

## COMMUNITY PHARMACY SELF-ASSESSMENT

This self-assessment tool supports pharmacists-in-charge (PIC) to reflect on their practice site and the operation of their pharmacy and identify processes which cause potential risk to patient safety. Through this process the PIC can proactively make changes and implement improvement plans to ensure optimal patient care.

If a pharmacy is scheduled for a routine site assessment, the self-assessment is a mandatory component of the assessment process. The self-assessment supports the PIC in preparing for an onsite visit by facilitating a review of their practice site to identify areas of improvement or unmet regulatory requirements. Completion of this self-assessment certifies that the PIC has reviewed each item and the associated standards. The information provided will serve as a baseline to inform the routine site assessment process.

### PHARMACY INFORMATION

Pharmacy Name:	_____	Licence #:	_____
Street Address:	_____	P.O. Box (if applicable):	_____
City/Town:	_____	Postal Code:	_____
Pharmacist-in-Charge:	_____	PIC Registration #:	_____
Pharmacy Practice Management System (Software Vendor):	_____		

Is the pharmacy authorized for "lock and leave"?  Yes  No

The following pharmacy information has been reviewed and updated, as necessary, in CPNL's [online pharmacy portal](#):

- Pharmacy information
- Hours of operation
- Additional Pharmacy Services
- Staff Listing

## STANDARDS OF PHARMACY OPERATION – COMMUNITY PHARMACY COMPLIANCE CHECKLIST

Please indicate compliance by checking the appropriate response below. If the pharmacy is not in compliance, provide a comment to describe how this will be remedied. Additional information on the associated standards may be found in the [Standards of Pharmacy Operation for Community Pharmacy \(SOPO-Community\)](#).

### GENERAL STANDARDS OF PHARMACY OPERATION:

	Yes	No	N/A	Comments
The pharmacy has a well-organized and accessible policy and procedure manual that all pharmacy staff are aware of and familiar with (SOPO-Community 1.1a)				
Hours of operation are posted at the public entrance of the pharmacy <b>AND</b> , if approved for lock and leave, at the dispensary (SOPO-Community 1.1b)				
The pharmacy has an adequate staffing complement, considering total number of staff and those in specific staff roles, to:				
<ul style="list-style-type: none"> <li>ensure continuous operation of the pharmacy, including coverage for emergency situations, staff illness, vacation, etc. (SOPO-Community 1.2a)</li> </ul>				
<ul style="list-style-type: none"> <li>enable safe practice, quality patient care and adequate supervision (including accounting for breaks, overlap, number of consecutive hours worked, etc.) (SOPO-Community 1.2a and 1.2c)</li> </ul>				
Pharmacy staff, including non-regulated support staff, have the necessary and appropriate education, training, experience, knowledge, and skills to carry out their duties. (SOPO-Community 1.2b)				
Regulated pharmacy professionals are actively registered with CPNL and have professional liability insurance (PLI) in accordance with CPNL's PLI Requirements for Registration. (SOPO-Community 1.2b)				
All staff wear name tags identifying their name and position, with registered staff identified by their full name. (SOPO-Community 1.2d)				

### PHYSICAL LAYOUT, SECURITY, AND SIGNAGE

	Yes	No	N/A	Comments
A sign showing the pharmacy's trading name is affixed to the exterior of the premises (SOPO-Community 1.4c)				
The pharmacy license is displayed in a conspicuous area, in full public view. (SOPO-Community 1.4c)				

