

COMMUNITY PHARMACY SELF-ASSESSMENT

General Information

Pharmacist-in-Charge

Information:

Full Name

Registration #

Pharmacy

Information:

Pharmacy Name

Licence #

Street Address

P.O. Box (if applicable)

City/Town

Postal Code

Phone Number

Fax Number

Pharmacy Email Address

Pharmacy Website

Pharmacy Practice

Management System:

Software Vendor

Pharmacy Hours:

MON-FRI

SAT

SUN

HOLIDAYS

Dispensary Hours (if different):

MON-FRI

SAT

SUN

HOLIDAYS

Does the pharmacy provide delivery services?

☐ Yes

☐ No

Has this pharmacy applied for "lock and leave"?

☐ Yes

☐ No

Do you require a Code of Ethics poster?

☐ Yes

☐ No

Does the pharmacy provide any of the following additional services?

- ☐ Administration of Drug Therapy by Inhalation or Injection
- ☐ Prescribing by Pharmacists
- ☐ Provision of Compliance Packages
- ☐ Provision of Pharmaceutical Care to Long-Term Care Facilities
- ☐ Provision of Pharmaceutical Care to Personal Care Homes
- ☐ Provision of Opioid Agonist Therapy Medications
- ☐ Non-Sterile Compounding
- ☐ Sterile Compounding

Staff Registry

Pharmacist-in-Charge Declaration

- ☐ As per Section 9 of the *Pharmacy Regulations, 2024*, and CPNL's Requirements to be Designated Pharmacist-in-Charge of a Pharmacy, I have an active presence in the pharmacy to personally supervise day-to-day operations to a sufficient extent to ensure that the Standards of Pharmacy Operation and applicable Standards of Practice are fully met.

 Name of Pharmacist-in-Charge

 Registration #

Dispensary Staff

Using the table below, please indicate each individual working in the dispensary, as well as their position, registration number (if applicable) and part-time/full-time employment status.

Positions to include: Staff Pharmacists, Pharmacy Interns, Pharmacy Students, Registered Pharmacy Technicians, Registered Pharmacy Technician Students, Registered Pharmacy Technician Interns and Pharmacy Assistants.

Name:	Position:	Registration #:	FT / PT:

- ☐ All staff members are required to wear name tags identifying their position. Registered staff are identified by their full name.
- ☐ All regulated pharmacy professionals are actively registered with CPNL and have appropriate professional liability insurance.
- ☐ All non-regulated support staff are reasonably qualified and have received appropriate training for specific tasks delegated to them.
- ☐ Appropriate confidentiality agreements have been signed by all relevant pharmacy staff in accordance with the *Personal Health Information Act* (PHIA).

Standards of Pharmacy Operation – Community Pharmacy Compliance Checklist

Please indicate compliance by checking the appropriate space below. If the pharmacy is not in compliance, please provide a comment to describe how this will be remedied.

GENERAL STANDARDS OF PHARMACY OPERATION				
	Compliant			Comments
	Yes	No	N/A	
The pharmacy has a well-organized and easily accessible policy and procedure manual that all pharmacy staff are aware of and familiar with (<i>SOPO-Community 1.1a</i>)				
Hours of operation are posted at the public entrance of the pharmacy (<i>SOPO-Community 1.1b</i>)				
AND , if approved for lock and leave, hours are posted at the dispensary				
The pharmacy has an adequate staffing complement to enable safe practice, quality patient care and adequate supervision (<i>SOPO-Community 1.2a & 1.2c</i>)				

PHYSICAL LAYOUT, SECURITY, AND SIGNAGE				
	Compliant			Comments
	Yes	No	N/A	
The pharmacy is well-ventilated, appropriately lighted, clean, and well-maintained (<i>SOPO-Community 1.4a</i>)				
Reasonable steps are taken to protect drugs and other health care products on the premises from loss, theft, diversion, and tampering (<i>SOPO-Community 1.4b</i>), using a combination of:				
metal or metal-clad doors, deadbolt locks and/or tamper-resistant door bars;				
window protection (shatterproof glass and/or metal physical barriers);				
adequate exterior/interior lighting;				
high-resolution video surveillance equipment with cameras positioned on both the exterior and interior of the dispensary (including the dispensary and where controlled substances are stored);				

