ALBERTA COLLEGE OF PHARMACISTS

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF **MR. ADEL AGINA**

DECISION OF THE HEARING TRIBUNAL

September 8, 2015

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Adel Agina. In attendance on behalf of the Hearing Tribunal were Mr. Jim Johnston, chairperson, Mr. Jon Cummings, pharmacist, Mr. Rizwan Ahmed, pharmacist and Mr. Peter Van Bostelen, public member.

2. The hearing took place on June 17, 2015 at the office of the Alberta College of Pharmacists ("ACP") located in Edmonton, AB. The hearing was held under the terms of Part 4 of the *Health Professions Act* ("HPA").

3. In attendance at the hearing were Mr. James Krempien, Complaints Director; Mr. David Jardine, counsel for the Complaints Director; Mr. Adel Agina, investigated member; Ms. Eleanor Olszewski, counsel for Mr. Agina and Mr. Fred Kozak, independent counsel for the Hearing Tribunal. In addition there were three observers present; Mr. Hoz Agina (Adel Agina's son); Mr. Ron Vinokoor and Mr. Billy Yin.

4. At the commencement of the hearing, Mr. Johnston disclosed to the parties that in 2009, he had hired Mr. Agina for some contract work in one of the pharmacies he was overseeing as a Regional Pharmacy Manager. Mr. Jardine indicated that that disclosure did not create a concern for the Complaints Director. Ms. Olszewski discussed this information with Mr. Agina and then confirmed they had no objection to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with a hearing.

II. ALLEGATIONS

5. The Notice of Hearing was entered as Exhibit 1, and stated the following:

> IT IS ALLEGED THAT:
>
> During the period from November 2, 2014 to November 5, 2014, as a pharmacist practicing at Shoppers Drug Mart #353, in Calgary, Alberta, you:
>
> 1. Administered seasonal influenza vaccination injections for HM and CM in the presence of their mother JM;
>
> 2. After injecting HM, through error and omission, you failed to properly dispose of the needle/syringe you had used for HM and subsequently caused a needlestick injury for CM when you reused the needle/syringe you had used on HM;
>
> 3. Failed to properly care for the injury to CM and the further risk of communicable disease by failing to provide proper needlestick injury management for CM, by providing care to CM or referring CM to another health care provider; and

4. Failed to properly initiate a quality assurance process to report and document the needlestick injury to the licensee and other applicable parties and in particular:

    a. failed to advise the licensee or anyone else at the pharmacy that the needlestick injury had occurred and failed to report the injury to Alberta Health or the Communicable Disease Control Centre in Calgary;

    b. failed to document the needlestick injury in any way;

    c. failed to complete a drug incident report;

    d. only acknowledged the error and spoke with the licensee once the complaint was received.

IT IS ALLEGED THAT your conduct constitutes a breach of the following statute, regulations, and standards governing the practice of pharmacy:

- Standards 1, 17 and 18 and sub-standards 1.1, 1.2, 1.7(d), 1.9, 17.2(c), 17.2(d), 17.4(a), (b), (c), and (e), and 18.3(c) iv of the *Standards of Practice for Pharmacists and Pharmacy Technicians;*

- Sections 1(1)(pp)(i), 1(1)(pp)(xii) of the *Health Professions Act;* and

- Principles I (1, 2 and 8) and VI(2) of the ACP Code of Ethics;

and that your conduct set out above and the breach of some or all of these provisions constitutes unprofessional conduct pursuant to the provisions of sections 1(1)(pp)(i), 1(1)(pp)(ii), and 1(1)(pp)(xii) of the *Health Professions Act.*

III. PRELIMINARY MATTERS

6. Although the hearing was open to the public, Mr. Jardine requested that the full names of the complainants be removed and referenced by initials only in the Hearing Tribunal's written decision. The original Notice of Hearing includes the full name of the mother and both children involved in the incident. The request was agreed to by all parties, and accepted by the Hearing Tribunal, and only initials are used in this written decision.

IV. EVIDENCE

7. Mr. Jardine started by indicating that the hearing would be proceeding by way of Agreed Statement of Facts and Admission of Unprofessional Conduct pursuant to section 70 of the HPA. Mr. Jardine submitted Exhibit 2 which contained this signed document along with several tabs of evidence.

8. The Agreed Statement of Facts and Admission of Unprofessional Conduct stated the following:

1. Mr. Adel Agina ("Mr. Agina") is a pharmacist registered with the Alberta College of Pharmacists ("the College"). His registration certificate number is 6629.

