

# SCOPE newsletter

ADVANCING QUALITY PHARMACY CARE FOR A HEALTHIER SASKATCHEWAN

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COLLEGE OF  
PHARMACY  
PROFESSIONALS

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## Reinstatement of the Appraisal Training and Assessment (ATA) Process

SCPP is pleased to announce that after a period of review, effective immediately, the Appraisal Training and Assessment program for international pharmacy graduates (IPG's) and former members returning to practise is reinstated.

In reinstating this program, the College wishes to bring the following to your attention:

1. Appraisal training is the first phase where the candidate's competencies to enter practice are assessed against national standards by a licensed pharmacist preceptor. Under Saskatchewan law, such candidates are entitled to minimum wages and benefits. The term of appraisal training is a minimum of one month to a maximum of two years and length of time depends upon the candidate's performance at a practice site the candidate secures. Once the candidate has demonstrated meeting the national entry to practice competencies, the preceptor completes the appraisal training evaluation form. If the evaluation is approved, the SCPP office will assign the candidate to another licensed pharmacist at another site for independent assessment.
2. In the following two-week assessment phase, the assessor pharmacist validates whether the candidate is prepared to become a practising pharmacist in Saskatchewan. The assessment phase has received an exemption from the Minister of Labour Relations and Workplace Safety. This means that there will be no payment of wages and benefits to the candidate. Also, as assessment candidates are not employees (no remuneration), they are not eligible for Workers' Compensation Board benefits should they become ill or injured during the two-week period. SCPP has an insurance policy in place for Occupational Accidental Death & Dismemberment for coverage during the two weeks the candidate is under the assessor's supervision. This policy covers injuries only during the assessment phase and does not cover illness. The policy wording is available from the SCPP office upon request.

SCPP expects that with the reinstatement of this program, there may be many new candidates looking for paid appraisal training opportunities leading to registration with SCPP. As before, all potential appraisal training candidates are subject to the requirements set out by SCPP as per the Regulatory Bylaws before the appraisal training can begin.

Information on registration requirements for ATA candidates can be found on the [SCPP website](#) under "Registration & Membership." Should you have any questions regarding this program, please contact our office at [info@saskpharm.ca](mailto:info@saskpharm.ca) or 306-584-2292.

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*Council Highlights - February 23, 2017*

**ENVIRONMENTAL SCAN**

During the **Environmental Scan**, each Councillor shared feedback received from the public or colleagues within their Division. Common themes emerged throughout the province:

- improved documentation from hospital discharges i.e. better communication
- concerns about drug shortages
- waiting to see how future health region changes will impact the profession
- concerns about recent PIP outages

The Registrar reported:

- As of Jan 2017, pharmacists have administered almost 90,000 flu shots this flu season, which is 36% of all flu shots administered in Saskatchewan.
- We subscribe to NAPRA policy where pharmacies should not sell medical cannabis until Health Canada approves it as a drug. The provincial registrars will be holding a meeting on March 30, 2017, to review NAPRA's policy on the role of pharmacies.
- NAPRA national statistics:

	National Jan. 1, 2017	SK
<b>Total Licensed Pharmacists</b>	<b>42,584</b>	<b>1,636</b>
<b>Total Licensed Pharmacy Technicians</b>	<b>7,339</b>	<b>90</b>
<b>Pharmacies*:</b>		
Community Pharmacies	10,094	367
In-patient hospital pharmacies, if licensed by Regulatory Authority.	478	N/A
<b>Total Permitted Pharmacies</b>	<b>10,572</b>	<b>367</b>

\*Northwest Territories, Yukon, Nunavut and Québec do not license pharmacies; figures are captured in this data for information purposes only.

- Pharmacists – 5th (behind Alberta and ahead of Manitoba)
- Pharmacies – 6th (behind Manitoba and ahead of Nova Scotia)
- Pharmacy Technicians – 5th (behind Nova Scotia and climbing)

**ELECTION NOMINATION RESULTS**

SCPP did not receive any nominations for Division 1 and 3 this year; Council will have the option to appoint a representative for both divisions. The College will be contacting members in those divisions to ask for volunteers.

There was one nomination received from Division 5: Peyman Nemati was elected by acclamation and will begin his term on July 1, 2017. We also received one nomination for Division 7: Doug McNeil was elected by acclamation. Council will be welcoming Doug MacNeill as a returning Councillor as of July 1, 2017.

**COMPASS UPDATE**

Project Lead, Jeannette Sandiford, reported that to include pharmacy technicians, COMPASS™ is changing the current name, Community Pharmacists Advancing Safety in Saskatchewan, to Community **Pharmacy Professionals** Advancing Safety in Saskatchewan.

Council has approved in principle the continuous quality improvement bylaws for proprietary pharmacies. The bylaws and background information will be submitted to stakeholders for consultation before final approval. (Note: The stakeholder consultation was sent on March 15, 2017.)

Continued next page



## VISION

Advancing quality pharmacy care for a healthier Saskatchewan

## VALUES

- Professionalism
- Accountability
- Visionary Leadership
- Collaboration
- Education

## GOALS

- Advancing Public Safety in Pharmacy Services
- Ensuring Priorities and Resources are aligned to Achieve Goals
- Maintaining a Self-Regulated Profession
- Increasing Recognition of Pharmacy Professionals as Essential Members of the Health Care Team
- Supporting Health Care Public Policy

## NEW PUBLIC MEMBER ON THE DISCIPLINE COMMITTEE

With the resignation of public member Pamela Anderson from the Discipline Committee, Council has appointed Michael Lummerding to the committee effective immediately. Michael has gained extensive experience while working with the health regions and has also been connected with several regulatory and community boards across the Prairie provinces in various capacities.