monitored alarm system with motion detectors and door alarms;				
access codes and keys limited to a minimum number of appropriately authorized persons; and				
clear and visible signage on both the exterior and interior of the pharmacy indicating that video surveillance and other security systems are in place.				
A sign showing the trading name of the pharmacy is affixed to the exterior of the premises. (SOPO-Community 1.4c)				
The pharmacy license is displayed in a conspicuous part of the pharmacy in full public view. (SOPO-Community 1.4)				
The <i>dispensary area</i> meets operational standards (SOPO-Community 1.4d):				
is designed to prevent entrance by anyone other than authorized persons;				
is at least 9.29 square metres, including all storage areas;				
contains at least 1.2 square metres of working counter space in the dispensary, <i>excluding counter</i> space that is used for compounding activities or occupied by equipment; and				
contains a "No Public Access" area for Schedule 2 products.				
Schedule 3 products are located in an area immediately adjacent to the dispensary under the supervision of a pharmacist (SOPO-Community 1.4e)				
The pharmacy includes at least one physically separate and private room that is dedicated to the delivery of pharmacy services (SOPO-Community 1.4f) that:				
is designed to be acoustically and visually private;				
includes a sign or other appropriate indicator to specify when the room is in use, to prevent inappropriate entry;				

is appropriately located within the pharmacy for ease of access;				
is sufficiently spacious to reasonably accommodate patients who require mobility aids, a patient's support person, and the potential need to manage anaphylaxis when giving injections;				
appropriately furnished and equipped for the patient care activities performed; and				
maintained in a clean, safe, and organized manner				

LOCK AND LEAVE (IF APPLICABLE; *SOPO-Community Section 2.1*)

	Compliant			Comments
	Yes	No	N/A	
The dispensary is secured with a lock and leave enclosure for times when a pharmacist or pharmacy technician is not present				
The enclosure is constructed to completely separate the dispensary physically and securely from the rest of the pharmacy using either a folding or sliding gate or permanent wall, composed of transparent, semi-transparent, or opaque materials, or any combination thereof, that is at least five feet high				
Dispensary is monitored by an alarm system during times that the dispensary is closed, but the pharmacy remains open or accessible to non-regulated staff members				
Either a separate system or a separate zone within the pharmacy's monitored alarm system				
Keys, access codes and/or pass cards to the dispensary are limited to staff pharmacists and pharmacy technicians.				
If previously prepared prescriptions are available for pickup when the lock and leave enclosure is secured:				
Prescriptions stored in an area and manner that is secure, with restricted access to the staff responsible for releasing the medication to patients				
Drugs that require refrigeration must be stored in a refrigerator that meets the cold chain requirements defined in Appendix B				

Confidentiality is protected by ensuring the outer package contains only the patient's name, address, or other secondary identifier				
Processes in place to ensure patient consultation requirements are met				
Each prescription picked up is recorded (either physically or electronically) including the name of the patient (or agent) who picked up the prescription as well as the staff member who released it				

EQUIPMENT AND SUPPLIES				
	Compliant			Comments
	Yes	No	N/A	
The pharmacy is equipped with a secure computer system/practice management software including (<i>SOPO-Community 1.5a</i>):				
a connection to the provincial electronic health record through the Pharmacy Network;				
an internet connection and access to allow staff access to CPNL email and website as well as other electronic resources appropriate to pharmacy practice;				
adequate backup and recovery systems in place to allow for information retrieval in the event of system failure or destruction;				
a printer or printers capable of printing all relevant labels, receipts, and required reports;				
suitable equipment that allows the staff to send, receive, and/or copy electronic or non-electronic documents (for example, a fax machine); and				
suitable equipment that allows staff to scan documents and store them electronically.				
Additional equipment and supplies present include:				
a telephone;				
a sanitary sink with a supply of hot and cold water;				
a shredder or service for the safe disposal of confidential information; and				

appropriate waste disposal equipment and methods to meet applicable federal and provincial legislation.				
All required reference materials are present (see attached reference list ; note specific deficiencies in the comments section)				
The pharmacy has appropriate space, equipment, and materials for Level A compounding (or higher) including:				
surfaces that are completely clean and that are not reactive, additive, or absorptive;				
a prescription balance (with a minimum sensitivity of 10mg) or an electronic balance (with a minimum sensitivity of 10mg) AND a set of metric weights or a calibration weight;				
quality active pharmaceutical ingredients and inactive ingredients that are from recognized and reliable sources;				
appropriate packaging materials for compounds that maintain the integrity of the preparation and ease of use by patients;				

