	Communication	<i>Provide updates (i.e. via website resources or community vaccine provider newsletters – varies by HA)</i> <i>In-services (varies by HA)</i>
	Promotional Material	<i>In partnership with the PIWG</i>

Stakeholder	Role/Responsibility	Details/Comments
Pharmacists	Competency	<i>Ensure competency to immunize Maintain immunization certification Maintain up to date knowledge of vaccines</i>
	Vaccine Procurement and Management	<i>Ordering Inventory General management Transport Storage Documentation Returns</i>
	Documentation	<i>As per BCCDC and Health Authority procedures and policies.</i>
	Other	<i>Billing Quality assurance Promotion</i>
BCPhA	Education	<i>Training for administering injections</i>
	Issues Management	<i>Operational Procurement Logistical Advocacy</i>
	Communication	<i>Newsletters, Websites</i>
CPBC	Certification of Pharmacists	<i>Clinical judgment Competency Recertification</i>
	Legislation and Regulations	
	Communication	<i>Access to list of pharmacists authorized to administer vaccines in BC</i>
	Vaccine Stewardship	<i>Monitors pharmacist standards of practice. Approves all required training programs for authorized pharmacists. Professional Practice Policy 68 –Cold Chain Management of Biological Products. Monitors injections and cold chain management as part of routine on site visits by College Inspectors.</i>
UBC Faculty of Pharmaceutical Sciences	Undergraduate training	<i>Potential for integration of training on administering injections into the undergraduate curriculum</i>
	Evaluation	<i>Protocol development Data analysis Report writing</i>
PSD	Remuneration	<i>Claims/billing</i>
	Communication	<i>Resources Guideline Statistics</i>
	Evaluation	<i>PharmaCare data</i>

APPENDIX D: Pharmacist Legislation and Regulation

The College of Pharmacists of British Columbia (the College or CPBC)

The College ensures that pharmacists practicing in BC are fully qualified and competent to protect the public by providing safe and effective pharmacy care to help people achieve optimal health. The College is responsible for registering and regulating pharmacists and ensuring pharmacists practice according to designated standards of practice and applicable legislation.

Authority to Administer Injections

The College grants pharmacists the authority to administer injections. Pharmacists must apply to the College for authorization to administer injections and meet specific qualification requirements including⁹:

- ✓ Be registered on the College's Full Pharmacist register
- ✓ Have successfully completed training from a CPBC approved accredited training program
- ✓ Possess current certification in CPR and first-aid from a recognized provider such as St. John's Ambulance or the Canadian Red Cross.

Once the above requirements are met, pharmacists may apply to the College to become authorized to administer injections in BC. Recertification is required every 5 years.

Pharmacists who receive authorization to administer immunizations in B.C. must follow the Standards, Limits and Conditions established by the College¹⁰. Currently, pharmacists authorized to administer injections are limited to administering immunizations and injections for the treatment of anaphylaxis to people aged 5 years and older.

PHARMACIST STANDARDS, LIMITS AND CONDITIONS FOR IMMUNIZATION

As of March 2012 over 1600 pharmacists are authorized by the College to administer injections. During the 2010 influenza campaign, pharmacists administered 48,502 doses of influenza vaccine and 1,415 doses of pneumococcal vaccine and during the 2011 influenza campaign, pharmacists administered over 103,000 doses of influenza vaccine².

Confidentiality

Confidentiality is a required element of any patient care service. Immunizing pharmacists authorized to administer immunizations must comply with all confidentiality standards in accordance with all applicable legislation including the Pharmacy Operations and Drug Scheduling Act (PODSA) and the Health Professions Act (HPA)^{11,12}.

⁹ Medication Management (Administering Injections), CPBC website
http://www.bcpharmacists.org/about_us/key_initiatives/index/articles70.php
(Accessed December 24, 2011)

¹⁰ Health Professions Act Bylaws Schedule F Part 4, Certified Practice: Drug Administration By Injection Standards, Limits, and Conditions for Immunization. CPBC. 2009. http://library.bcpharmacists.org/D-Legislation_Standards/D-2_Provincial_Legislation/5099-HPA_Bylaws_Injection_Drug_Administration.pdf

¹¹ Pharmacy and Drug Scheduling Act Bylaws. College of Pharmacist of British Columbia. July 2010. http://library.bcpharmacists.org/D-Legislation_Standards/D-2_Provincial_Legislation/5082-PODSA_Bylaws.pdf
(Accessed December 29, 2011).

Scope of Practice

The HPA Pharmacists Regulation allows for qualified pharmacists to administer a drug (Schedule I, IA, or II) or substance (Schedule III) by intradermal, intramuscular, or subcutaneous injection for the prevention of disease, disorders or conditions and for the treatment of anaphylaxis¹⁰. However, the Standards, Limits, and Conditions are restricted to immunizations and the treatment of anaphylaxis.

Drug Scheduling

In Canada, drugs are organized into groups called “drug schedules” and these schedules describe the conditions under which a drug can be provided and sold to a patient. Schedules can vary by province. The different categories of drug schedules in BC are listed and described in the table below. Drugs listed in Schedules I, IA, II, and III must be sold from a licensed pharmacy whereas unscheduled drugs may be sold from non-pharmacy outlets¹³. (see table below).

¹² Health Professions Act Bylaws. College of Pharmacists of British Columbia. Jun 2010. <http://library.bcpharmacists.org/D-Legislation-Standards/D-2-Provincial-Legislation/5076-HPA-Bylaws.pdf> (Accessed December 29, 2011).

¹³ Drug Schedules Regulation to the Pharmacy Operations and Drug Scheduling Act of British Columbia. College of Pharmacists of BC. November 2011.

A detailed list of drugs (including vaccines) by schedule is provided here:

[BC PROVINCIAL DRUG SCHEDULE](#)

All vaccines when administered as part of a provincial publicly funded vaccination program are classified as Schedule II and can be administered by any authorized professional to an eligible recipient without requiring a prescription¹⁴. This special scheduling provision exists for publicly funded vaccines to ensure that eligible BC residents can receive a vaccine expeditiously when necessary.

NOTE: A summary of vaccine schedules is provided in the [College of Pharmacists of BC](#)

[ReadLinks March/April 2007](#) (see pages 4 and 5).

Schedule Listing	Description ^{12, 11}
Schedule I	Prescription: Require a prescription. Provided to the public following the diagnosis and professional intervention of a practitioner.
Schedule IA	Controlled Prescription Program: May be sold by a pharmacist on the prescription of a practitioner in accordance with the Bylaws 4 and 6 of the bylaws to the PODSA.
Schedule II	Professional Service Area: May be sold by a pharmacist on a non-prescription basis. Must be retained within the Professional Service Area of the pharmacy where there is no public access or opportunity for patient self-selection.
Schedule III	Professional Products Area: May be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy.
Unscheduled	Non-pharmacy sale: May be sold by a non-pharmacist to any person.

¹⁴ ReadLinks. College of Pharmacists of British Columbia. March/April 2007 p 4-5. http://www.bcpharmacists.org/library/H-Resources/H-3_ReadLinks/ReadLinks-MarApr2007.pdf (accessed Apr 6, 2011)