## PRESCRIPTIVE AUTHORITY – MINOR AILMENTS AND SELF-CARE PRESCRIBING

Council has approved the proposed additions to the current list of approved indications: Schedule I drugs appropriate for pharmacists to prescribe under the circumstances described in the new guidelines for Table 2 conditions (available on the medSask website [www.medSask.usask.ca](http://www.medSask.usask.ca) under Minor Ailment Guidelines).

Council’s proposed amendments to the Minor Ailments and Self-Care Prescribing indications had gone out for external stakeholder consultation. Council wishes to thank those who took the time to thoughtfully review our documents and share their feedback with the College. More information will be distributed to the membership in the days ahead.

## PATIENT CARE AREAS IN THE PHARMACY

Council received a report indicating a number of calls and emails have been received at the College office regarding the December 2016 SCOPE article addressing Council’s proposed amendment to introduce patient care areas as a requirement for a proprietary pharmacy permit.

The College always welcomes feedback from the membership. A more comprehensive consultation package will be sent to members to provide additional background information.

## PHARMACEUTICAL INFORMATION PROGRAM

Perry Hermanson, SCPP’s PIP Data Quality Facilitator, reported that since September 2016, he has visited 62 pharmacies to help improve the number of failed transactions. Current data indicates a 40 per cent reduction of failed transactions at these locations. Perry is continuing his work with pharmacies to improve software and identify barriers as Perry’s contract has been extended until December 31, 2017.

## PRIMARY CARE COORDINATOR

Council would like to take this opportunity to thank Kristjana Gudmundson for her invaluable work during her time with the College. Kristjana had accepted the contract position of Primary Care Coordinator back in early 2015 and has made many beneficial interdisciplinary contacts across the health care spectrum. Kristjana became our expert on questions related to injections and vaccinations with the new Act and Bill 151 coming into effect. SCPP wishes Kristjana all the best as she resumes her pharmacy practice.

## NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA)

Council nominated Barry Lyons to continue as the SCPP appointee on the NAPRA Board of Directors for 2017-2018.

## 2017 BUDGET

Council approved the proposed 2017-2018 SCPP Budget. Licence fees will not be increasing. There is an increase in the cost of proprietary pharmacy permits to implement the new COMPASS™ program. Please refer to the article on page 9 for budget details.

**Council’s next meeting will be held May 5, 2017 in Saskatoon.**



Community Pharmacy Professionals  
Advancing **Safety** in Saskatchewan

*COMPASS™ Continuous Quality Improvement (CQI) Program coming to a pharmacy near you.*

At the February 23, 2017 meeting, Council approved in principle the bylaw that sets the continuous quality improvement (CQI) program requirements that can be met by COMPASS™ starting with the 2017-2018 permit year. The bylaws and background information has been submitted to stakeholders for consultation before final approval.

The requirements to be met by COMPASS™ implementation in pharmacies are summarized as follows:

- Reporting anonymously, quality related events (QREs) to an independent, objective third party organization for population of a national aggregate database.
- Completing a medication safety self-assessment (MSSA) every two years (biennially).
- Developing and monitoring the progress of an improvement plan at CQI meetings.
- Holding CQI meetings for the purpose of providing staff education, discussing QRE's, completing the MSSA, and developing and monitoring the improvement plan. It is recommended that pharmacy staff meet no less than annually.
- Designating an individual to be the Quality Improvement (QI) coordinator at each pharmacy.

A quality-related event as defined by ISMP Canada as the following:

*“Any preventable event that may cause or lead to inappropriate medication use or patient harm. Medication incidents may be related to professional practice, drug products, procedures, or systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.”*

Reporting quality-related events will include incidents that have reached the patient, but also those that were caught prior to reaching the patient (near miss), if appropriate. If a near miss had the potential to cause patient harm or is occurring repeatedly, then it should be reported. The goal of reporting quality-related events is to have a record of incidents that are occurring in the pharmacy in order to implement system changes to prevent them from occurring again, but also for shared

learning for all Saskatchewan community pharmacies. Better understanding and insight will result from increased detail when reporting incidents.

The Medication Safety Self-Assessment (MSSA) tool assesses 10 different areas within the pharmacy. The questionnaire follows the dispensing process from collecting patient information through to patient education and quality assurance. The goal of the MSSA is to proactively identify processes or systems within the pharmacy that have the potential to cause errors. Once identified, the pharmacy then has the opportunity to put in place strategies to modify the process or system to prevent incidents. The MSSA will be completed every two years.

The CQI meetings are intended to give the pharmacy staff an opportunity to meet to put together an improvement plan. The improvement plan identifies any strategies pharmacy staff will use to prevent errors and also those issues from the MSSA that the pharmacy staff wants to address. When an error occurs that has caused patient harm, the pharmacy will want to hold a CQI meeting to identify what went wrong and develop strategies to prevent it from happening again.

### QI COORDINATOR TRAINING

Each pharmacy will need to identify one individual from the pharmacy staff to be the quality improvement coordinator. It is preferable that this individual is a pharmacy manager, pharmacist or pharmacy technician, but in some instances it may be a pharmacy assistant. This individual will be responsible to take the approved COMPASS™ training and then train the



other pharmacy staff members on the tools. The person will also ensure that all pharmacy staff members are reporting quality-related events, that pharmacy staff members participate in completing the MSSA every two years, and that the CQI meetings are held at appropriate times. The QI Coordinator is not responsible to do all the reporting or to solely complete the MSSA, but instead to ensure these processes are completed and is the go-to person on safety issues.

The dates for the first two in-person training sessions have been finalized: Sunday, April 23 in Regina and Sunday, May 28 in Saskatoon. Since the training sessions are meant for QI Coordinators, they will therefore be given preference during registration. Provided there is room, pharmacy managers who have assigned the role to another staff member may also attend the training. The training will be provided at no cost to the QI Coordinator or pharmacy manager.