	Yes	No	N/A	Comments
The pharmacy is well-ventilated, appropriately lighted, clean <sup>1</sup> , and well-maintained (SOPO-Community 1.4a)				
Reasonable steps are taken to protect drugs and other health care products on the premises from loss, theft, diversion, and tampering using a combination of: (SOPO-Community 1.4b)				
<ul style="list-style-type: none"> <li>metal or metal-clad doors, deadbolt locks and/or tamper-resistant door bars;</li> </ul>				
<ul style="list-style-type: none"> <li>window protection (shatterproof glass and/or metal physical barriers);</li> </ul>				
<ul style="list-style-type: none"> <li>adequate exterior and interior lighting;</li> </ul>				
<ul style="list-style-type: none"> <li>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);</li> </ul>				
<ul style="list-style-type: none"> <li>monitored alarm system with motion detectors and door alarms;</li> </ul>				
<ul style="list-style-type: none"> <li>access codes and keys limited to a minimum number of appropriately authorized persons; and</li> </ul>				
<ul style="list-style-type: none"> <li>clear and visible signage on both the exterior and interior of the pharmacy indicating that video surveillance and other security systems are in place.</li> </ul>				
There are times when the pharmacy is accessible to nonregulated staff or members of the public, when a pharmacist or pharmacy technician is <b>not</b> present (e.g. cleaning, inventory, or overnight stocking). <b>If yes: complete the "Lock and Leave" section on page 9.</b>				
Schedule 3 products are in an area immediately adjacent to the dispensary under pharmacist supervision (SOPO-Community 1.4e)				
The dispensary area meets operational standards (SOPO-Community 1.4d):				
<ul style="list-style-type: none"> <li>is self-contained and designed to prevent entrance by anyone other than authorized persons; (e.g. latching gates, locking doors)</li> </ul>				
<ul style="list-style-type: none"> <li>is at least 9.29 square metres, including storage areas</li> </ul>				

<sup>1</sup> In accordance with **Occupational Health and Safety Regulations, 2012**, employers must ensure that: "the workplace is maintained in a clean, sanitary, and orderly state including daily dirt and refuse cleaning, weekly floor cleaning, hazard prevention, and dust and substance control" ([Section 67](#)); and that "a clean eating area, separate from the worksite, is available" ([Section 65](#)).

	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>contains at least 1.2 square metres of working counter space, <u>excluding counter</u> space used for compounding activities or occupied by equipment</li> </ul>				
<ul style="list-style-type: none"> <li>contains a "No Public Access" area for Schedule 2 products</li> </ul>				
The pharmacy includes at least one physically separate and private room dedicated to the delivery of pharmacy services that ( <i>SOPO-Community 1.4f</i> ):				
<ul style="list-style-type: none"> <li>is designed to be acoustically and visually private;</li> </ul>				
<ul style="list-style-type: none"> <li>includes a sign or other appropriate indicator to specify when the room is in use, to prevent inappropriate entry;</li> </ul>				
<ul style="list-style-type: none"> <li>is appropriately located within the pharmacy for ease of access;</li> </ul>				
<ul style="list-style-type: none"> <li>is sufficiently spacious to accommodate patients who require mobility aids, a support person, and the potential need to manage anaphylaxis when giving injections;</li> </ul>				
<ul style="list-style-type: none"> <li>is appropriately furnished and equipped for the patient care activities performed; and</li> </ul>				
<ul style="list-style-type: none"> <li>is maintained in a clean, safe, and organized manner</li> </ul>				

EQUIPMENT AND SUPPLIES				
	Yes	No	N/A	Comments
Operational equipment and supplies are present including ( <i>SOPO-Community 1.5a</i> ):				
<ul style="list-style-type: none"> <li>a telephone;</li> <li>a sanitary sink with a supply of hot and cold water;</li> <li>a shredder or service for the safe disposal of confidential information; and</li> <li>waste disposal equipment and methods to meet applicable federal and provincial legislation.</li> </ul>				
The pharmacy is equipped with a secure computer system/practice management software including ( <i>SOPO-Community 1.5a</i> ):				
<ul style="list-style-type: none"> <li>a connection to the provincial EHR through the Pharmacy Network;</li> </ul>				
<ul style="list-style-type: none"> <li>internet access permitting staff to receive CPNL emails, as well as access CPNL's website and other electronic pharmacy practice resources;</li> </ul>				

