

BC CANCER AUTOMATED DISPENSING CABINETS (ADC) POLICY

Summary of Changes

	NEW	Previous
BC Cancer	Automated Dispensing Policy – NEW Feb 2019	
	Add Anesthesia Workstations May 2020	
	Add LPN access to ADCs Nov 2020	
	Add ADC Principles of Use (Profiling, Override, Packaging) May 2021	
	Add audits for controlled drugs Aug 2022	

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1.1 Purpose

- To outline requirements for the distribution, storage, administration and documentation of medications including narcotic and controlled drugs, via [automated dispensing cabinets](#) (ADC Omnicell®), including [anesthesia workstations](#) (AWS), in accordance with federal and provincial legislation and standards.
- To clearly define responsibilities and accountability for [narcotics and controlled drugs](#) at different stages of handling, via automated dispensing cabinets.
- To minimize the potential for diversion of narcotics and controlled drugs located in automated dispensing cabinets.

2.0 Scope

The standards set forth in the policy apply to all BC Cancer staff and physicians who access ADCs in all areas, including inpatient, ambulatory/outpatient, radiation therapy, diagnostic/imaging and surgical areas. This policy applies to the interim phase of the Omnicell deployment, in which all cabinets are [non-profiled automated dispensing cabinets](#) and medications are accessible through the floor stock functionality.

3.1 Policy

3.2 Accountability and Responsibilities

ADC Users:

- Access medication only for the use of patients under their care.
- Only remove medication which they will administer.
- Exceptions:
 - Nurses may remove medication for patients in procedural areas for physician administration.
 - Nurses may remove a [virtual kit](#) for multiple patients under a generic patient approved by Program Leadership and set-up by Pharmacy.
- Remove medication for one patient at a time.
- Remove only the required amount of medication for each administration time. Exception: Anesthesiologists may remove multiple medications (non-controlled) from the AWS prior to the start of each case.
- Ensure all medications are stored securely.
- Always press 'Exit' button after tasks are completed and prior to leaving the ADC.

Patient care area leader (i.e. CNL, Pharmacy PPL, etc) / delegate:

- Ensure all narcotic discrepancies at each ADC are resolved before the end of the shift.
 - Narcotic discrepancies that occur after hours and a second witness is not available, the discrepancy will be resolved by end of shift the following business day
- Ensure cycle counts are done by two health care providers who have user to access to narcotic and controlled drugs.
- Ensure a weekly schedule for cycle counts is implemented and monitored in each clinical practice area.
- Inform Provincial Pharmacy when an employee possessing User ID and password access terminates employment.
- Perform an ADC narcotic audit every 2 months using the Pandora anomalous usage report and inform Centre Operations of audit results. (See appendix for ADC (Omnicell) Controlled Drug Audit Instruction)

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3.3 Authorized User Access

A [standard process](#) must be followed to obtain access for new users to limit and ensure security of the ADCs. All users will maintain the security of their ADC (Omniceil) username and password and will not reveal it to others. Additionally, all users will complete the ADC (Omniceil) Education and Training prior to obtaining access.

- Personnel shall be permitted access to automated dispensing cabinets, if medication administration is required within their scope of practice.
- Access can also be granted if medication retrieval and/or administration is a delegated function from a named physician to the named employee and the employee has a current certificate of competency and/or is able to dispense medication as per regulatory body and organization policy as applicable for their discipline.
- Registered nurse (RNs), Licensed Practical Nurses (LPNs), Physicians, Pharmacists, Pharmacy Technicians, and Pharmacy Assistants will have unrestricted access to medications, including controlled substances, for the purposes of fulfilling duties related to the scope of their position.
- Accessing will be limited for the following user groups as indicated:
 - Student; Limited access—no access to narcotic/controlled drugs; access limited to ward stock.
 - Respiratory Therapist: Limited access—no access to narcotic/controlled drugs; access limited to a subset of ward stock.
 - Radiology Technologist: Limited access—no access to narcotic/controlled drugs; access limited to a subset of ward stock.
 - Medical imaging technologist and Nuclear Medicine Technologist: no access to narcotic/controlled drugs; access limited to a subset of ward stock
 - Certified Dental Assistant: access to medications as per their scope of practice—no access to narcotics/controlled drugs.
- Access to automated dispensing cabinets shall be removed as soon as possible when employees are terminated, suspended, or on extended leave.
- User request access will be requested through provincial pharmacy (see Appendix A).