#### Registration

- **Regina** - Sunday, April 23 [www.reginacompass.eventbrite.ca](http://www.reginacompass.eventbrite.ca)
- **Saskatoon** - Sunday, May 28 [www.saskatooncompass.eventbrite.ca](http://www.saskatooncompass.eventbrite.ca)

More information regarding the training and registration forms will be can be found on the CPDPP website at [www.usask.ca/cpdpp/index.php](http://www.usask.ca/cpdpp/index.php).

## CONTINUE TO ENTER INCIDENTS

All current COMPASS™ pharmacies will continue to have their subscription fees to CPhIR/MSSA subsidized by ISMP Canada when the proprietary permit renewal fees come into effect September 1, 2017, for the 2017-2018 permit renewal. Therefore, COMPASS™ pharmacies **are encouraged to continue reporting incidents to CPhIR** and to use the other COMPASS™ tools to become adept with them and to provide safety benefits for your patients. Pharmacies that are not currently a COMPASS™ pharmacy, but that are interested in obtaining a subscription, can contact Jeannette Sandiford at the SPCP office at 306-584-2292 ext. 5 or email [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca).

## INTRODUCTION OF DIRECTIONS NEWSLETTER

During the pilot phases of COMPASS™, the [directions] newsletter was developed to keep COMPASS™ pilot pharmacies informed about expectations, timelines, statistics, helpful hints and other safety-related issues and information. As COMPASS™ becomes implemented in every community pharmacy to meet the continuous quality improvement bylaw requirements, and as a result of the positive feedback received from pilot pharmacies regarding the newsletter, [directions] will continue as the primary communication tool for all safety-related information from SPCP. Watch for the [directions] newsletter in the next couple of months and then regularly every few months after that.

## COMPASS LOGO CHANGE

With the addition of pharmacy technicians in community pharmacies, there was a need to change the text in the COMPASS™ logo to reflect and be inclusive of these new pharmacy professionals. The COMPASS™ Steering committee suggested a revision of the logo from “Community **Pharmacists** Advancing Safety in Saskatchewan” to “Community **Pharmacy Professionals** Advancing Safety in Saskatchewan.” On Council’s approval, the logo now is:



Community Pharmacy Professionals  
Advancing **Safety** in Saskatchewan

## COMPASS™ STATISTICS

Our statistical reports provide us with strong, numerical evidence of the value of the COMPASS™ program. These numbers are directly derived from the inputs provided by COMPASS pharmacies. Following are the statistics for incident reporting in the CPhIR (Community Pharmacy Incident Reporting) system from September 2013 (Phase I) until the end of February 2017.

To date, there have been **7,302** incidents reported on the CPhIR system.

A breakdown of the top four types of incidents include:

- **1,813** incidents with an incorrect dose/frequency
- **1,349** incidents where the incorrect quantity was dispensed
- **1,077** incidents that involved an incorrect drug
- **579** incidents that involved an incorrect strength/concentration

The majority or **5,849** of these incidents had an outcome of NO ERROR, which means the incidents were intercepted BEFORE they reached the patient.

**1,362** were NO HARM incidents, which means the incidents, reached the patient but did not cause harm.

There were **91** reported incidents that did result in HARM. Information from ISMP Canada indicated that 80 were MILD and 11 were MODERATE HARM.

**74** pharmacies completed or started their online data entry for the MSSA.

**91** quarterly meetings were held.

**96** users have submitted at least one incident.

Making pharmacy practice safer is a great place to start to ensure we are providing patients with the best care possible.

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## RN/AAP Scope of Practice

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Recently, the Saskatchewan Registered Nurses Association (SRNA) introduced the Registered Nurse/Additional Authorized Practice (RN/AAP) to northern and remote Saskatchewan primary care sites.

As mentioned in an article in the November 2016 issue of SCOPE, RN/AAP's have a broader scope of practice than a Registered Nurse, but a narrower scope than a Registered Nurse/Nurse Practitioner.

RN/AAPs, under their own authority, are able to order, perform, receive and interpret tests, prescribe and dispense drugs, perform minor surgical and invasive procedures, and diagnose and treat a limited number of common medical disorders. These limited common medical disorders are clearly identified and supported by SRNA-developed Clinical Decision Tools (DCT). RN/APPs must always have access to a physician for consultation.

What this means for pharmacists is that there is no list of approved medications that an RN/APP may prescribe. Based on the common medical condition they are treating, the CDT utilized will determine the drug therapy. The pharmacist can rely on the judgment of the RN/AAP with no need to confirm eligibility of the drug product. The only exception to this is that RN/AAPs cannot prescribe narcotics, controlled drugs or benzodiazepines and targeted substances.

To determine if an individual is an RN/AAP and licensed to practice within this scope, visit the [SRNA website](#) for the member listing. eHealth is currently entering the new registrants into the PIP's Provider Search function. In the interim, please contact the eHealth Saskatchewan service desk at [ServiceDesk@eHealthsask.ca](mailto:ServiceDesk@eHealthsask.ca) should you have questions.

More information on RN/AAPs can be found on the SRNA website [www.srna.org](http://www.srna.org). A Registered Nurse/Additional Authorized Practice [Q & A sheet](#) is also available.

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## Notes from the Field

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### TRANSFER REQUEST DELAYS

Recently, SCPP has been informed of delays in transfer requests. It is the obligation of the pharmacist to ensure patient care is safe and occurs in a timely and appropriate manner. Delays in responding to requests to transfer a patient's prescriptions can impact upon a patient's care and ultimately patient safety. Please ensure you are responding to prescription transfer requests in a timely manner.