REFRIGERATION AND COLD CHAIN PROCESSES (SOPO-Community Appendix B)				
	Compliant			Comments
	Yes	No	N/A	
All refrigerators used for the storage of drugs requiring refrigeration are:				
used exclusively for the storage of pharmaceuticals				
either "purpose-built" refrigerators; or				
"modified" domestic refrigerators (NOTE: small single-door domestic fridges are not acceptable)				
All refrigerators in use for the storage of temperature sensitive pharmaceuticals) are equipped with EITHER :				
a thermometer that provides continuous monitoring (i.e. digital data loggers); OR				

a "Min/Max" thermometer that shows the current temperature as well as the minimum and maximum temperatures that have been reached since the last time the thermometer was reset <u>with temperatures recorded to a log.</u>				
Thermometers are calibrated per manufacturer's directions to within at least +/- 1°C accuracy				
Proper working order is ensured through servicing according to manufacturer recommendations				

AUTOMATED DISPENSING EQUIPMENT (IF APPLICABLE; *SOPO Community Section 1.5b*)

	Compliant			Comments
	Yes	No	N/A	
If automated equipment is used in the dispensing process, appropriate policies and procedures are in place regarding its use, including:				
determining the appropriateness of medications to be utilized in these machines;				
how medications are added to the machine;				
calibration and recalibration, and maintenance of the machine (including cleaning) as per manufacturer recommendations, and appropriate documentation of such;				
the assignment of beyond-use-dates based on established standards;				
maintaining records of dispensing and packaging for each machine; and				
the responsibility of the pharmacist-in-charge to review any reports related to the machines to ensure patient safety.				

RECORD KEEPING AND INFORMATION MANAGEMENT

	Compliant			Comments
	Yes	No	N/A	

The pharmacy has a filing system for patient records that is readily accessible to appropriate pharmacy staff but secured against unauthorized access (<i>SOPO-Community 1.5a</i>)				
All records required by legislation, the Standards of Pharmacy Operation, and the standards of practice are documented appropriately and retained in a secure, but readily accessible format, either physical or electronic (<i>SOPO-Community 1.6a</i>)				
Records are retained either physically or electronically for a minimum of ten (10) years (<i>SOPO-Community 1.6c</i>)				
Prescriptions for narcotics and controlled drugs are filed separately in sequence by date and number, either physical or electronic (<i>SOPO-Community 1.8f</i>)				
Electronic records are erased or destroyed in such a manner that the information cannot be reconstructed (<i>SOPO-Community 1.6d</i>)				

SECURITY AND ACCOUNTABILITY OF NARCOTICS, CONTROLLED DRUGS, BENZODIAZEPINES, AND OTHER TARGETED SUBSTANCES

	Compliant			Comments
	Yes	No	N/A	
All narcotic and controlled drugs are stored in a <u>safe</u> that is appropriately anchored to the floor and out of public view; (<i>SOPO-Community 1.5a & 1.8b</i>)				
A perpetual inventory of narcotics, controlled drugs, benzodiazepines, and other targeted substances (NCBTs) is maintained (<i>SOPO-Community 1.8c</i>)				
If electronic: Allows staff to generate a report showing sequential inventory changes by date, including dispenses/sales, purchases, cancelled prescriptions, and any manual inventory changes (with identity and reason)				
A physical inventory count of all NCBTs is performed and documented at least once every three months including the signature of the counter(s) and the date of the count (<i>SOPO-Community 1.8d</i>)				