	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>printer(s) capable of printing all relevant labels, receipts, and reports;</li> </ul>				
<ul style="list-style-type: none"> <li>equipment that allows the staff to send, receive, and/or copy electronic or non-electronic documents (e.g. fax machine);</li> </ul>				
<ul style="list-style-type: none"> <li>equipment that allows staff to scan documents for electronic storage.</li> </ul>				
Backup recovery systems allow information retrieval in the event of system failure or destruction (SOPO-Community 1.5a)				
Appropriate space, equipment, and materials for Level A compounding (or higher) in accordance with CPNL's <a href="#">Standards for Pharmacy Compounding of Non-Sterile Preparations</a> (SOPO-Community 1.5 a) xi))				
Required reference materials in Appendix C of the Standards are present and ALL pharmacy staff, including relief, have access when the pharmacy is open for business. Note deficiencies in the comments (SOPO-Community 1.5 a) i) and xii))				

REFRIGERATION AND COLD CHAIN PROCESSES (SOPO-Community Appendix B)				
	Yes	No	N/A	Comments
Policies and procedures are in place and reviewed with staff, including discussion of:				
<ul style="list-style-type: none"> <li>methods to ensure temperature-sensitive products are properly received, stored, and dispensed</li> </ul>				
<ul style="list-style-type: none"> <li>recognition and response to a break in the cold chain</li> </ul>				
All refrigerators used for the storage of temperature sensitive pharmaceuticals:				
<ul style="list-style-type: none"> <li>are of an appropriate type (please indicate type) <ul style="list-style-type: none"> <li><input type="checkbox"/> "purpose-built"; Quantity: _____</li> <li><input type="checkbox"/> "modified" domestic"<sup>2</sup>"; Quantity: _____</li> </ul> </li> </ul>				
<ul style="list-style-type: none"> <li>are used exclusively for that purpose</li> </ul>				
<ul style="list-style-type: none"> <li>receive servicing according to manufacturer recommendations to ensure working order</li> </ul>				

<sup>2</sup> A household refrigerator that has had the crisper drawers removed from the bottom of the unit; water bottles placed in the crisper area, in the door and against the walls of the unit; and freezer packs/ice cube trays kept in the freezer section, if present.

	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>• undergo <b>continuous temperature monitoring</b> (please indicate method) <ul style="list-style-type: none"> <li><input type="checkbox"/> using a thermometer that provides continuous monitoring and can review historical trends (i.e. digital data loggers); <b>AND/OR</b></li> <li><input type="checkbox"/> maintenance of a temperature log that records readings from a thermometer capable of displaying the current temperature, and the minimum and maximum temperatures since the last reading (with min/max reset after each entry)</li> </ul> </li> </ul>				
Thermometers and temperature probes are calibrated per manufacturer's directions to within +/- 1°C accuracy				

RECORD KEEPING AND INFORMATION MANAGEMENT				
	Yes	No	N/A	Comments
All records required by legislation, the <i>SOPO-Community</i> , and the standards of practice are: ( <i>SOPO-Community 1.6</i> )				
<ul style="list-style-type: none"> <li>• documented appropriately and retained in a secure, but readily accessible format, (physical or electronic)</li> </ul>				
<ul style="list-style-type: none"> <li>• retained for a minimum of ten years (physical/electronic)</li> </ul>				
<ul style="list-style-type: none"> <li>• adequately secured to protect from unauthorized access, use, disclosure, modification, theft, and destruction through appropriate physical, administrative, and technical safeguards</li> </ul>				
Processes in place to ensure the presence of an electronic version of records before the physical record is destroyed ( <i>SOPO-Community 1.6d</i> )				
Electronic records are erased or destroyed in a way that the information cannot be reconstructed ( <i>SOPO-Community 1.6d</i> )				
Prescriptions for narcotics and controlled drugs are filed separately in sequence by date and number, either physically or electronically ( <i>SOPO-Community 1.8f</i> )				