2. On November 2, 2014, Mr. Agina was working as a relief pharmacist at Shoppers Drug Mart #353 ("the Pharmacy") located at 1000-150 Millrise Blvd. SW, Calgary, Alberta under a RPI Pharmacy Relief Agreement dated October 28, 2014 between RPI Consulting Group Inc. and the Pharmacy. His shift was from 4:00 p.m. to midnight.

3. The total number of injections administered at the Pharmacy on November 2, 2014 was 48, of which 14 (including the injections of CM and HM) were administered by Mr. Agina. 269 prescriptions were dispensed on November 2, 2014 at the Pharmacy and 70 of those prescriptions were dispensed during Mr. Agina's shift.

4. At approximately 7:30 p.m. on November 2, 2014, Mrs. JM brought her children CM (13 years old) and HM (15 years old) to the Pharmacy for their influenza vaccination injections.

5. Mr. Agina prepared two syringes each with 0.5mL of Fluviral doses from a 5mL multidose vial. Mrs. JM signed the Influenza Vaccination Screening and Consent Forms for both CM and HM. Copies of these forms are attached as Tab 1 to this Agreed Statement of Facts and Admission of Unprofessional Conduct.

6. Mrs. JM, CM, and HM then entered the Pharmacy's counselling room. Mrs. JM and CM each sat down in a chair. HM stood near her mother, across the table from Mr. Agina.

7. Mr. Agina walked around the table to HM and proceeded to administer the injection to HM. Mr. Agina then returned to his seat, near where CM was sitting. CM was nervous about the injection and Mr. Agina spoke to him to calm him down. At that point, instead of discarding the used needle and empty syringe in the designated sharps/biohazard container in the counselling room, Mr. Agina placed the used needle and empty syringe back on the table next to the second prepared needle and syringe.

8. After preparing CM for his injection, Mr. Agina picked up the used needle and empty syringe and placed the used needle in CM's arm. Mr. Agina attempted to depress the plunger of the used syringe. At that point, Mr. Agina became aware of his error. He took the used needle out of CM's arm and advised Mrs. JM and CM of his error and the fact that he would need to inject CM again with the second needle and full syringe. Mr. Agina then administered the injection to CM. Mr. Agina then requested that JM, CM and HM return to the Pharmacy in 15 minutes to check for any adverse reactions to the vaccine.

9. JM, CM and HM left the counselling room and did not return to the pharmacy that evening.

10. Mr. Agina did not initiate any steps to provide care for CM or provide advice to JM regarding the needlestick incident or to refer CM to another health care provider. Mr. Agina also failed to put into effect any management or quality assurance process to minimize the risk of harm to CM, to respond to the needlestick incident, and to report the needlestick incident to the licensee of the Pharmacy and other applicable parties. No incident report on this matter was prepared by Mr. Agina and he did not advise other staff of the incident or provide a notice or report to the licensee

12. On November 3, 2014 the Complaints Director was contacted by CM's father, Mr. TM who reported the incident and discussed the status of his son's needlestick injury. The Complaints Director then contacted the Pharmacy and spoke with Christine Wernikowski-Woo (one of the co-owners) who then contacted the other co-owner and licensee, Val Kalyn.

13. On November 4, 2014, the College received a letter of complaint from TM. A copy of this letter of complaint is attached as Tab 2 to this Agreed Statement of Facts and Admission of Unprofessional Conduct.

14. The first information that the licensee and the co-owners of the Pharmacy had regarding this incident is when they were contacted by the Complaints Director by telephone on November 3, 2014 and TM by email on November 4, 2014. The co-owners then prepared an incident report, contacted Mr. Agina, and contacted the Communicable Disease Control Centre for advice on how to proceed. The co-owners then passed the information on care direction for CM to CM's parents and then also wrote to CM on November 5, 2014.

15. Mr. Agina responded to the Complaint Director's request for information by a letter dated November 22, 2014. A copy of this letter and the attached information is attached as Tab 3 to this Agreed Statement of Facts and Admission of Unprofessional Conduct.

16. On November 26, 2014, the co-owners of the Pharmacy faxed a response to the questions asked by the Complaints Director. A copy of this response and the attached material is attached as Tab 4 to this Agreed Statement of Facts and Admission of Unprofessional Conduct. This response included the Drug Incident Report and the Pharmacy's policies and procedures relating to the response to and documentation of medication incidents and errors and administration of medications by injection and medication incident reports.

