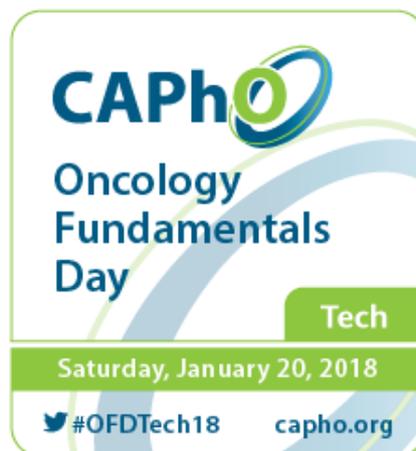


The Canadian Association of Pharmacy in Oncology Presents

CAPhO Oncology Fundamentals Day for Technicians 2018
Saturday, January 20, 2018





Accreditation



CAPhO Oncology Fundamentals Day for Technicians 2018 is accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP) for **3.75 continuing education credits (CEUs)**. Participation on January 20th is required to receive a letter of participation.
CCCEP 1152-2017-2277-C-T and 1152-2017-2279-C-P

Program at a Glance

Click on the session title or presenter name to go directly to the session description or presenter biography.

Note: All times indicated are Eastern Standard Times (EST). The program below is subject to change.

Time	Session
10:00 – 10:10	Welcome Remarks
10:10 – 10:55	Human Error in Chemotherapy Preparation - <i>Rachel Gilbert, Rachel Gilbert Consulting, Toronto, ON</i>
10:55 – 11:40	Logistics of Centralized Hazardous Drug Preparation - <i>Sukhraj Gill, Cross Cancer Institute, Edmonton, AB</i>
11:40 – 12:25	Hazardous Drug Preparation - <i>Michelle Koberinski, BC Cancer Agency, Kelowna, BC</i>
12:25 – 12:55	<i>Break</i>
12:55 – 13:40	Technicians Checking Chemotherapy - <i>Kelly-Ann Wakeford, Juravinski Cancer Centre, Hamilton, ON</i>
13:40 – 14:25	Minimizing Exposure to Cancer Medications - <i>Rhonda Kalyn, BC Cancer Agency Centre, Kelowna, BC</i>
14:25 – 14:30	Closing Remarks

Session Descriptions and Presenter Biographies

Human Error in Chemotherapy Preparation - Rachel Gilbert, Rachel Gilbert Consulting, Toronto, ON

“We cannot change the human condition, but we can change the conditions under which humans work.”

- James Reason

This 45-minute online workshop will introduce pharmacy technicians to the concepts of human error and error-prevention as they relate to chemotherapy preparation.

Learning Objectives:

1. Define human factors for the chemotherapy preparation context;
2. Articulate 2-3 specific mechanisms of human error in chemotherapy preparation; and,
3. Describe 2-3 error prevention strategies.



Rachel Gilbert (née White) is passionate about making healthcare safer for patients by making environments, processes and technologies more intuitive for clinicians. She has a keen interest in integrating human factors principles into medication safety initiatives, especially those relating to chemotherapy. Through her research she has gained a strong understanding and respect for the role that care providers and leaders play in patient safety.

A graduate of Carleton University in Ottawa, Rachel received an MA in Psychology, specializing in Human-Computer Interaction.

Following her studies, she made software and hardware devices more user-friendly through a variety of projects and operational activities in Canada and the UK. Upon her return to Canada in 2005, she worked for ten years at Toronto's University Health Network as a member of the internationally-acclaimed HumanEra team. During this time, she won research grants, executed research projects and influenced safety standards, primarily in the oncology space. She also taught thousands of Canadian and international care providers, leaders and academics how to prevent human error in healthcare.

Since late 2015, Rachel has been consulting with the public and private sectors on patient safety and human factors issues.

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Logistics of Centralized Hazardous Drug Preparation - Sukhraj Gill, Cross Cancer Institute, Edmonton, AB

Release of USP 797, USP 800, and NAPRA clean room and hazardous drug preparation standards in recent years has resulted in more stringent requirements for sterile drug preparation facilities resulting in the need to consider centralizing sterile drug production. This presentation will review the logistics of implementing sterile hazardous drug preparation for delivery at a remote site.

The goal was to provide a chemotherapy mixing service out of a Tertiary or Regional Cancer Centre pharmacy for delivery in a rural Community Cancer Centre (CCC) for 100% of the planned patient treatments, while maintaining the key principles. Results indicated the implementation of the remote service delivery model was successful.

Learning Objectives:

1. Describe the changes from the NAPRA/USP 797/USP 800 sterile drug preparation standards that have resulted in change of practice and how these changes are challenging sterile production facilities;
2. Review Alberta's plan for centralized production and distribution of parenteral chemotherapy preparations; and,
3. Identify logistics for remote delivery of centrally prepared parenteral chemotherapy.



Sukhraj Gill received her Pharmacy Technician Certificate in 2002 and became a regulated Pharmacy Technician in 2012. She has worked for the Cross Cancer Institute (CCI) for 15 years and has some retail experience as well.

Sukhraj works in rotation, manages interprovincial and non-insured billing and also has been involved in various projects at CCI including the remote chemotherapy delivery service. She is a member of the provincial IV team in CancerCare and is also involved in training of new staff.

Sukhraj won the poster award for the remote chemotherapy delivery service at CAPhO 2017 in Banff.