3.4 Biometric Identification and Passwords

Biometric Identification

[Biometric identification](#) (e.g. identification by finger scan) shall be activated by the user's patient care area leader / delegate for all authorized users, upon completion of their training.

- Exception: Authorized users who are unable to register their biometric identification will be permitted to access automated dispensing cabinets by use of their password only.

Passwords

Each authorized user will be assigned a temporary password that will expire upon the first use, at which time the user shall choose a password that is at least 8 characters in length using a combination of letters and numbers. Passwords shall expire every 90 days.

Troubleshooting - Temporary User Access

A patient care area leader / delegate may grant temporary user access to an authorized user who is experiencing technical difficulties with access.

- Exception: Students and Faculty shall not be granted temporary access.
- Access is granted within the user's assigned clinical area only
- Temporary user access is granted for a maximum of 24 hours.
- The staff member who is granted temporary access shall contact their leader to have their access re-assessed prior to their next shift.

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3.5 ADC Principles of Use

Profiling of ADCs

Where the CST Cerner system is implemented, all ADC cabinets will be profiled with the exception of cabinets located in the Operating Room setting, including Anesthesia Workstations.

Medications on Override

An override setting in a profiled automated dispensing cabinet allows users to remove medications from the cabinet without the need for pharmacy verification. Since this setting bypasses the safety checks provided by a pharmacist prior to administration, it needs to be utilized cautiously.

- A medication will be eligible to be placed on override if it meets one or more of the following criteria, however pharmacy may use discretion if medication safety outweighs the need for quick access to a medication.
 - The medication is part of an emergency kit, drug reaction tray, or extravasation tray.
 - Antiemetic
 - Short-acting pain medication
 - Short-acting narcotic
 - Steroids used for premedication
 - Time-dependent premedication

Exception: when the pharmacy is closed at Vancouver Centre, there is controlled access to the ADC on the inpatient unit for a limited selection of urgently required medications. The cabinet resumes regular override settings when the pharmacy reopens the following day, at which time a pharmacist verifies any outstanding provider orders to ensure the correct medication was obtained from the ADC after hours. The pharmacy will regularly review medications obtained from the ADC while the pharmacy is closed to determine whether improvements can be made to inventory. A record of medications accessed from ADC is archived in the ADC server and reports can be run to determine usage.

Medication Packaging

Medications dispensed by pharmacy and stored in the ADCs will be supplied in single-use, unit dose packaging where possible, and will be barcoded. Exceptions to this policy may apply to certain dosage forms where single-use, unit dose packaging is not available, such as inhalers, injectables, otic/ophthalmic preparations, and certain liquids, and therefore multi-dose formats will be used for a single patient.

Flexlock Temperature Logs

Where an ADC has a flexlock connection to an external pharmaceutical grade fridge, the fridge temperature will be monitored by Omnicentre every 2 hours. Pharmacy will receive a notification of any temperature excursions outside the set range (2 to 8°C), along with a report of the temperature log every 2 months. These reports will be kept by pharmacy for a period of 3 years for auditing purposes.

3.6 Inventory Management of Narcotic and Controlled Drugs

Proper storage, security, documentation and inventory control of narcotics and controlled drugs in the automated dispensing cabinets shall be the responsibility of health care providers.

- Health care providers can only access narcotics and controlled drugs if required to provide patient care, as defined within their scope of practice.
- All transactions for narcotics and controlled drugs are recorded electronically by the ADC, as well as manually in the unit's narcotic book.