17. Further clarification of the materials provided on November 26, 2014 was provided by Val Kalyn, the licensee and one of the co-owners of the Pharmacy in a telephone conversation with the Complaints Director on November 27, 2014. A copy of a summary of this conversation is attached as Tab 5 to this Agreed Statement of Facts and Admission of Unprofessional Conduct.

18. On December 5, 2014, the Complaints Director met with Mr. Agina in Calgary to discuss the investigation. A copy of a summary of this conversation with additional documents provided by Mr. Agina is attached as Tab 6 to this Agreed Statement of Facts and Admission of Unprofessional Conduct.

19. Upon the completion of his investigation, the Complaints Director determined that this complaint would be referred to a hearing before a Hearing Tribunal. A copy of the Complaints Director's Record of Decision dated January 22, 2015 is attached as Tab 7 to this Agreed Statement of Facts and Admission of Unprofessional Conduct.

20. A Notice of Hearing was issued in this matter on February 9, 2015 and set a hearing date of March 25, 2014. This hearing date was rescheduled by consent to June 17, 2015.

21. Pursuant to section 70 of the *Health Professions Act*, Mr. Agina wishes to provide a written admission of unprofessional conduct for consideration by the Hearing Tribunal.

22. Mr. Agina hereby acknowledges and admits that:

    During the period from November 2, 2014 to November 5, 2014, as a pharmacist practicing at Shoppers Drug Mart #353, in Calgary, Alberta, he:

    1. Administered seasonal influenza vaccination injections for HM and CM in the presence of their mother JM;

    2. After injecting HM, through error and omission, failed to properly dispose of the needle/syringe he had used for HM and subsequently caused a needlestick injury for CM when he reused the needle/syringe he had used on HM;

    3. Failed to properly care for the injury to CM and the further risk of communicable disease by failing to provide proper needlestick injury management for CM, by providing care to CM or referring CM to another health care provider; and

    4. Failed to properly initiate a quality assurance process to report and document the needlestick injury to the licensee and other applicable parties and in particular;

        a. failed to advise the licensee or anyone else at the Pharmacy that the needlestick injury had occurred;
        b. failed to document the needlestick injury in any way;
        c. failed to complete a drug incident report;
        d. only acknowledged the error and spoke with the licensee and other pharmacy co-owner when the licensee and pharmacy co-owner phoned Mr. Agina on November 3, 2014 after being notified of the incident by the Complaints Director.

23. Mr. Agina further acknowledges and admits that his conduct constitutes a breach of the following statute, regulations, and standards governing the practice of pharmacy:

    - Standards 1, 17 and 18 and sub-standards 1.1, 1.2, 1.7(d), 1.9, 17.2(c), 17.2(d), 17.4(a), (b), (c), and (e), and 18.3(c) iv of the Standards of Practice for Pharmacists and Pharmacy Technicians;
    - Sections 1(1)(pp)(i), 1(1)(pp)(ii) and 1(1)(pp)(xii) of the *Health Professions Act*, and

- Principles I (1, 2 and 8) and VI(2) of the ACP Code of Ethics;

and that his conduct set out above and the breach of some or all of these provisions constitutes unprofessional conduct pursuant to the provisions of sections 1(1)(pp)(i), 1(1)(pp)(ii), and 1(1)(pp)(xii) of the *Health Professions Act.*

24. The Complaints Director acknowledges that Mr. Agina and his legal counsel have been fully cooperative throughout the investigation and hearing process and that Mr. Agina has no prior complaints or findings of unprofessional conduct.

25. Mr. Agina acknowledges that he has had the benefit of legal advice in reviewing and entering into this Agreed Statement of Fact and Admission of Unprofessional Conduct.

This agreement was signed by Mr. Agina.

9. Mr. Jardine noted that although the Notice of Hearing included an additional allegation regarding failure to report the incident to Alberta Health, that issue was not being pursued since Alberta Health did not consider a needlestick injury to constitute an adverse reaction.

10. Ms. Olszewski indicated that her submissions would be directed solely to the sanction phase of the hearing.

V. FINDINGS

11. The Hearing Tribunal carefully reviewed the Agreed Statement of Facts and finds the remaining allegations are well founded and accepts the Agreed Statement of Facts and Admission of Unprofessional Conduct.

12. The Hearing Tribunal discussed whether the issues identified in the Notice of Hearing may have been unique to Shoppers Drug Mart and whether they could have been due to insufficient orientation to the policies and procedures of this Pharmacy, but felt that the issues identified in this case are more basic to the profession and would have been taught during immunization training. Principles and Standards regarding documentation are paramount to the profession and extend to all areas of practice, not just around the practice of administering injections.