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## Health Canada's Regional Pharmacist, NIHB & FNIHB

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Health  
Canada

Santé  
Canada

Katy Windl is Health Canada's Regional Pharmacist, for Non-Insured Health Benefits (NIHB) and First Nations and Inuit Health Branch (FNIHB). As the Pharmacy Advisor within the Saskatchewan Region, she is responsible for:

- Liaising with pharmacists, the provincial pharmacy association, other professional associations and various levels of government with respect to pharmacy aspects of the NIHB program;
- Providing professional advice and guidance for First Nations leaders, health care professionals and all regional FNIHB staff;
- Educating on appropriate drug use;
- Empowering and assisting First Nation communities to initiate change with their local medication use system and drug use strategies; and
- Providing evidence-based direction to program managers regarding the development of policies and procedures related to the NIHB pharmacy program.

If you would like to contact Katy, she can be reached at [Katherine.windl@canada.ca](mailto:Katherine.windl@canada.ca).

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## Health Canada Documents on Narcotic and Controlled Drug Destruction

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The Office of Controlled Substances (OCS) recently provided SCPP with four documents related to drug products that fall under the *Controlled Drugs and Substances Act* (CDSA). These documents are now available on the SCPP reference manual.

[Narcotic and Controlled Drugs and Substances - Correspondence Regarding Destruction](#)

[Narcotic and Controlled Drugs and Substances - Destruction for Pharmacists and Persons in Charge of a Hospital](#)

[Narcotic and Controlled Drugs and Substances - Guidelines for the Secure Distribution in Hospitals](#)

[Narcotic and Controlled Drugs – Correspondence and s.56 Class Exemption Regarding Methadone in a Hospital Setting](#)

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## Minor Ailments and Patient Self-Care Update

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As noted on the [medSask's website](#), in the minor ailment guidelines section under the Professional tab, the following conditions had updates in 2016:

Acne	January 26
Allergic Rhinitis	January 28 & February 14, 2017
Atopic Dermatitis	February 1
Cold Sore	February 4
Diaper Dermatitis	February 8
Dysmenorrhea	February 11
Headache	February 25
Musculoskeletal Strains and Sprains	March 3
Hemorrhoids	March 5
Oral Aphthous Ulcer	March 8
Oral Thrush	March 13
Superficial Bacteria	March 15
Tinea	March 23
Cold Sores	August 4
GERD	November 30

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## Computer Generated Prescriptions and Forgeries

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Reprinted with permission from the February 10, 2017 edition of the *Friday Five* e-bulletin of the College of Pharmacists of Manitoba

Increasingly, prescriptions are computer generated rather than being hand written by the prescriber. It is important to remember that the signature on the computer generated prescription must be original when presented to the pharmacy by the patient. The computer generated prescription usually includes a pre-printed example of the prescriber's signature, however, it must also be signed, in ink, by the prescriber unless it is directly faxed to the pharmacy by the prescriber.

Recently, the College was made aware of a computer generated prescription for Cotridin (ratio-Cotridin) syrup that was photocopied and repeatedly presented at various pharmacies under different patient names. Some of the copies were of sufficient quality so as to make it very difficult to detect the fact that it was a forgery. Ensuring there is an original signature from the prescriber can be a useful tool in preventing forgeries from being filled.

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## SCPP Annual General Meeting

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*Mark your calendars now!*

# 106th Annual General Meeting

## of the Saskatchewan College of Pharmacy Professionals

**Saturday, May 6, 2017 – 10:15 a.m.**

**TCU Place, Saskatoon**

**President: Bill Gerla**

**Registrar: Ray Joubert**

SCPP's 106th Annual General Meeting will be held during the 2017 PAS Annual Conference, May 5 - 7, 2017.

The theme of the [PAS conference](#) is "Portraits of a Healthy Saskatchewan."

# Eliminate Dangerous Dose Designations – Use a Leading Zero Before a Decimal as per below.

reprinted with permission from ISMP Canada



## ISMP Canada Safety Bulletin

CBC.ca recently reported a [medication incident](#) that resulted in immediate harm and potential long-term complications to a young boy because he ingested a 10-fold overdose of risperidone daily over several months. The intended dose was 0.3 mL daily of risperidone solution but the dose on the prescription was written as “.3 mL daily”. The prescription was dispensed with instructions to give 3 mLs (10 times the intended dose) every day.

ISMP Canada considers lack of a leading zero to be a dangerous dose designation. Use of a trailing zero after a decimal can also

lead to 10-fold errors. We urge all healthcare providers and electronic prescribing and dispensing system designers to avoid using dangerous dose designations to prevent errors.

See ISMP Canada’s Do Not Use List of Dangerous Abbreviations, Symbols and Dose Designations; available from: [www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf](http://www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf)

Dose Designation	Example	Potential Problem	Correction
Trailing zero	X.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use “X mg”.
Lack of leading zero	.X mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use “0. X mg”.

**Figure 1.** Dangerous dose designations from ISMP Canada’s *DO NOT USE Dangerous Abbreviations, Symbols and Dose Designations*

## Drug Schedule Amendments - Naloxone

### Naloxone

Effective February 2017

This is to confirm:

#### Schedule I:

*Naloxone or its salts, including, but not limited to naloxone hydrochloride, EXCEPT when indicated for emergency use for opioid overdose*

#### Schedule II:

*Naloxone hydrochloride injection, when indicated for emergency use for opioid overdose.*

*Note: Pharmacists should verify whether there is any additional guidance in their jurisdiction regarding the provision of this drug.*

#### Schedule II:

*Naloxone hydrochloride nasal spray, when indicated for emergency use for opioid overdose*

*Note: Pharmacists should verify whether there is any additional guidance in their jurisdiction regarding the provision of this drug.*

**Drug Schedule I** - Prescription Drugs includes those drugs listed in the National Drug Schedule I maintained by the National Association of Pharmacy Regulatory Authorities (NAPRA) except those drugs as may be added or amended by Council from time to time.