Count includes: active inventory, expired or damaged stock, products awaiting destruction, and any compounded mixtures containing NCBTs that have not yet been dispensed				
Identified discrepancies and their resolution are documented, filed with the inventory record, and retained for two years				
Unexplained inventory discrepancies, as well as losses and thefts, are reported to the Office of Controlled Substances at Health Canada within 10 days, with a copy provided to CPNL, and retained for two years (SOPO-Community 1.8i)				
Purchase invoices are retained in a readily retrievable format, filed in order by date and invoice number (SOPO-Community 1.8g)				
A book, register, or other record of all receipts and sales of NCBTs, including store-to-store transfers and receipt of "Emergency Supplies", is maintained (SOPO-Community 1.8g)				
Policies and procedures are in place to prevent and detect theft of NCBTs by pharmacy staff members (SOPO-Community 1.8h). For example:				
Random audits of purchase invoices against the perpetual inventory record;				
Random audits of dispenses to ensure that there is a corresponding valid prescription and that it has been dispensed accurately;				
Technology safeguards such as automated ordering and receiving, restricted ability to make manual inventory changes, and requirement for the rationale for a manual inventory change to be documented;				
Regularly generating or reviewing a report that details all manual inventory changes made within a period of time (e.g., weekly or monthly).				

PRESCRIPTION DELIVERY (IF APPLICABLE; SOPO-Community 2.2)

	Compliant			Comments
	Yes	No	N/A	

All packaging and storage considerations are considered including security, breakage, and refrigeration				
Patient confidentiality is protected at all times by ensuring the outer package contains only the patient's name and address				
Prescriptions are only delivered to the patient, or a person designated by the patient, and are properly identified by the delivery person				
All patient consultation requirements are still met				
A record (either physical or electronic) is maintained for each delivery that includes the details necessary to confirm that the prescription was received by the patient, such as the name of the patient or other person to whom the prescription was delivered; the name of the delivery person; and/or a tracking number with documentation that dispensary staff used to confirm successful delivery to the patient				

PHARMACY PRACTICE

	Compliant			Comments
	Yes	No	N/A	
Each time a medication is dispensed, it is appropriately recorded on the patient's provincial electronic health record and maintained locally (<i>SOPO-Community 3.4a</i>)				
Records include documentation of any interactions that were detected, how they were addressed, and who addressed them				
Records include the identity of all staff members involved in the dispensing and checking processes				
Processes are in place to ensure prescriptions may not be filled beyond one year from the date on which the prescription was originally written (<i>SOPO-Community 3.3e</i>)				

When filling or logging a prescription for continuing therapy, any existing prescriptions for the same drug therapy with refills remaining are deactivated to prevent them from being inappropriately filled in the future (<i>SOPO-Community 3.3j</i>)				
For prescriptions being logged/"unfilled" for dispensing at a later time (<i>SOPO-Community 3.3h & i</i>):				
The prescription is accurately entered into the patient's medication profile, as if it were to be dispensed that day				
Pharmacists assess the therapeutic appropriateness of the drug therapy, considering the patient's current status and information available at the time, and address any identified drug related problems				
When dispensed, a prescription that was previously logged is handled as if it were a new prescription including ensuring the accuracy and validity of the prescription and the continued appropriateness of the drug therapy				
All medications are dispensed in child-resistant containers unless requested by the prescriber, the patient, or the patient's representative, or is not advisable in the professional judgement of the pharmacy. When not utilized, notation is on the patient's profile. (<i>SOPO-Community 3.6a & b</i>)				
All medications dispensed are labelled in a manner that meets the minimum requirements outlined in <i>SOPO-Community Section 3.6c</i>				
Those dispensed in containers that are too small to accommodate a full label are labeled with a minimum: patient's name, name of the drug, prescription number, and date of dispense. This is placed in a larger container with the full label (<i>SOPO Community 3.6d</i>)				
The original prescription, or a scanned image of the prescription, is referenced by the pharmacist and/or pharmacy technician during the checking processes (<i>SOPO-Community 3.7a</i>)				