13. "Unprofessional Conduct" is defined in section 1(1)(pp) of the *Health Professions Act*. Two of the definitions provided are displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services and contravention of this Act, a code of ethics or standards of practice. It is clear from the facts agreed to by Mr. Agina that he did indeed contravene several Standards of Practice and the Code of Ethics (enumerated in paragraph 23 of the Agreed Statement of Facts). It is also clear that he failed to display appropriate judgment in his lack of care for CM after the incident. Based on this, the Hearing Tribunal agrees with and accepts the admission of unprofessional conduct.

VI. SUBMISSIONS BY MR. JARDINE

14. Mr. Jardine indicated that there was no joint submission on sanction and therefore made his submissions on behalf of the Complaints Director. He started by reviewing the purpose of a sanction and highlighted the need to protect the public, maintain integrity of the profession and provide fairness to the member. He also mentioned that this case is the first case in matters related to injections and would therefore be somewhat precedent setting.

15. Mr. Jardine referenced several factors from *Jaswal v. Medical Board (Newfoundland)* suggesting that the following should be considered when imposing sanction:

- This is a significant matter but it would be unfair to say it is on the serious end.
- Mr. Agina is not a new member and this is not a question of inexperience.
- There have been no prior complaints about Mr. Agina.
- This was a 13 year old patient but it would have been an issue with any patient.
- The case is in reference to a single incident and lack of follow up on that incident.
- There was no attempt to deny but there was also no notification to the licensee or any documentation.
- This was a concern to the parents. There was no evidence of any follow up with respect to complications.
- Considerable emphasis needs to be given to maintaining the public's confidence in the integrity of the pharmacy profession. The practice of administering drugs by injection is new to the profession and the public needs to know that the responsibility is taken seriously.
- There are no other cases in pharmacy related to needlestick injuries.

16. Based on these considerations, Mr. Jardine proposed the following sanctions:

1. An order of Reprimand to be placed on Mr. Agina's file.

2. An order to pay the full costs of the hearing. Mr. Jardine suggested that Mr. Agina's conduct resulted in the hearing and therefore it is appropriate that he pay the full costs which were estimated to be around $10,000 to $12,000 after the hearing.

3. A fine of $1,000. The Complaints Director viewed this issue as one finding of unprofessional conduct. The HPA allows up to $10,000 per finding however the Complaints Director feels the conduct is not severe enough to impose the maximum. Mr. Jardine suggested this is an issue of deterrence and would be precedent setting. It shows the profession's disapproval of the conduct.

4. A condition on Mr. Agina's practice permit that prohibits him from providing injections until the following conditions are met:

    a. Mr. Agina is to prepare a paper satisfactory to the Complaints Director outlining his plan to deal with needlestick injuries in the future including his plan to document, counsel patients involved, and provide appropriate referral to other health care professionals for follow-up care to the patient.

    b. Perform at least 20 injections under direct supervision. Mr. Agina's previous injections were done without incident but this would help assure the Complaint Director that his technique is acceptable. The Complaints Director did not feel there is a need for Mr. Agina to complete the immunization training program again.

5. An order that until the conditions have been satisfied that he provides a copy of the Hearing Tribunal's decision to any future employers. This is to ensure that any employers are aware of the conditions.

17. Mr. Jardine further emphasized that 4(a) would need to be met before ANY injections could be administered and then 4(b) would need to be met before independently administering any injections.

18. Ms. Olszewski then made her submissions on behalf of Mr. Agina.

VII. SUBMISSIONS BY MS. OLSZEWSKI

19. Ms. Olszewski started by giving the Hearing Tribunal some background on Mr. Agina including his previous work experience in Egypt and Saudi Arabia before coming to Canada. She mentioned that he has been practicing in Canada since 2004 and has worked as a relief pharmacist since that time. She also mentioned that he is a conscientious practitioner who takes his career seriously, is always learning, and is respectful of and caring for his patients.