Counts and Count Verifications

A guided cycle count must be performed at least once weekly for all narcotic and controlled drugs in each ADC for all patient care areas. Two health care providers are required for guided cycle counts.

- Narcotic and controlled drugs require a [blind count](#) prior to any removal from the ADC. If the count is not the same as identified in the bin, the user is required to correct the count and proceed with removal for administration. A discrepancy receipt is printed at the dispensing cabinet and the user must resolve the discrepancy as

soon as possible. Note: A correction of the count does NOT resolve the discrepancy.

Narcotic Discrepancies

All narcotic and controlled drug count discrepancies shall be investigated, resolved, and documented as soon as possible, prior to the end of each shift.

- The person discovering the discrepancy shall be responsible for investigating, resolving and documenting the discrepancy.
- A witness is required for the documentation of all discrepancies
- The patient care area leader / delegate shall be responsible for ensuring that all discrepancies are documented by shift end.
 - Narcotic discrepancies that occur after hours and a second witness is not available, the discrepancy will be resolved by end of shift the following business day
- If the person discovering the discrepancy is a non-nursing staff member (e.g. pharmacy) and they were not involved in the creation of the discrepancy, the discrepancy should be referred to the patient care leader / delegate.
- The corrected count shall be verified by performing a physical count of the medication, prior to documenting the count discrepancy.
- All discrepancies shall be documented as per approved Omnicell (ADC) list of discrepancy resolutions. Staff members may select discrepancy and free text the resolution using up to 64 characters.
- If after investigation the discrepancy remains unresolved:
 - Notify the patient care area leader / delegate
 - Complete an online report via the Patient Safety and Learning System (PSLS)
 - Document the discrepancy on the automated dispensing cabinet and reference the PSLS number
 - Patient care area leader / delegate to notify the Pharmacy Professional Practice Leader or delegate.
- For unexplained loss or theft of narcotic or controlled drugs, the Pharmacy Professional Practice Leader or delegate must be notified of the loss immediately, which will be responsible for reporting it to Health Canada and the College of Pharmacists within 10 days of the discovery.

Oral Liquid Narcotics and Controlled Drugs

Count discrepancies with oral liquid narcotics and controlled drugs are often due to loss upon measurement of each dose.

- A count of oral liquid narcotics and controlled drugs shall be performed upon removing a dose.
- A discrepancy of less than or equal to 10% of the total original volume issued by Pharmacy is considered within the normal range of expected loss.
- If the count shown on the ADC is within a 10% possible variance of the actual count, verify the screen count and continue with the transaction.
- If the count shown on the ADC is greater than a 10% variance of the actual count:
 - Enter the actual amount as the beginning count (a narcotic discrepancy will be created)
 - Investigate and document the discrepancy, clearly explaining the cause of the variance (e.g. obvious spill in pocket)
 - If unable to resolve the discrepancy, follow the process outlined under narcotic discrepancies.

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Waste Documentation

Doses of narcotics and controlled drugs that are broken, damaged, contaminated, refused, or partially used shall be wasted and reconciled and documented using the ADC system and manual narcotic book, and witnessed by another authorized regulated ADC user.

- Narcotic discrepancies that occur after hours and a second witness is not available, the discrepancy will be resolved by end of shift the following business day

Bi-monthly audits (See appendix for ADC (Omniceil) Controlled Drug Audit Instruction)

Pharmacy will prepare the Pandora Anomalous Usage report at the beginning of every second month for each Omnicell cabinet in the respective centre. This report will be emailed to Centre Operations to be distributed to the relevant unit managers to conduct the audit.

- Unit managers will identify any users that are extreme or approaching outliers (red or yellow color coded). These users are statistically abnormal and will be investigated.
- The first and last controlled drug withdrawal for each user identified as either extreme or approaching outlier will be compared to the patient record for inconsistencies.
- Audit results for each Centre will be reported out at Regional Operations and Quality Committee

3.7 Medication Returns

Unused medication in original packaging removed from the automated dispensing cabinet, and not administered to the patient, shall be returned to the ADC external return bin.