Drugs in Schedule I may only be sold by a pharmacist or pharmacy technician to the public for human or animal use pursuant to a prescription unless specified otherwise for animal use in Prescription Drug List of the Food and Drug Regulations (Canada).

**Drug Schedule II** – Pharmacy Only Restricted Access Non-Prescription Drugs includes those drugs listed in the National Drug Schedule II maintained by the National Association of Pharmacy Regulatory Authorities (NAPRA) except those drugs as may be added or amended by Council from time to time.

Schedule II drugs may be sold by a pharmacist or pharmacy technician to the public without a prescription. These drugs must at all times be kept or stored in a secure location in the pharmacy, such as the dispensary, that is not accessible to the public. **The pharmacist must be involved in the sale of these drugs, which includes arriving at the decision to sell the drug.**



## 2017 Budget Summary

Council approved the following 2017 budget and fee schedule on February 23, 2017.

<b>Schedule of Approved Fees, Charges &amp; Expense Reimbursement</b>						
<b>Fees - Registration and Other</b>	<b>Effective Date</b>	<b>Actual 2016</b>	<b>Actual 2017</b>	<b>Difference</b>	<b>Change</b>	
<b>Registration - In Province</b>						
Pharmacist	Apr. 1/17	\$ 280.00	\$ 280.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 250.00	\$ 250.00	0.00	0.00%	
<b>Registration - Out of Province</b>						
Pharmacist	Apr. 1/17	\$ 735.00	\$ 735.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 370.00	\$ 370.00	0.00	0.00%	
<b>Locum Tenens</b>	Apr. 1/17	\$ 285.00	\$ 285.00	0.00	0.00%	
<b>Dispensing Physicians</b>	Apr. 1/17	\$ 845.00	\$ 845.00	0.00	0.00%	
<b>Intern</b>						
Pharmacist	Apr. 1/17	\$ 120.00	\$ 120.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 60.00	\$ 60.00	0.00	0.00%	
<b>Appraisal Training</b>						
Application fee						
Pharmacist	Apr. 1/17	\$ 230.00	\$ 230.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 115.00	\$ 115.00	0.00	0.00%	
Assessment Fee						
Pharmacist	Apr. 1/17	\$ 720.00	\$ 720.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 360.00	\$ 360.00	0.00	0.00%	
<b>Re-Instatement</b>						
Pharmacist	Apr. 1/17	\$ 275.00	\$ 275.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 135.00	\$ 135.00	0.00	0.00%	
<b>Jurisprudence Exam</b>						
Pharmacist	Apr. 1/17	\$ 290.00	\$ 290.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 145.00	\$ 145.00	0.00	0.00%	
<b>Lock &amp; Leave</b>	Apr. 1/17	\$ 450.00	\$ 450.00	0.00	0.00%	
<b>Permit Amendment</b>	Apr. 1/17	\$ 270.00	\$ 270.00	0.00	0.00%	
<b>Late Payment</b>						
Pharmacist	Apr. 1/17	\$ 255.00	\$ 255.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 125.00	\$ 125.00	0.00	0.00%	
<b>Second Pre-Opening Inspection</b>	Apr. 1/17	\$ 755.00	\$ 755.00	0.00	0.00%	
<b>MEMBERSHIP AND PERMIT FEES</b>						
<b>Practising</b>						
Pharmacist	Apr. 1/17	\$ 995.00	\$ 995.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 500.00	\$ 500.00	0.00	0.00%	
<b>Non-Practising</b>						
Pharmacist	Apr. 1/17	\$ 890.00	\$ 890.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 445.00	\$ 445.00	0.00	0.00%	
<b>Associate</b>						
Pharmacist	Apr. 1/17	\$ 165.00	\$ 165.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 80.00	\$ 80.00	0.00	0.00%	
<b>Retired</b>						
Pharmacist	Apr. 1/17	\$ 75.00	\$ 75.00	0.00	0.00%	
Technician	Apr. 1/17	\$ 35.00	\$ 35.00	0.00	0.00%	
<b>Pharmacy</b>						
Basic	Dec. 1/17	\$ 1,450.00	\$ 1,450.00	0.00	0.00%	
COMPASS™ Surcharge	Dec. 1/17	\$ -	\$ 500.00	New	N/A	
Total		\$ 1,950.00	\$ 1,950.00	0.00		
<b>Satellite Pharmacy</b>	Dec. 1/17	\$ 730.00	\$ 730.00	0.00	0.00%	
<b>EXPENSE REIMBURSEMENT</b>						
<b>Per Diem</b>	Feb. 23/17	\$ 230.00	\$ 230.00	0.00	0.00%	
<b>Meal Allowance</b>	Feb. 23/17	\$ 125.00	\$ 125.00	0.00	0.00%	
<b>Travel per Km</b>	Feb. 23/17	\$ 0.48	\$ 0.48	0.00	0.00%	

The 2017 budget predicts a deficit of \$ 77,001. Highlights from the budget:

- Inflationary increases are based upon the Consumer Price Index Increase of 0.0% as of November 2016.
- Regulatory Priorities:
  - Statutory obligations and programs
    - ◆ Registration and licensing with in1Touch system. Fully functional for pharmacy technicians
    - ◆ Complaints management, discipline, special investigations with alternative dispute resolution
    - ◆ Continue prescriptive authority, administration of drugs and access/ordering lab tests
  - Continue learning portfolio. Begin competency assurance review
  - Continue SCPP Centennial Scholarship governance and administration
  - Changes Council priorities to quality and competency assurance and resource allocation (performance management system). Implement COMPASS™, explore competency assurance
  - Continue dedication of resources for field operations. Shift role for COMPASS™
- Continue governance, strategic and operational plans. Implement new strategic plan
- No membership and licence fee increases
  - Sustained growth in number of members and small growth in number of pharmacies
- All other programs are retained with sustained Committee activity to ensure timely decisions
- Continue regular discipline hearing load with no contingency for increases
- No increase in per diem and meal and mileage allowed. Last increased in 2016
- Includes the costs of communication strategy, major website upgrade, social media and secure network with replacement of in-house server
- Continuing data system improvements, contributing data to the Saskatchewan Health Provider Registry, the CIHI Pharmacist Human Resource Database and to the NAPRA Pharmacists' Gateway Canada for international pharmacists
- No increase to permanent staff
- Continues grant to the Prescription Review Program.