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

	Yes	No	N/A	Comments
All narcotic and controlled drugs are stored in a <u>safe</u> that is appropriately anchored to the floor. Liquid dosage forms that require refrigeration, including prepared doses of methadone, are stored in a locked refrigerator. (SOPO-Community 1.5a & 1.8b)				
A perpetual inventory of all NCTBs is maintained. <u>If electronic</u> : Allows staff to generate a report showing sequential inventory changes by date, including dispenses/sales, purchases, cancelled prescriptions, and any manual inventory changes (with staff identity and reason) (SOPO-Community 1.8c)				
A physical inventory count and reconciliation of all NCBTs is performed and documented <u>at least once every three months</u> including the signature of the counter(s) and the date of the count <sup>3</sup> (SOPO-Community 1.8d)				
Discrepancies identified during a count are investigated, and their resolution is documented, filed with the inventory record, and retained for two years (SOPO-Community 1.8d)				
Purchase invoices are retained in a readily retrievable format, filed 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)				
Unexplained discrepancies, 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 1.8 h) i)				
Safeguards are in place to detect and prevent internal diversion of NCBTs. Indicate applicable methods from the examples below or note them in the comments. (SOPO-Community 1.8h)				
<ul style="list-style-type: none"> <li>• Random audits of purchase invoices against the perpetual inventory record;</li> </ul>				

<sup>3</sup>NCTB counts must include active inventory, expired or damaged stock, products for destruction, and any compounded mixtures containing NCBTs that have not been dispensed.

	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>• Random audits of dispenses to ensure there is a corresponding valid prescription and that it has been dispensed accurately;</li> </ul>				
<ul style="list-style-type: none"> <li>• 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;</li> </ul>				
<ul style="list-style-type: none"> <li>• Regularly generating or reviewing a report that details all manual inventory changes made within a period of time (e.g., weekly or monthly).</li> </ul>				

MEDICATION INCIDENT REPORTING (MIR) AND CONTINUOUS QUALITY IMPROVEMENT (CQI) <i>(SOP: <a href="#">Continuous Quality Improvement and Medication Incident Reporting</a>)</i>				
Name of the pharmacy's CQI coordinator:				
Name of the MIR platform used by the pharmacy:				
Date of the last safety self assessment (SSA):				
Date of the last CQI meeting:				
The operational and practice standards outlined in the <a href="#">Standards of Practice</a> ARE MET including:				
	Yes	No	N/A	Comments
The pharmacy has a policy and procedure manual specific to the MedSTEP NL program, including processes for: (Section 2.1) <ul style="list-style-type: none"> <li>• addressing medication incidents and near misses,</li> <li>• identifying contributing factors.</li> <li>• scheduling routine CQI meetings and</li> <li>• completing SSA</li> </ul>				
All staff are trained in the systems, policies and procedures related to the MedSTEP NL program (Section 2.2)				
When a medication incident or near-miss is discovered, staff follow appropriate policies and procedures regarding communication with the patient and/or prescriber, documentation and reporting (Section 3 & 4)				
The pharmacy uses a MIR platform to export incident and near miss data anonymously to the National Incident Data Repository (NIDR) (Section 5)				
Criteria to determine when a near-miss must be reported to the national database has been developed (Section 5)				

	Yes	No	N/A	Comments
Documentation is retained and available for audit for 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: ( <i>Section 6</i> ) <ul style="list-style-type: none"> <li>during the first year of the MedSTEP NL program (or new pharmacy opening),</li> <li>at least every 2 years thereafter and</li> <li>within 6 months following a PIC change</li> </ul>				
Formal CQI meetings occur at least <b>every 6 months</b> and documentation is retained regarding staff present, topics discussed and shared learnings ( <i>Section 5</i> )				
Pharmacy-level data and shared learnings from national and provincial-level aggregate data are reviewed on a quarterly basis to look at trends and inform safety improvement strategies in your practice ( <i>Section 6</i> )				

