

Published to promote voluntary compliance of pharmacy and drug law.

who need help with counseling or questioning Spanish speaking patients.

This service is **not** for patients. The number for the free translator is 1-800/255-8755.

# Item 1159 – Disciplinary Actions

### February - May 2002

Reprimand: 5; Letter of Concern: 1; Suspension with Stay Order: 2; Suspension: 2; Warning: 7; Reinstatement with Conditions: 4; License void and of no effect: 1

Complete information regarding cases can be found on the North Carolina Board of Pharmacy's Web site at www.ncbop.org at "Disciplinary Actions."

### Item 1160 - New Board Members

Two new Board Members assumed office in May, Rebecca Chater and Dr Betty Dennis. Some would say that having two women on the Board is noteworthy. But a more significant fact is that Dr Dennis and Ms Chater are the first board members with earned advanced degrees. This also means that one-third of the Board members are clinical pharmacists and Dr Dennis is qualified as a clinical pharmacist practitioner prior to her election.

Rebecca Chater is currently the group manager of clinical services for Kerr Drug. She has practice experience in long-term care, medical clinic practice, academic, independent, and chain pharmacy. She has numerous awards and honors including service as a trustee of the American Pharmaceutical Association. Rebecca earned her BS in pharmacy and a Master's in Public Health from the University of North Carolina at Chapel Hill. She and her husband Bill are parents to six-year-old Katherine Riley.

Dr Betty H. Dennis is senior clinical specialist in ambulatory care and coordinator of the primary care residency at University of North Carolina (UNC) Hospitals and clinical associate professor at UNC Chapel Hill School of Pharmacy. She has served on many committees and numerous organizations and is a founding member of the North Carolina Cancer Pain Initiative and chair of the Protection of Human Subjects Committee at Family Health International. Betty is active in the Carrboro United Methodist Church, is a past president of the Chapel Hill Rose Society, and has an adult son who is a musician.

### Item 1161 – Spanish for Pharmacists

A free Spanish translator is available for pharmacists and other health professionals, Monday through Friday from 8:30-noon and 1-5:30 PM. This service is for pharmacists

### Item 1162 - Review of Faxing Rules

Web site: www.ncbop.org

Questions regularly come to the Board office about the permissibility of faxing prescriptions. Board rule permits the faxing of prescriptions (see .1807) and federal law allows faxing of controlled substances generally except for Schedule II drugs.

A fax is allowed for Schedule II drugs for hospice patients, prescriptions for parenteral use by home infusion pharmacy, and prescriptions for long-term care facilities. The facsimile serves as the original document in these cases.

# Item 1163 – Emergency Contraception Web Site

Pharmacists who receive questions about emergency contraception may want to refer to the following address: <a href="https://www.not-2-late.com">www.not-2-late.com</a>. This Web site is operated by Princeton University and may be helpful in answering questions.

A Spanish or French translation is available online.

## Item 1164 - Technician Registration

As of January 1, 2002, all technicians assisting pharmacists in the practice of pharmacy need to register with the Board. This applies to **all** technicians including those certified by the Pharmacy Technician Certification Board.

Technicians registering initially after July 1 need to have training in pharmacy terminology, calculations, dispensing systems and labeling, pharmacy law, recordkeeping, and the proper handling and storage of drugs. Technicians need to register within 30 days of their employment and the training program specified above must occur within 180 days of registration.

Further questions may be answered on our Web site at www.ncbop.org under "FAQ."

### Item 1165 - DME Subcommittee Update

Submitted by Teresa Gregory, DME Subcommittee Chairperson

All providers should remember that any time there is a change of address for your location or a change in the person

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in charge who is listed on the DME Permit, the Pharmacy Board should be notified within 30 days.

By now all providers should have received their permanent Device Dispensing Permit Certificate. If you have not, please contact the Pharmacy Board office in Carrboro.

Remember, if you have a pharmacy license, then a separate DME permit will not be issued. You will continue the smaller permit each year upon renewal.

A new inspector strictly dedicated to DME inspections will soon be in the field, so expect routine inspections to begin again in the very near future.

### Item 1166 – Disaster Plan

The Board's rule .2502(j) provides that each pharmacistmanager shall have a plan to safeguard prescription records and pharmaceuticals in the event of a natural disaster such as a hurricane or flood. The Board office has received many questions on what action would comply with this rule.

At the April meeting of the Board of Pharmacy the members heard a presentation from the Triangle Resource Group, Inc, which provides a service that responds to emergencies. The members agreed that this company offers services that are consistent with the intent of .2502(j). They can be reached at 919/841-0175.

### Item 1167 - Health Advice for Travelers

The World Health Organization (WHO) has recently published a pamphlet on this subject. This new guide for international travelers offers advice on subjects from air travel to yellow fever, on how to avoid infectious diseases and why you are more likely to be run over by a car than succumb to plague or the Ebola virus.

International Travel and Health provides valuable advice for travel care. This concise, but comprehensive book and accompanying Web site (<a href="www.who.int/ith/">www.who.int/ith/</a>) draws on the WHO's global network of medical information to provide the very latest advice on prevention, vaccination, and what to do when travelers fall ill.

Factors examined include the supply of oxygen in the aircraft cabin, the expansion of gases within the body, low relative humidity in aircraft cabins, and prolonged immobility, leading to potential circulatory problems. There has been a great deal of publicity in recent years about the risk of deep-vein thrombosis

after long-haul flight. But the book points out that the risk of "developing deep-vein thrombosis is very small unless additional pre-existing risk factors for thromboembolism are present."

Another chapter is devoted to malaria, a serious threat to the health of travelers in more than 100 countries, which are visited by more than 125 million international travelers every year. The chapter sets out a comprehensive series of recommendations, from identifying which drugs are effective in which countries to how to avoid being bitten by the mosquitoes that spread the malaria parasite.

For all travelers, vaccination offers the possibility of avoiding a number of dangerous infections that may be encountered abroad. Vaccines are generally very safe and adverse reactions are uncommon. However, vaccines have not yet been developed against several of the most lift-threatening infections, including malaria and HIV/AIDS, so the book offers details of other precautions that travelers should take.

Though infectious diseases are a major cause of ill health in travelers and can be life-threatening, traffic accidents and drowning are responsible for the largest number of deaths while traveling abroad.

In 1998, the last year figures are available, it is estimated that more than one million people were killed in traffic accidents worldwide and an additional 10 million were injured. Another half a million people drown each year and many more suffer permanent effects after near-drowning incidents. *International Travel and Health* suggests practical precautions that can be taken to avoid accidents on roads, in cities, and in water.

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