20. Ms. Olszewski spoke about the incident and gave Mr. Agina's side of the story. She said that nothing like this had happened before and that Mr. Agina knows what he has to do when giving immunizations. He was distracted at the time because CM had some apprehension, and he was trying to calm him down and prepare him for the injection after his sister had received hers. He gave extra reassurance to CM because his welfare was his primary concern. Mr. Agina told the mother what had happened and she was aware. He asked them to wait for 15 minutes after the injection to ensure there were no immediate adverse reactions, but the patients left immediately. Ms. Olszewski suggested that Mr. Agina went through an exercise of judgment. He reasoned that they were siblings and both were in good health according to the consent forms. Given those factors, he concluded that the likelihood of harm was negligible, although he readily

acknowledges that he should have handled this differently. Ms. Olszewski pointed out that no blood work was done on CM since his physician also concluded that the risk of infection was very low.

21. Ms. Olszewski said that this process of investigation and a hearing had already resulted in a severe message being sent to Mr. Agina. She then highlighted several of the factors referenced in *Jaswal v. Newfoundland Medical Board* and suggested these factors be considered when determining sanction.

- There was no real harm to CM. There was no infection or treatments required;
- Mr. Agina is a good, dedicated pharmacist. He gave 14 injections that day and over 250 in his career without incident;
- There are no other complaints on file about Mr. Agina;
- He acknowledged the incident immediately when he was questioned about it by the College and the licensee. He wanted to apologize to the family but was advised not to do so;
- Shopper's Drug Mart did not pay him for that shift. He was working for RPI relief agency who placed him for this shift. RPI phoned him about the incident, yelled at him and refused to employ him further. Shoppers Drug Mart also indicated they would no longer use him for relief and this was a company that provided a large number of shifts. Because of this, his ability to secure work has been dramatically affected. He has not worked since March of 2015 and is waiting for the outcome of this investigation before pursuing more work. He has been depressed and concerned about his reputation due to posting of his name on the College website;
- Specific deterrence is not as necessary as this was inadvertent and he knows what he did wrong; and
- There are no similar cases to compare this to so other factors need to be considered;

22. With respect to the Complaints Director's suggestions on sanction, Ms. Olszewski made the following comments:

1. They agree with the letter of reprimand;
2. For the costs of the hearing they would like them to be payable in instalments and suggested that there should be a cap since the estimates provided by Mr. Jardine were much higher than she expected them to be. Upon questioning by the Hearing Tribunal she suggested a range of $5,000 to $7,000 as the cap;
3. She disagreed with the fine as she felt it would be unlikely to deter similar mistakes in the future. She argued that fines help prevent advertant behaviour but that they have no effect in preventing mistakes. She felt it would not accomplish anything further;

4. There were no concerns from Ms. Olszewski with respect to the paper outlining his plan to deal with any future incidents. She did, however, disagree with the proposed condition regarding the 20 injections to be administered under direct supervision. Her argument was that he already knows how to give injections and that this order will have a marginal effect on public confidence. She does agree that the College needs to be confident in his ability but that this could be addressed in the paper. She said that Mr. Agina is currently unemployed and when working as a relief pharmacist there will be little opportunity for him to provide the 20 injections under direct supervision. She suggested that the requirement for him to show this decision to future employers and to discuss this condition would limit his ability to obtain relief shifts as it makes him less desirable compared to other relief pharmacists without any conditions; and
5. Ms. Olszewski had no concern with the need to discuss the conditions with future employers as long as it is only with respect to the letter and not the 20 injections under direct supervision.

23. Ms. Olszewski argued that the sanctions proposed by her would protect the public, maintain integrity of the profession, and would be fair to Mr. Agina.

VIII. Reply by Mr. Jardine

24. Mr. Jardine replied to Ms. Olszweski's submissions with these comments:

- It is fortunate that no harm occurred. The issue is that there were procedures in place to prevent harm and these procedures were not followed.
- The suggested fine is more for general deterrence. He suggested it is a signpost that this is an issue and that written decisions would be posted for the membership to read and the inclusion of a fine sends a message to the profession.
- With respect to limitations on future employment, the College has not impacted his ability to work. It was mentioned that approximately one third of pharmacists do not inject and they are still able to find work.
- Reprimands are not enough on their own for general deterrence.

25. The Hearing Tribunal did seek some clarity on the submissions and information shared by Ms. Olszewski. She mentioned that medical professionals had determined no blood work was needed for CM but there was no reference to that in the evidence provided to the Hearing Tribunal. Mr. Jardine indicated that Mr. TM, the father, told Mr. Krempien that no serological bloodwork was needed due to the low risk. This was not in the material provided to the Tribunal but was given in the full disclosure to Ms. Olszewski. There was no concern from Mr. Jardine in reading this fact into the record.