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## Additions to SCPP Reference Manual on Website

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The College has been extensively updating the reference manual section of the [SCPP website](#). As a result, some links embedded in other documents may have been affected. Please advise [info@saskpharm.ca](mailto:info@saskpharm.ca) if you discover a broken link.

### SELF-ADMINISTERED INJECTIONS – GUIDELINES FOR THE PHARMACIST

A set of guidelines, [Self-administered Injections – Guidelines for the Pharmacist](#), has been created to assist pharmacists in providing patient education when a patient has received a prescription for a self-administered injection. The step-by-step guide explains what a pharmacist needs to have in place prior to educating patients on self-administering an injection, as well as the steps to educate and ensure patients are comfortable enough to self-inject on their own.

### WHAT TO EXPECT IF THE PHARMACY MAKES A MISTAKE

The Institute for Safe Medication Practices (ISMP) created a patient handout called, [What to Expect if the Pharmacy Makes a Mistake](#).

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## Membership Renewals are Around the Corner!

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To ensure that we have all the correct information for your membership renewal, please inform the College if your email address, mailing address or place of employment has changed since the last renewal.

These changes can be made by **using your member log-in** on the SCPP website at [www.saskpharm.ca](http://www.saskpharm.ca).

**Remember:** It is your responsibility to keep personal information current and up-to-date with the College. It is also your responsibility to inform the College of any changes to your place of employment. This information helps the office staff determine electoral divisions and keeps members informed of urgent matters.



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## Pharmacy Technician and Pharmacy Technician Intern Scope of Practice

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by Sue Mack-Klinger, BSP, BSc., Program Head,  
Pharmacy Technician Program, Saskatchewan Polytechnic

As a reminder to members, the legislation of pharmacy technicians came into effect on October 16, 2015. It has been noted that some members have prevented pharmacy technicians or pharmacy technician interns from performing their duties by refusing to provide prescription transfers. This has brought concerns that members have not reviewed the scope of practice of pharmacists, pharmacy technicians and what can be delegated to pharmacy assistants under direct supervision.

As part of the training and requirements for licensure, pharmacy technician interns must practice to their full scope of practice and demonstrate competency as required by NAPRA. To

ensure that interns meet competency requirements, we ask that members review the scope of practice of pharmacy technicians.

Unregulated personnel should not be performing prohibited pharmacy professionals' roles.

It is imperative we respect and maintain the professional boundaries of our pharmacists and pharmacy technicians. Members should review the [Licensed Pharmacy Technicians Scope of Practice](#) in the reference manual to familiarize themselves with the roles of pharmacists, pharmacy technicians and pharmacy assistants (unregulated personnel). Appendix A provides charts outlining the roles that can be performed by pharmacy technicians and assistants, and also roles that may not be performed.

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## Pharmacy Technician Registration Update

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The deadline of December 31, 2018, is quickly approaching and the timelines for those pursuing the bridging pathway are becoming tight.

### LAST SITTINGS FOR PEBC EVALUATING EXAM

There are currently only three more opportunities for pharmacy assistants to register to sit the PEBC Evaluating Exam; the next available sitting is Saturday, October 14, 2017. The application deadline for this exam is Friday, June 23, 2017.

The final sitting of the PEBC Evaluating Exam will be in October 2018 and after December 31, 2018, the bridging program and the PEBC Evaluating Exam will no longer be offered. After that date, pharmacy assistants who wish to become licensed as a pharmacy technician in Saskatchewan will have to attend a CCAPP-accredited pharmacy technician program.

For additional information about pharmacy technician registration, please refer to the [March 2015 SCOPE Special Edition Newsletter](#).

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## Protected Title and Designations for Pharmacy Technicians

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From *The Pharmacy and Pharmacy Disciplines Act*:

### Protection of title

...

22(2) No person other than a licensed pharmacy technician shall use the title "pharmacy technician" or any word or designation, abbreviated or otherwise, to imply that the person is a licensed pharmacy technician.

...

(4) No person other than a pharmacy technician intern practising under the supervision of a licensed pharmacy technician shall use the title "pharmacy technician intern" or any word, title or designation, abbreviated or otherwise, to imply that the person is a pharmacy technician intern.

Due to requests from members, Council has been asked to approve an appropriate designation for SPCPP's pharmacy

technician members. After surveying other provinces, many use R.Ph.T, or R.P.T. as protected designations under their legislation. After consulting with other health professional regulatory bodies in Saskatchewan, there are no objections to the RPhT designation.

By convention and under the Act, SPCPP does not typically refer to licensed members as registrants. Thus, the relevant designations in other provinces seem inconsistent with the College's environment.

Council has approved the use of the designation "PhT". Under interpretation legislation, "Pharm. Tech." or "Pharm Tech" are also acceptable.

Pharmacy technician interns may use the same designations followed by "intern" as in PhT Intern or Pharm Tech Intern.