LOCK AND LEAVE (IF APPLICABLE; <i>SOPO-Community Section 2.1</i> )				
	Yes	No	N/A	Comments
When the dispensary is closed but the pharmacy remains open to the public or is accessible to non-regulated staff, the dispensary is secured through:				
<ul style="list-style-type: none"> <li>a lock and leave enclosure that separates the dispensary physically and securely from the rest of the pharmacy and is <b>at least five feet high</b></li> </ul>				
<ul style="list-style-type: none"> <li>an alarm system that can be armed and monitored independently (either as a standalone system or as a dedicated zone)</li> </ul>				
<ul style="list-style-type: none"> <li>the restriction of dispensary keys, access codes and/or pass cards to registered pharmacists and pharmacy technicians.</li> </ul>				
If previously prepared prescriptions are available for pickup when the lock and leave enclosure is secured:				
<ul style="list-style-type: none"> <li>Prescriptions are stored in an area and manner that is secure, with restricted access to the staff responsible for releasing the medication to patients</li> </ul>				
<ul style="list-style-type: none"> <li>Drugs that require refrigeration are stored in a refrigerator that meets the cold chain requirements defined in Appendix B</li> </ul>				

	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>Confidentiality is protected by ensuring the outer package contains only the patient's name, address, or other secondary identifier</li> </ul>				
<ul style="list-style-type: none"> <li>Processes in place to ensure patient consultation requirements are met</li> </ul>				
<ul style="list-style-type: none"> <li>Each prescription picked up is recorded (either physically or electronically) including the name of the patient (or agent) who picked up the prescription and the staff member who released it.</li> </ul>				
<ul style="list-style-type: none"> <li>Prescription record is retrieved and reviewed by dispensary staff when the dispensary reopens, and confirmation of prescription pick-up is appropriately documented in the electronic health record (EHR) in accordance with <i>SOPO-Community Section 3.8 d</i>.</li> </ul>				

AUTOMATED DISPENSING EQUIPMENT (IF APPLICABLE; <i>SOPO Community Section 1.5b</i> )				
	Yes	No	N/A	Comments
If automated equipment is used in the dispensing process, appropriate policies and procedures are in place regarding its use, including:				
<ul style="list-style-type: none"> <li>determining the appropriateness of medications to be utilized in these machines (e.g. hazardous medications, NCDs);</li> </ul>				
<ul style="list-style-type: none"> <li>how medications are added to the machine;</li> </ul>				
<ul style="list-style-type: none"> <li>calibration and recalibration, and maintenance of the machine (including cleaning) as per manufacturer recommendations, and appropriate documentation of such;</li> </ul>				
<ul style="list-style-type: none"> <li>the assignment of beyond-use-dates based on established standards;</li> </ul>				
<ul style="list-style-type: none"> <li>maintaining records of dispensing and packaging for each machine; and</li> </ul>				
<ul style="list-style-type: none"> <li>review all reports related to the machines to ensure patient safety.</li> </ul>				

## PHARMACY PRACTICE 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.

PATIENT MEDICATION PROFILE AND PRESCRIPTION DISPENSING				
	Yes	No	N/A	Comments
Each time a medication is dispensed, it is appropriately recorded on the patient's local profile <b>and</b> provincial EHR (SOPO-Community 3.4a)				
Processes in place to ensure prescriptions may not be filled beyond one year from the date it was originally written (SOPO-Community 3.3e)				
When filling or logging a prescription for continuing therapy, existing prescriptions for the same drug therapy with refills remaining are deactivated to prevent inappropriately filling in the future (SOPO-Community 3.3j)				
When receiving a transferred prescription, the transfer is processed using the Pharmacy Network, which records the transfer on the patient's provincial EHR (SOPO-Community 3.11c)				
Pharmacy assistants only participate in administrative or technical functions under direct supervision of a pharmacist or pharmacy technician, and procedures, checks, and controls are in place ensuring the safe and effective delivery of pharmacy services (SOPO-Community 3.1b)				
All medications are dispensed in child-resistant containers unless requested or not advisable in the professional judgement of the pharmacist. When not utilized, notation is on the patient's profile. (SOPO-Community 3.6a & b)				
All medications dispensed meet the minimum requirements for labelling (SOPO-Community 3.6c)				
Containers 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 and then placed in larger container with full label (SOPO Community 3.6d)				