A pharmacist performs a <u>clinical/therapeutic check</u> before any dispensed medication is released to the patient including a review of the patient's local and provincial electronic health record profiles (<i>SOPO-Community 3.7b</i>)				
A pharmacist or pharmacy technician performs a <u>technical check</u> before any dispensed medication is released to the patient including checking the prepared medication and label against the original prescription to ensure that it has been filled correctly (<i>SOPO-Community 3.7c</i>)				
A minimum of two patient identifiers are obtained prior to releasing a prescription. Preferred identifiers, in addition to the patient's name, include the person's address, date of birth, MCP number, or photo ID (<i>SOPO-Community 3.8b</i>)				
An auditable record is created for each prescription release that includes the date and time the prescription was released and the name of the person to whom it was released (<i>SOPO-Community 3.8d</i>)				
Prescription pick-up information is communicated to the Pharmacy Network at the time the medication is released so that patient medication profiles within the electronic health record are accurate with respect to dispensing history				
All patient prescription medication consultation is documented and retained (<i>SOPO-Community 3.9e</i>)				
At a minimum, documentation includes the name of the pharmacist involved and the date the consultation took place				
If the patient refuses to participate in a consultation offered by a pharmacist, the pharmacist documents the refusal in the patient record				
When receiving a transferred prescription, the transfer is processed using the Pharmacy Network, which records the transfer on the patient's provincial electronic health record (<i>SOPO-Community 3.11c</i>)				

ADDITIONAL SERVICES COMPLIANCE CHECKLIST

Please indicate compliance by checking the appropriate space below. If the pharmacy is not in compliance, please provide a comment to describe how this will be remedied.

ADMINISTRATION OF DRUG THERAPY (SOP: Administration of Drug Therapy by Injection or Inhalation)				
	Compliant			Comments
	Yes	No	N/A	
ALL pharmacists and pharmacy technicians that administer drug therapy by inhalation or injection have successfully completed an approved education program and are authorized by CPNL to participate in such services (Section 2)				
Pharmacy technicians, pharmacy interns and pharmacy students only administer drug therapy by inhalation or injection when an authorized pharmacist has assessed the patient and determined that administration is appropriate (Section 3b)				
The operational and practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
The location where injections are administered is designed and laid out to allow for all inhalations and injections to be provided in a private patient care environment that is clean, safe, and comfortably furnished for the patient (Section 4a)				
This injection location allows for suitable post-therapy observation and be equipped with all necessary emergency support equipment and supplies that may be required (e.g. appropriate drugs, resuscitator bag, ice/cold compresses) (Section 4a)				
All pharmacy staff have access to the references required by the Standards (Section 4d)				
The administration of vaccinations is recorded on the Pharmacy Network, resulting in their inclusion in the provincial electronic health network (Section 4i)				

PRESCRIBING (SOP: Prescribing by Pharmacists)				
	Compliant			Comments
	Yes	No	N/A	
ALL pharmacists that will prescribe have successfully completed the required orientation program and are authorized by CPNL to participate in such services				

(Section 2)				
The operational and practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
The location is designed and laid out to allow for all patient consultations to be provided in a private patient care environment that is clean, safe, and comfortably furnished for the patient. (Section 4a)				
Documentation is performed appropriately, including documentation in situations where a pharmacist completes an assessment but decides to refer the patient to another healthcare provider rather than prescribing themselves (Section 4f)				
ALL documentation required by the Standards, including prescriptions, forms, and communications, is retained in a readily accessible format for a minimum of 10 years.				

COMPLIANCE PACKAGES (SOP: Provision of Compliance Packages)				
	Compliant			Comments
	Yes	No	N/A	
The patient and/or patient caregiver are counseled on the unique nature of the package, including how to properly use and store the package (Section 3.1c)				
All compliance packages are appropriately labeled so that all drugs in the package may be readily identified including dosage form, color, shape and other identifying characteristics (Section 3.3a)				
Pharmacy has a system in place to ensure that an appropriate record of each package is retained in an easily retrievable format (Section 3.5)				

SERVICE TO LONG-TERM CARE FACILITIES (SOP: Provision of Pharmaceutical Care to Long-Term Care Facilities)				
	Compliant			Comments
	Yes	No	N/A	
How many long-term care facilities are currently serviced by the pharmacy:				
How many long-term care beds are currently serviced by the pharmacy:				
Pharmacy has developed a policy and procedure manual regarding the provision of medications and pharmacy services to the facility, a copy of which has been provided to the facility				
A pharmacist or pharmacy technician from the pharmacy visits the facility to conduct an audit on the medication room or storage area at least once every six months with documentation of the audit retained at the pharmacy and a copy provided to the LTC facility (Section 3.1b)				
A pharmacist from the pharmacy visits the facility to review medication safety- related issues at least once every six months with documentation of the review retained at the pharmacy and a copy provided to the				