# District Five National Association of Boards of Pharmacy and American Association of Colleges of Pharmacy

931 Briar Ridge, West Des Moines, Iowa 50265-5784

Telephone – (515) 707-9118 E-Mail = LKJessen@aol.com

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## ANNOUNCEMENT 2017 District Five Individual Study Grant

**Criteria:** NABP/AACP District Five will make available grant money, not to exceed 3,000.00 per grant, to award two grants within the district to study topics which benefit students, pharmacy education or pharmacy practice. Topics of interest to the boards and colleges in District Five are suggested, but researchers will not be limited to these topics. The grant recipients or designees are expected to present their report or findings at the District Five Annual Meeting in the year following the award. It is expected that the college or board sponsoring the recipient will pay for the cost of attendance at the meeting. **It is the policy of District Five NABP/AACP that no indirect costs will be funded out of grant awards. Any funds not expended for the awarded purpose, must be returned to District Five.**

**Eligibility:**

- Individual students with faculty or Board of Pharmacy advisor
- Student organizations with faculty or Board of Pharmacy advisor
- Faculty members
- Board of Pharmacy members (College members)

**Application:** Applications should not exceed five pages in length and should include the following information:

1. Rationale (background and reason for doing the study)
2. Specific goals of study (what are you trying to achieve)
3. Names of personnel involved.
4. Methods by which goals will be attained.
5. Date of completion (prior to the August 2018 District Five NABP/AACP meeting so that the results can be presented there)
6. Justification of use for funds received (budget).

**Selection of Recipient:**

The District Secretary/Treasurer will call for applications to Deans, department heads, and ASP advisors at member colleges and to Boards. **Applications are due to the Secretary/Treasurer (Lloyd K. Jessen) by March 31, 2017** and will then be distributed to the District Five Study Grant Committee. Selection and notification of the recipient(s) will be made by **May 12, 2017**.

**Past Topics:**

- Continuity of Care
- Coordination of Care Models
- Pharmacist Prescriptive Authority
- Innovations in Continuing Pharmaceutical Education
- Develop Interdisciplinary or Innovative Models of Practice and Education
- Medication Errors and Patient Safety
- Pharmacists' Delivery of Public Health Services Survey
- Assessing Medication Adherence Beliefs & Practices of District Five Community Pharmacists

**Submit Applications to:**

Lloyd K. Jessen \* Secretary/Treasurer \* District Five NABP/AACP \* 931 Briar Ridge \* West Des Moines IA 50265-5784  
Or E-mail to: LKJessen@aol.com

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IOWA Board of Pharmacy ▪ MINNESOTA Board of Pharmacy ▪ NEBRASKA Board of Pharmacy ▪ NORTH DAKOTA Board of Pharmacy  
SOUTH DAKOTA Board of Pharmacy ▪ MANITOBA College of Pharmacists ▪ SASKATCHEWAN College of Pharmacy Professionals

DRAKE UNIVERSITY College of Pharmacy & Health Sciences ▪ UNIVERSITY OF IOWA College of Pharmacy ▪ UNIVERSITY OF MINNESOTA College of Pharmacy ▪ CREIGHTON UNIVERSITY School of Pharmacy & Health Professions ▪ UNIVERSITY OF NEBRASKA College of Pharmacy ▪ NORTH DAKOTA STATE UNIVERSITY College of Health Professions—School of Pharmacy ▪ SOUTH DAKOTA STATE UNIVERSITY College of Pharmacy & Allied Health Professions ▪ UNIVERSITY OF MANITOBA College of Pharmacy ▪ UNIVERSITY OF SASKATCHEWAN College of Pharmacy & Nutrition

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## From the Desk of the Dean



**Dr. Kishor Wasan**

### College of Pharmacy and Nutrition: Proud of Our Tradition and Home of Research and Practice Innovation

For the latest news from the College, visit our website: <http://pharmacy-nutrition.usask.ca>

This new year is off to a great start for the College of Pharmacy and Nutrition. These first few weeks have been filled with positive news for both our faculty and students. Here are some of the most remarkable moments since my last update:

Thank you to **Victor Bartle (BSP 1963)** for his generous gift of \$250,000 to the College of Pharmacy and Nutrition. [Read more.](#)



With 75 delegates at the 2017 CAPSI Professional Development week, the University of Saskatchewan had an impressive showing at the national conference. [Read more.](#)

Congratulations to **Karissa Weber, Annika Kolar, and Delaney Long** for spearheading a fundraising drive that raised an extra \$7,672 for the Nutrition Cornerstone Fund. [Read more.](#)



On Wednesday, January 25, our first year pharmacy and nutrition students held their Pledge of Professionalism Ceremony in the Health Sciences Building. Each year the first year students write these pledges, which are posted in the hallway near the Thorvaldson classrooms.

Congratulations to **Dr. Kerry Mansell** who is our February Researcher of the Month. Kerry's research program focuses on diabetes as well as issues related to pharmacy practice. He is interested in how these two areas of research intertwine, particularly with respect to self-monitoring of blood glucose. [Read more.](#)



On Friday, December 23, a letter was sent to our pharmacy preceptors regarding the upcoming PharmD program, and plans to implement a program for current pharmacists to obtain a PharmD degree. [Read more.](#)

The first year PharmD curriculum has been finalized. See the course list on the PharmD Update blog. [Read more.](#)



Thanks to all of our alumni and friends of the college who joined us on Saturday, February 4 in Toronto during the Canadian Society of Hospital Pharmacists Professional Practice Conference. It was great to reconnect!

While spring might still seem to be far away, make sure to join the College for the dessert and alumni reception at the PAS Conference in May. We'd love to reconnect with alumni from across the province and hear the stories of your success.

Kish Wasan, R.Ph, Ph.D, FAAPS, FCSPS, FCAHS  
Professor and Dean



## Committed to Safe Online Pharmacy Around the World

### Frequently Asked Questions About the .Pharmacy TLD Program

#### General Issues

##### **1. What is .pharmacy?**

.Pharmacy is a Top-Level Domain (TLD) like “.com” or “.net.” Uniquely, .pharmacy is a TLD dedicated to patient safety. .Pharmacy gives patients an easy way to access safe medicines and health information provided legally via the Internet.