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Hazardous Drug Preparation - Michelle Koberinski, BC Cancer Agency, Kelowna, BC

Michelle will discuss safe handling and aseptic preparation of hazardous drugs. She will also review proper use of a biological safety cabinet. The requirements outlined in NAPRA's Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations be the basis of the information presented. Michelle will offer suggestions on where to start with implementing NAPRA's Model Standards at your facility.

Learning Objectives:

1. Summarize safe and aseptic preparation of hazardous drugs;
2. Outline proper use of a biological safety cabinet; and,
3. Apply NAPRA's Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations.



Michelle Koberinski graduated from Vancouver Community College's Pharmacy Technician Program in 1999. Since then, she has worked in various community and hospital settings in BC and Alberta. She currently works for Provincial Pharmacy at the BC Cancer Agency as the Oncology Certification Pharmacy Technician where she developed, implements, and maintains an oncology certification program for pharmacy staff in British Columbia that prepare and dispense oncology medication. In 2010, Michelle received CAPhO's Merit award for her work on the BCCA Pharmacy Practice Standards for Hazardous Drugs Manual.

Michelle dedicates much of her time to improving aseptic compounding processes that involve hazardous drugs and developing guidelines for practice.

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Technicians Checking Chemotherapy - Kelly-Ann Wakeford, Juravinski Cancer Centre, Hamilton, ON

Technicians checking chemotherapy makes sense! With the ever-changing demands on pharmacy today, delegating the checking function to technicians helps the pharmacist meet the clinical demands for safer patient care. The workload keeps increasing, the regimens keep getting more complex, and what better way to use pharmacy resources than to have the technicians doing the technical job of checking. The technicians have been mixing chemotherapy for years; they have the knowledge and background of the technical aspects of this process, so it makes sense to move them forward into the checking function.

With the technicians checking High Alert Medications, there has to be a training program established to assure that the technicians are qualified to accurately and safely check and dispense chemotherapy. We need to include our pharmacists in the process of designing the training program, so we can assure them that they can trust the technicians checking chemotherapy safely and accurately.

There also has to be a quality assurance program in place to verify that the technicians are maintaining their skills and knowledge. Yearly certification should be built into your training program as well. In conclusion we need to make the technicians and pharmacists confident and comfortable with technicians checking chemotherapy. The pharmacist does the clinical job of verification of the chemotherapy orders first and then hands it off to the technicians to do the technical work of mixing, checking and dispensing the order. This will give the technicians more responsibility and a feeling of accomplishment to be able to perform within their scope of practice as the technicians are now licensed with the Colleges in their provinces.

Learning Objectives:

1. Learn why there is resistance from technicians and pharmacists regarding technicians checking chemotherapy and how we can overcome this resistance;
2. Identify what needs to be included in a training program and how to develop an in-house training and certification program;
3. Identify what information and support technicians need to do the checking function; and,
4. Identify the expectations of a licensed pharmacy technician according to their college and employer.



Kelly-Ann is the Senior Pharmacy Technician at the Juravinski Cancer Centre in Hamilton, Ontario. She has worked there for 30 years and really enjoys her job. Kelly-Ann is a licensed pharmacy technician with the Ontario College of Pharmacists. Her specialty is chemotherapy and she trains and certifies all technicians in chemotherapy preparation and checking. Kelly-Ann also taught the practical chemotherapy IV course at Mohawk College to set a high standard within the area of all practicing pharmacy

technicians. In her spare time, Kelly-Ann is a certified spin instructor and motivates her members to be the best that they can be!

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Minimizing Exposure to Cancer Medications - Rhonda Kalyn, BC Cancer Agency Centre, Kelowna, BC

Family members have the potential to become exposed to cancer drugs when they care for a patient who is taking cancer drugs at home. Recent studies of patients taking cancer medications at home show that surface contamination exists in areas where cancer drugs have been handled and that cohabitating family members can have detectable levels of cancer drugs in their urine.

Exposure to cancer drugs may be hazardous to the health of family members because many cancer drugs have potentially serious toxicities, such as secondary cancers, reproductive toxicity, and organ toxicity. Additionally, the intended effect of a cancer drug can be harmful to a family member who doesn't have cancer. For example, some breast cancer drugs block the female hormone estrogen. Since estrogen is required for pregnancy, drugs that block estrogen could be harmful to someone who is pregnant.

All patients who receive cancer medications should be provided with instructions to handle their medications in a way that reduces potential exposure of family members to the drug. The instructions should cover precautions for family members who administer cancer medications, safe storage of cancer medications, procedures for handling body fluids, procedures for handling spills of cancer drug or body fluids, and how to dispose of contaminated supplies.

Learning Objectives:

1. Describe how secondary exposure to cancer medications can be harmful to the health of family members;
2. Discuss evidence of secondary exposure to cancer drugs in the home setting; and,
3. Review safe handling recommendations for family members to avoid exposure to cancer drugs.



Rhonda started her oncology pharmacy practice with the BC Cancer Agency in Kelowna in 2002. Prior to 2002, she worked in both retail and hospital pharmacy settings since graduating from the University Of Saskatchewan College Of Pharmacy. In her 15 years working at the BC Cancer Agency, Rhonda has worked as a clinical pharmacist, clinical trials pharmacist, and pharmacy educator. She is currently the editor for the BC Cancer Agency Oncology Pharmacy Education Program and serves on the Pharmacy Safe Handling Working Group. Rhonda volunteers for

CAPhO's Education Technician Committee and Webinar Planning Committee.

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