- Medications that have been exposed to areas where there are infection control additional precautions shall not be returned to the ADC and shall be disposed as per established procedure.

3.8 Medication Storage Outside of the ADC

Each patient care area is unique and may have workflow or logistics that require external medication storage. The Pharmacy PPL or delegate, in consultation with the patient care area leader or delegate, shall approve all medications and their storage locations, when stored external to the automated dispensing cabinet.

- Where medications (kits, procedure meds, anesthesia, etc.) are stocked external to the automated dispensing cabinet system, patient care area staff shall be responsible for replenishing stock and monitoring expiry dates (e.g. monthly).
- Medications required replenishing stock in external storage locations are accessed via the automated dispensing cabinet, as per local established procedure.

3.9 Downtime Policy

When encountering prolonged downtime with automated dispensing cabinets, personnel shall follow established procedures.

- Where feasible, downtime due to prolonged maintenance shall be scheduled in advance to facilitate plans for medication access.
- Where appropriate, downtime issues relating to the automated dispensing cabinets are reported to Pharmacy and referred to the vendor if applicable.
- Medications shall be accessed from a nearby functioning automated dispensing cabinet for the duration of the downtime, where possible.
- When unable to access medications from a nearby automated dispensing cabinet, the automated dispensing cabinet shall be unlocked to facilitate access to medications. Keys required to unlock an automated dispensing cabinet shall be available from Pharmacy or the Centre's administration office.
- Security of all drugs including narcotics and controlled drugs shall be maintained throughout downtimes.
 - May be relocated to an alternate locked cabinet, or a Pharmacy staff member or a regulated staff member who is authorized to handle narcotics shall remain with the automated dispensing cabinet when unlocked.
 - The manual narcotic book shall be maintained when accessing narcotic and controlled drugs.
 - Two regulated healthcare providers shall count all narcotics and controlled drugs at each shift.
 - Once the downtime is resolved, pharmacy shall perform an inventory count of all narcotic and controlled drugs to ensure counts are reconciled. All count

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discrepancies shall be handled in the same manner as usually handled outside of downtime.

- Pharmacy shall perform an inventory count of all other medications contained in the automated dispensing cabinet to adjust the drug quantities, where necessary.

3.10 Maintenance and Cleaning

All users shall be responsible for ensuring that the automated dispensing cabinets are kept clean.

- All staff shall perform hand hygiene prior to logging onto an automated dispensing cabinet.
- Spills shall be cleaned immediately as they occur by the user. Do not use spray bottle for cleaning.
- Liquids shall not be set down on any surface of an automated dispensing cabinet.
- Pharmacy is responsible for the INTERIOR cleaning of the automated dispensing cabinets every 3 months, and the INTERIOR of the AWS once monthly, as per established site routine. Cleaning schedule is documented by each centre.
- If extensive cleaning is required due to spills etc., please notify pharmacy promptly.
- Each Centre shall determine responsibility for the regular exterior cleaning (daily for high touch points and weekly for non-high touch point areas of exterior) of the automated dispensing cabinets, as per established site routine (housekeeping staff, etc.). Operating room staff will designate appropriate personnel for the cleaning of the exterior of the AWS after each case.
- Below is the table for approved hospital grade disinfectants to be used on the various parts of the Omnicell. Always follow hospital grade cleaner-disinfectant instructions as per use (see below). If residue from hospital grade disinfectant remains, wipe with damp (with water only) lint-free clean cloth.
- For more information, refer to the manufacturer's cleaning instruction guide.