##### **2. How does .pharmacy benefits patients?**

Millions of patients worldwide are getting healthcare products and information via the Internet. At any one time there are approximately 35,000 to 50,000 active online drug sellers, but the vast majority of these sites – roughly 96% -- do not appear to be in compliance with applicable laws. Currently there is no easy way for patients to know that what they buy online is legitimate and safe. .Pharmacy fills this gap as there is no possible way to fake legitimacy as the seal of quality is the web address itself. Patients seeking safe online medications and health information should shop to the right of the dot – Be safe. Choose smart. Shop .pharmacy.

##### **3. What are the goals of .pharmacy?**

Improving patient safety and protecting public health is the goal of .pharmacy. This includes:

1. Restricting the use of the .pharmacy domain names to legitimate website operators that meet 10 core safety standards, and
2. Keeping .pharmacy out of the hands of a third party that may allow illegal activity to occur, endangering the public health.

For the full article, please click [here](#).

## Pharmacy Examining Board of Canada (PEBC) Examination Dates

### Pharmacist Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Spring Pharmacist Qualifying Examination	MCQ: May 23 & 24, 2017	Registration Closed
	OSCE: May 28, 2017	
Summer Pharmacist Evaluating Examination	July 5 & 6, 2017	March 31, 2017

### Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Winter Pharmacy Technician Qualifying Examination	OSPE: April 1, 2017	Registration Closed
	MCQ: April 2, 2017	
Spring Pharmacy Technician Evaluating Examination	April 23, 2017	Registration Closed
Summer Pharmacy Technician Qualifying Examination	MCQ: September 9, 2017	June 9, 2017
	OSPE: September 10, 2017	
Fall Pharmacy Technician Evaluating Examination	October 14, 2017	June 23, 2017

\*Applications must be RECEIVED by the PEBC office no later than the application deadline date

## Join Us on the SCPP Members Facebook Group

Available only to SCPP members who request access, the “secret” SCPP Members Facebook group is a secure way to convey information and ask questions. Due to anti-spam legislation, events with an associated cost are not able to be posted in our newsletter, but are posted exclusively on the SCPP Members Facebook Group site and on our website.

### MEMBERSHIP BENEFITS

SCPP members who are part of the group receive breaking news stories, important drug schedule changes, upcoming events, notice of continuing education opportunities and answers to frequently asked questions, among other topics. Members are encouraged to take an active role in the group and are able to post items they think will benefit the community and to comment on posts.

### JOIN THE GROUP

Any SCPP member who is a Facebook user is encouraged to join the group. To join, email [info@saskpharm.ca](mailto:info@saskpharm.ca) with “Join SCPP Members Group” in the subject line. Please include a first and last name, licence number and a personal email address in the body of the email. An invitation to join the group will be sent via Facebook. Participants can leave the group at any time.



## 2017 Wellspring Pharmacy Leadership Award Program



*The Canadian Foundation for Pharmacy is pleased to announce the 2017 Wellspring Pharmacy Leadership Award Program.*

Inspired by the work and career of pharmacist Barb Wells, and supported by the generous donations of her friends, colleagues and the Wells family, this award is intended to encourage and support the development of pharmacy leadership in Canada.

Up to \$10,000 will be awarded to a worthy recipient(s) to help fund initiatives fostering their development and leadership. Pharmacists may be nominated by another individual or they may nominate themselves. Pharmacists are encouraged to submit entries or nominations via email to [submissions@cfpnet.ca](mailto:submissions@cfpnet.ca)

- Grants will be awarded at the discretion of the organizing committee
- Applications in any amount are welcomed up to a total of \$10,000 (maximum) annually

For complete information, including eligibility [Criteria](#) and [Application Form](#), visit the [CFP website](#).

**Deadline for submissions is March 31, 2017.**

We are planning to hold the Award(s) reception in conjunction with the **CPhA/AQPP Conference (Quebec City)**. We invite you to share this with all of your colleagues. We hope to have many applicants for this program, so feel free to encourage submissions.

To donate to the Wellspring Leadership Awards, [click here](#).

*The Canadian Foundation for Pharmacy is a non-profit charity supporting the profession of pharmacy. In 2016, CFP provided \$125,000 in grants and awards to the pharmacy community. The Innovation Fund Grant has provided over \$1,000,000 in recent years in support of pharmacy practice research.*

## Antimicrobial Stewardship Program Survey Results

In the summer/fall of 2016, the Antimicrobial Stewardship Program in the Regina Qu'Appelle Health Region conducted a research study entitled, "A Survey of the Knowledge and Attitudes of Saskatchewan Community Health Care Workers Towards an Antimicrobial Stewardship Program." The purpose of the study was to learn more about what family physicians, nurse practitioners, community pharmacists, dentists, and veterinarians believe and understand with respect to antimicrobial resistance and antimicrobial stewardship. It also aimed to identify strategies for implementing antimicrobial stewardship interventions in the community setting.

The Antimicrobial Stewardship Program would like to express their gratitude to all those who took the time to fill out the survey and to the team who helped to design and distribute the survey.

[Community HCW Knowledge and Attitudes Towards ASP Survey - Final Report](#). The report is also available on the Research page of the Antimicrobial Stewardship Program website ([www.rqhealth.ca/asp](http://www.rqhealth.ca/asp)).

If you have any questions about this research project, the report, or the program in general, please contact the Antimicrobial Stewardship Program at 306-766-3520 or [antimicrobial.stewardship@rqhealth.ca](mailto:antimicrobial.stewardship@rqhealth.ca)



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