	Yes	No	N/A	Comments
Prescription dispensing records include documentation of:				
<ul style="list-style-type: none"> <li>the identity of all staff members involved in the dispensing and checking processes</li> </ul>				
<ul style="list-style-type: none"> <li>a pharmacist's <b>clinical/therapeutic check</b>, including a review of the patient's local and provincial EHR profiles (<i>SOPO-Community 3.7b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>any drug-related problems detected, how they were addressed, and who addressed them</li> </ul>				
<ul style="list-style-type: none"> <li>A pharmacist or pharmacy technician's <b>technical check</b>, 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>)</li> </ul>				
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> )				
For prescriptions being logged/"unfilled" for dispensing at a later time ( <i>SOPO-Community 3.3h &amp; i</i> ):				
<ul style="list-style-type: none"> <li>the prescription is entered into the patient's medication profile, as if it were to be dispensed that day</li> </ul>				
<ul style="list-style-type: none"> <li>a pharmacist assesses the therapeutic appropriateness of the drug therapy, considering the patient's status, available information, and address all drug related problems</li> </ul>				
<ul style="list-style-type: none"> <li>when dispensed, a previously logged prescription is handled as if it were a new prescription including ensuring the accuracy and validity of the prescription and the appropriateness of the drug therapy</li> </ul>				

PRESCRIPTION RELEASE				
	Yes	No	N/A	Comments
At the time a prepared prescription is released:				
<ul style="list-style-type: none"> <li>an auditable record is created indicating the date and time the prescription is released and the name of the person to whom it was released (<i>SOPO-Community 3.8d</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>pick-up information is communicated to the Pharmacy Network to ensure accurate dispensing history in the patient's EHR</li> </ul>				

	Yes	No	N/A	Comments
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				
If another person is picking up a prescription for a patient, proof of their own identity is obtained in addition to positively identifying the patient ( <i>SOPO-Community 3.8b</i> )				
Methods in place to ensure informed consent from a patient before releasing prescriptions or disclosing personal health information to another person/agent, including documentation of delegations of authority ( <i>SOPO-Community 3.8a</i> )				
Procedures and safeguards are in place to ensure all staff are aware of prepared prescriptions flagged by a pharmacist for counselling prior to prescription release.				

PRESCRIPTION MEDICATION CONSULTATION				
	Yes	No	N/A	Comments
Processes in place to ensure prescription consultation and opportunity for questions is offered by a pharmacist on the first dispense of every new medication ( <i>SOPO-Community 3.9a</i> )				
All prescription medication consultation is documented, retained and at a minimum includes the name of the pharmacist involved and the date the consultation took place ( <i>SOPO-Community 3.9e</i> )				
If the patient refuses to participate in a consultation offered by a pharmacist, the pharmacist documents the refusal in the patient record ( <i>SOPO-Community 3.9f</i> )				
Procedures in place to identify prescriptions that were either flagged for counselling but did not receive counselling, or counselling was not documented.				
Patient consultation occurs in person, where possible, with telephone or virtual consultation if needed ( <i>SOPO-Community 3.9c</i> )				
Patient consultation occurs directly with the patient unless consent has been received to discuss personal health information with a designated agent ( <i>SOPO-Community 3.8a</i> )				

## ADDITIONAL SERVICES 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.

### PRESCRIPTION DELIVERY (*SOPO-Community 2.2*)

	Yes	No	N/A	Comments
A record (either physical or electronic) is maintained for each delivery including details to confirm that the prescription was received by the patient, such as: <ul style="list-style-type: none"> <li>• the name of the patient or other person to whom the prescription was delivered.</li> <li>• the name of the delivery person; and/or</li> <li>• a tracking number with documentation that dispensary staff confirmed successful delivery</li> </ul>				
Packaging and storage considered including security, breakage, and refrigeration				
Patient confidentiality maintained by ensuring the outer package contains only the patient's name and address				
Prescriptions are delivered to the patient, or a person designated by the patient, and properly identified by the delivery person				
Processes in place to ensure prescription consultation occurs for delivered prescriptions as required				