Omnicell (ADC) Area	Manufacture Instructions for use (MIFU) recommendations
<ul style="list-style-type: none">• Touch screen• Fingerprint Reader• Scanner (Symbol)• Keyboard	<ul style="list-style-type: none">• 70% Isopropyl Alcohol wipes <p>Do not saturate these parts; however ensure the surface is wet enough to meet the dwell time for cleaning solution as per manufacturer's instructions.</p>
	<ul style="list-style-type: none">• Accelerated Hydrogen Peroxide 0.5% (AHP)

4.1 Definitions

Anesthesia Workstations (AWS) is a cabinet that electronically dispenses medications as requested by an authorized anesthesiologist that is specifically designed and used in the operating room setting.

Automated Dispensing Cabinet (ADC) is a cabinet that electronically dispenses medications as requested by an authorized user, tracks medication usage and controls inventory.

Biometric identification is an electronic form of identification and access control, equivalent to a legal signature. Biometric identifiers are distinctive, measurable characteristics used to label and describe individuals, such as a finger scan.

Blind Count Upon the withdrawal of a controlled medication, the ADC prompts the user to physically count and record the number of items in that location. This is done without knowledge of the current quantity as the expected quantity on hand is not displayed

Cycle Count a guided cycle count must be performed at least once weekly for all narcotic and controlled drugs in each ADC for all patient care areas. Two health care providers are required for guided cycle counts.

Narcotics and Controlled Drugs. Narcotics and controlled drugs shall be defined as any substance listed in the Schedules of the Controlled Drugs and Substances Act as amended or repealed <http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

Non-Profiled Automated Dispensing Cabinet (ADC). Access to all medications in the ADC is provided without prior verification/review by a pharmacist.

Profiled Automated Dispensing Cabinet (ADC). Access to medications in the ADC requires verification/review of the medication order by a pharmacist.

Virtual Kit. An electronically linked group of drugs that can be removed from the automated dispensing cabinet in succession under a single transaction using virtual kit.

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Appendix A: Procedure for Adding/Changing/Deleting Users in Omnicell, and Retrieving Passwords

Adding New Users

1. The new user's leader/manager or delegate (i.e. patient care manager, clinical nurse leader, nurse educator, pharmacy leader, etc.) is responsible for ensuring medication access is required within the user's scope of practice.
2. Initiate a new user request by completing the Omnicell User ID request form and email it to bccanceromnicelladm@bccancer.bc.ca. Allow up to 48 hours for processing.
3. Once the ID request has been processed, the user's leader/manager or delegate will enroll the users for biometric access.
4. At initial sign-in, ADC display will prompt user to enter password. User passwords expire after 90 days.

Changing/Deleting User Access

Examples of user access changes may include:

- Access needs to be removed for a terminated/retired employee.
- Access needs to be changed for an employee starting or returning from a leave.
- Access needs to be restricted.

For changes to user access, complete the Omnicell user ID request form and email to bccanceromnicelladm@bccancer.bc.ca. Allow up to 48 hours for processing.

Retrieving Passwords

Forgotten passwords are re-assigned by the user's leader/manager or delegate. BC Cancer identification and employment status must be validated prior to re-assigning the password.

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Omnicell User ID Request Form

This form is to be completed by the Leader/Manager or Delegate of the person whose account is to be Added or Changed.

Please allow at least 48 hours for any request to be processed.

PLEASE USE CAPITAL LETTERS AND COMPLETE ALL FIELDS

Select one:

☐ NEW ACCOUNT ☐ CHANGE ☐ RE-ACTIVATE ☐ DELETE ☐ NAME CHANGE

Last name:	First name:	Middle name:
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Job title:

- | | | |
|--|---|---|
| <input type="checkbox"/> RN | <input type="checkbox"/> Medical Imaging Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Clinical Nurse Leader | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Radiology Technologist |
| <input type="checkbox"/> Clinical Nurse Educator | <input type="checkbox"/> Pharmacy Tech/Assistant | <input type="checkbox"/> MD (specialty: _____) |
| <input type="checkbox"/> Nuclear Medicine Technologist | <input type="checkbox"/> Nursing Student | <input type="checkbox"/> Other: _____ |

Centre:	Unit:	Phone Local:
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Email:

Employee ID:

Effective Date:	Expiry Date: <i>(Required for term contracts)</i>
Leader/Manager Name:	Leader/Manager Local:
	Leader/Manager Signature:

STATEMENT OF CONFIDENTIALITY

To be signed by all new employees to obtain network access. Please read and sign to indicate you understand the following: I agree to access patient information as per BC Cancer policies. In particular, I understand that: the username issued to me identifies me to the Automated Dispensing Cabinet and that I am fully responsible for all transactions made with reference to this identity; I will maintain the confidentiality of my username and password and will not reveal it to others; I will change my password every 90 days or, should it become known to others, I will change it immediately; My username will expire on the date indicated above (applies to term assignments only). If I am to continue at BC Cancer beyond this date I understand that it is my responsibility to reapply for continued use of the system (applies to term assignments only).

EMPLOYEE SIGNATURE:

DATE:

Once signed, please send this form via email to: bccanceromnicelladm@bccancer.bc.ca

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ADC (Omniceil) Controlled Drug Audit Instructions

STEP 1

Preparation

- Review the Pandora Anomalous Usage Report (Note: do not store the Pandora Anomalous Usage reports)
- Ensure the audit binder is stored in a secured location on the unit in a locked drawer (Manager/Supervisor/Department Lead office)
- It's recommended to create a spreadsheet to track audits as you cycle through the staff list. Use staff initials instead of user names for privacy.
- Audits will be completed every 2 months

STEP 2-

Receiving monthly Pandora Anomalous Usage report for audit purposes

- Pharmacy will prepare the Pandora Anomalous Usage report on the first Monday of every other month (Tuesdays after stat holiday). The report will include any anomalous usage for the prior two months for each Omnicell cabinet. This report will be emailed to Centre Operations to be distributed to the relevant unit managers to conduct the audit.

STEP 3

Conducting the audit

- Set aside approximately 30 minutes to conduct the audit.
- Review the Pandora Anomalous Usage Report and identify any users that are extreme or approaching outliers (red or yellow color coded). These users are statistically abnormal and should be investigated.
- Choose the first and last controlled drug withdrawal for each user identified as either extreme or approaching outlier. Compare the controlled drug transaction to the patient record, and collect the information as detailed on the Audit Tool. Ensure waste is accounted for "W" with a witness (where appropriate).
- Complete the double-sided audit tool (e.g. pg. 1 for staff member Jane "User #1" and pg. 2 for staff member Darren "User #2"). Use initials as assigned on spreadsheet to protect User privacy.
- Enter the date and time of the selected transaction should follow-up be required in the future.
- Ensure the Pandora Anomalous usage reports are **deleted** from inbox/deleted folder as soon as they are printed, and paper copies disposed of in confidential waste once audits are complete.

Step 4

Follow Up

- Follow up with each User where documentation is inaccurate or missing.
- If there are concerns or trends noted, please escalate to your manager. As needed, this will be discussed further by the Practice Lead in the department.
- Audit results for each Centre will be reported out at Regional Operations and Quality Committee

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Approving Body:	Nursing Professional Practice Committee, and P4C		
Final Sign Off:	Name	Title	Date Signed
	Crystal Maric	Executive Director – Professional Practice	05-APRIL-2023
Developed By:	Name	Dept.	HO
	Crystal Maric	Provincial Pharmacy	
	Ruby Gidda	Acting Senior Director, BC Cancer Abbotsford	
Owner(s):	Crystal Maric	Provincial Pharmacy	
	Ruby Gidda	Executive Director, BC Cancer Abbotsford & Provincial Professional Practice Nursing and Allied Health	
Posted Date:	01-05-2020		
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	Ruby Gidda & Crystal Maric	Minor updates to include anesthesia workstations	01-05-2020
	Ruby Gidda & Crystal Maric	Minor update to include LPN access to cabinets	01-11-2020
	Ruby Gidda & Crystal Maric	Updates to include medication principles	04-07-2021

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