IX. ORDERS

26. After hearing from both Mr. Jardine and Ms. Olszewski, the Hearing Tribunal caucused and determined that the following orders should be issued in relation to the finding of unprofessional conduct:

    1. A Letter of Reprimand to be placed on Mr. Agina's registration file;

    2. An order to pay the full costs of the investigation and hearing. This is to be paid in instalments that are agreed to by the Complaints Director;

    3. A condition on Mr. Agina's permit that prohibits him from providing injections until he has written a paper that is satisfactory to the Complaints Director. Mr. Agina is to highlight the injection techniques and sterile procedures he failed to follow and how he will prevent similar incidents in the future. He is also to highlight what he would do for the patient if a similar incident were to occur in the future including an action plan for documenting the incident and following up with the patient. Only after the paper has been approved by the Complaints Director can this condition be removed; and

    4. An order that until the conditions have been satisfied he must provide a copy of the Hearing Tribunal's decision to any future employers. This is to ensure that any future employers are aware of the conditions.

X. REASONS FOR PENALTIES

27. The Hearing Tribunal felt that the reprimand was a fair and usual order for a breach such as this. It is a serious incident and there was certainly a potential for harm to the patient. There was also a clear lack of adherence to procedure and protocols.

28. With respect to the costs, the Hearing Tribunal agreed with the Complaints Director that Mr. Angina should pay the costs of the investigation and hearing. Since Mr. Agina admitted his unprofessional conduct and the allegations were proven, the burden of the costs should fall to Mr. Agina. The argument was made by Ms. Olszewski that there should be some consideration for the fact that Mr. Agina was cooperative and that he agreed to a statement of facts and admitted his unprofessional conduct. The Tribunal agrees that Mr. Agina was cooperative but this in itself helps lower the costs of the hearing and therefore benefits him already. If there was a more lengthy investigation, a longer hearing, or the need to bring in witnesses the overall cost would have been much higher. The Hearing Tribunal feels that since all the allegations were proven, the full costs should be paid by the member. This should also serve as general deterrence to members of the profession by demonstrating that unprofessional conduct carries a cost. A rough estimate suggests the costs to be around $12,000 for this case. Even though the costs of this hearing are smaller than most, this amount of money can still be a financial burden and the Tribunal wants to be fair to the member and allow this to

be paid in instalments, the terms of which are to be agreed to by Mr. Agina and the Complaints Director.

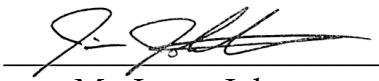
29. With respect to the issue of a fine, the Hearing Tribunal felt that it was not necessary in this case. Mr. Agina appeared very remorseful. It is also evident that this was not an intentional act. Because of this, there is no need for specific deterrence. It is evident that Mr. Agina has learned from this incident and that he will not allow this to happen again in the future. If it were not for his cooperation and his remorse, the Hearing Tribunal would have imposed a fine. This is a serious incident. The public and other health care professionals are scrutinizing pharmacy and the relatively new practice of administering injections. They need to know and trust that pharmacists are following practices that put patient safety first. Not reporting an incident such as this would have attracted a significant fine but the Hearing Tribunal felt that in this specific case it should not be levied.

30. With respect to the conditions on Mr. Agina's permit, the Tribunal agreed that a paper should be prepared by Mr. Agina outlining his plan to deal with needlestick injuries in the future, including his plan to document, counsel the patient involved and provide appropriate referral to other health care professionals and show care to the patient. The Hearing Tribunal agreed with Ms. Olszewski's argument that Mr. Agina's practice as a relief pharmacist would make the 20 injections under direct supervision onerous for him to achieve and the same benefit could be served by having him expand his paper to include addressing the techniques he felt he should have followed. There were two main errors in this case, improper procedures immediately following injection and a lack of follow up and documentation. It was highlighted that Mr. Agina has given many injections in the past and his injection technique up until the sharps disposal was not called into question. Again, Mr. Agina displayed genuine remorse and told the Hearing Tribunal that he wanted to personally apologize to the family. He appeared to know what he did wrong and said he has learned from it. In the paper, he can highlight what he has learned and with the objective of satisfying the Complaints Director that he knows what to do if a future incident were to occur.

31. The Hearing Tribunal agreed with the College that until the condition of the satisfactory paper is met, Mr. Agina should share a copy of this Decision with the licensee of any pharmacy he is working in to ensure they understand the conditions on his practice permit.

Signed on behalf of the hearing tribunal by the Chair

Dated: September 8, 2015

Per: 

Mr. James Johnston