LTC facility (<i>Section 3.2b</i>)				
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SERVICE TO PERSONAL CARE HOMES (<i>SOP: Provision of Pharmaceutical Care to Personal Care Homes</i>)				
	Compliant			Comments
	Yes	No	N/A	
How many personal care homes are currently serviced by the pharmacy:				
How many personal care home residents are currently serviced by the pharmacy:				
Pharmacy has developed a Policy and Procedure manual regarding medications and the pharmacy services provided to the home, a copy of which has been provided to the home (<i>Section 2d</i>)				
A pharmacist or pharmacy technician from the pharmacy visits the home to conduct an audit on the medication room or storage area at least once every six months with documentation of the audit retained at the pharmacy and a copy provided to the personal care home (<i>Section 3.1</i>)				
A pharmacist from the pharmacy visits the home to review medication safety- related issues at least once every six months with documentation of the review retained at the pharmacy and a copy provided to the personal care home (<i>Section 3.2</i>)				
Whenever necessary, pharmacists provide in-servicing to all personal care home staff regarding correct medication usage, storage, administration and recording procedures (<i>Section 3.2</i>)				
Resident medication reviews are conducted at least annually (<i>Section 5.2</i>)				

MEDICATION INCIDENT REPORTING AND CONTINUOUS QUALITY IMPROVEMENT (<i>SOP: Continuous Quality Improvement and Medication Incident Reporting</i>)				
	Compliant			Comments
	Yes	No	N/A	
Provide the name of the pharmacy's CQI coordinator:				
Which online incident reporting platform is used by the pharmacy:				

Provide the date that the last SSA was completed:				
The operational and practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
The pharmacy has a policy and procedure manual specific to the CQI program that includes processes for addressing medication incidents and near misses, identifying contributing factors; the schedule for routine CQI meetings and the process and schedule for completing safety self-assessments (<i>Section 2.1</i>)				
The pharmacy uses a medication incident reporting platform that can export incident and near miss data anonymously to the National Incident Data Repository (NIDR) housed by ISMP Canada (<i>Section 5</i>)				
All staff are trained in the systems, policies and procedures related to the pharmacy's CQI program and the MedStepNL program (<i>Section 2.2</i>)				
When a medication incident or near-miss is discovered, pharmacy staff follow appropriate policies and procedures regarding communication with the patient and/or prescriber, documentation and reporting (<i>Section 3</i>)				
The pharmacy has criteria in place for determining when a near-miss must be reported to the national database (<i>Section 5</i>)				
Documentation is retained within the pharmacy and available for audit regarding all communications with patients and prescribers regarding medication incidents and near-miss events, and all CQI improvement plans and outcomes (<i>Section 5</i>)				
Pharmacy-specific SSAs are conducted at the intervals defined in the Standards of Practice – during the first year of the MedStepNL program (or new pharmacy opening) and at least every 2 years thereafter and within 6 months following a PIC change (<i>Section 6</i>)				
Formal CQI meetings occur at least every 6 months and documentation is retained regarding what staff were present, topics of discussion and shared learning (<i>Section 5</i>)				

OPIOID AGONIST THERAPY MEDICATIONS (SOP: Provision of Opioid Agonist Therapy Medications)				
	Compliant			Comments
	Yes	No	N/A	
How many patients currently receive methadone for OUD:				
How many patients currently receive buprenorphine-naloxone for OUD:				
How many patients currently receive slow-release oral morphine for OUD:				
Pharmacy professionals participating in OUD treatment have completed education and training on OUD that is appropriate to their scope of practice and practice site (Section 4)				
The operational standards outlined in the <i>Standards of Practice</i> ARE MET including:				
Pharmacy is designed and laid out to allow for all pharmacist-patient discussions, witnessed doses and the provision of take-home doses to take place in an area of visual and acoustical privacy that is clean, safe, and comfortably furnished for the patient (Section 5a)				
The pharmacy's Policy and Procedure Manual includes a section on OAMT services (Section 5d)				
OAT medications (including prepared doses for patients) are always stored in a secure location (i.e. during hours of operation and when the pharmacy is closed for business) (Section 5f)				
The pharmacy has a naloxone kit on-hand for emergency use as well as additional kits available for patients taking OAT medications (Section 5i)				
All pharmacy staff have access to an appropriate selection of clinical references to support the safe provision of OAT medications (Section 5e)				
The practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
ALL pertinent information and documentation is collected prior to administering OAT medications to a patient, including a discussion with the prescriber or other member of the patient's OUD team regarding the patient's current health status and how information on the patient's treatment progress will be shared (including management of missed doses)				

(Section 6.1)				
At the start of OUD treatment, pharmacists discuss treatment goals and care plan with the patient, along with the obligations and expectations of both parties. Written documentation of the discussion is maintained if necessary. (Section 6.2)				
Prior to releasing each witnessed dose of OAT medication, a pharmacist must complete an assessment and consultation to determine whether it is safe and appropriate to provide the medication. (Section 6.7a)				
Patients are asked to review the medication label prior to self-administering OAT and asked to confirm that their name and dose is correct. Following administration, appropriate documentation is completed on the patient's administration log, including the patient's signature (Section 6.7b)				
ALL methadone doses are prepared using an unflavored, commercially-prepared 10 mg/mL solution and doses are measured using a device that has an accuracy of +/- 0.1 mL				

NON-STERILE COMPOUNDING (SOP: Pharmacy Compounding of Non-Sterile Preparations)

	Compliant			Comments
	Yes	No	N/A	
What level(s) of non-sterile compounding services offered by the pharmacy (A,B,C):				
Provide the name of the pharmacy's non-sterile compounding supervisor:				
Relevant pharmacy staff have reviewed the Standards for non-sterile compounding and the related guidance document				

STERILE COMPOUNDING (SOPs: Pharmacy Compounding of Hazardous Sterile Preparations AND Pharmacy Compounding of Non-Hazardous Sterile Preparations)

	Compliant			Comments
	Yes	No	N/A	

What type(s) of sterile compounding services offered by the pharmacy (hazardous, non-hazardous):				
Provide the name of the pharmacy's sterile compounding supervisor:				
Relevant pharmacy staff have reviewed the Standards for sterile compounding that are applicable to the pharmacy's activities				

REQUIRED REFERENCE MATERIALS CHECKLIST

In accordance with sections 1.5 a) i) and xii), pharmacies must have access to the CPNL website (www.cpnl.ca) as well as **current versions** of at least **ONE** reference from **EACH** of the following categories:

PLEASE NOTE: Additional references may be required in accordance with specific practice areas (e.g., geriatrics, pediatrics) or standards of practice (e.g., compounding, OAMT).

CATEGORY	EXAMPLES
<input type="checkbox"/> Canadian Compendium	CPS: Drug Information (text or online), Health Canada's Drug Product Database, RxVigilance
<input type="checkbox"/> Drug Interactions	Lexicomp online, MedicinesComplete, Micromedex Pharmaceutical Knowledge, RxVigilance
<input type="checkbox"/> General Drug Information Reference	Lexicomp online, Martindale: The Complete Drug Reference (text or online), MedicinesComplete, Micromedex Pharmaceutical Knowledge
<input type="checkbox"/> Minor Ailments	Compendium of Products for Minor Ailments AND Compendium of Therapeutics for Minor Ailments (text or online)
<input type="checkbox"/> Natural Health Products	Lexicomp online, TRC Natural Medicines, The Review of Natural Products
<input type="checkbox"/> Pediatrics	Lexicomp online, Micromedex Pharmaceutical Knowledge, RxVigilance, Sick Kids Drug Handbook and Formulary (text or online)
<input type="checkbox"/> Pregnancy and Lactation	Lexicomp online, Drugs in Pregnancy and Lactation (text or online), Hale's Medications and Mother's Milk (text or online), MedicinesComplete
<input type="checkbox"/> Therapeutics	Applied Therapeutics: The Clinical Use of Drugs (text), Compendium of Therapeutic Choices (text or online), Pharmacotherapy: A Pathophysiologic Approach (text)

I, _____ certify that I:

Pharmacist-in-Charge Name

_____ Pharmacist-in-Charge Signature	_____ Date Signed
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Staff Member Signature _____ Date Signed _____

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