### ADMINISTRATION OF DRUG THERAPY ([\*SOP: Administration of Drug Therapy by Injection or Inhalation\*](#))

ALL pharmacists and pharmacy technicians that administer drug therapy by inhalation or injection:

<ul style="list-style-type: none"> <li>• have successfully completed an approved education program and are authorized by CPNL to participate in such services (<i>Section 2a &amp; b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>• maintain appropriate First Aid and CPR certification (<i>Section 2a &amp; b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>• have access to the references required by the Standards (<i>Section 4d</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>• have ready access to drugs, health care products, aids, devices, equipment, and supplies to treat emergencies and adverse reactions associated with the administration of drugs (in accordance with the Canadian Immunization Guide) (<i>Section 4f</i>)</li> </ul>				

	Yes	No	N/A	Comments
Prior to drug therapy being administered by injection or inhalation to a patient:				
<ul style="list-style-type: none"> <li>informed consent is received directly from the patient, unless communicating with the patient's agent is appropriate, and in the patient's best interests (<i>Section 4b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>a pharmacist conducts and documents a patient assessment, including a review of the patient's EHR, prior to an injection being administered (<i>Section 4d</i>)</li> </ul>				
When administering drug therapy by injection or inhalation to a patient:				
<ul style="list-style-type: none"> <li>pharmacy technicians, interns and students only administer drug therapy after an authorized pharmacist has assessed the patient and determined that administration is appropriate (<i>Section 3b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>injections are prepared and administered in a clean, safe, and comfortably furnished private patient care environment that is suitable for post-therapy observation, including provision of necessary aftercare or management of adverse reactions (<i>Section 4a</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>patients are provided with suitable documentation for their records or to share with other health professionals in their circle of care (<i>Section 4h</i>)</li> </ul>				
Vaccine <b>administrations</b> are recorded to the Pharmacy Network in addition to dispensing records, resulting in their inclusion in the provincial EHR ( <i>Section 4i</i> )				

PRESCRIBING ( <a href="#">SOP: Prescribing by Pharmacists</a> )				
	Yes	No	N/A	Comments
Pharmacists that prescribe have successfully completed the required orientation program and are authorized by CPNL to participate in such services ( <i>Section 2</i> )				
The operational and practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
Prior to prescribing, a pharmacist conducts and documents a patient assessment, using a combination of patient interview, review of the patient's EHR, and other sources. ( <i>Section 4d</i> )				
Patient consultations are provided in a private patient care environment that is clean, safe, and comfortably furnished. ( <i>Section 4a</i> )				

	Yes	No	N/A	Comments
Documentation is completed with sufficient detail, to allow others accessing the information to have a clear understanding of the prescribing activities, the pharmacist's rationale for decisions, and follow-up plan ( <i>Section 4f</i> )				
Documentation occurs for situations when a pharmacist has completed an assessment but decided to refer the patient, rather than prescribe ( <i>Section 4f</i> )				
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 ( <i>SOP: Provision of Compliance Packages</i> )				
	Yes	No	N/A	Comments
Physical space is well lit, organized, of sufficient size, contains required equipment, and free from distractions, including other dispensary activities ( <i>Section 2 a</i> )				
Staffing is sufficient to meet: ( <i>Section 2 b</i> ) <ul style="list-style-type: none"> <li>the additional time requirements for the safe and organized preparation of compliance packaging,</li> <li>the need for uninterrupted time during the preparation and verification process, and</li> <li>for independent double checks</li> </ul>				
The patient and/or patient caregiver is counseled on the unique nature of the package, including how to properly use and store the package ( <i>Section 3.1 c</i> )				
Policies and procedures, including a defined, standardized workflow, are developed, maintained and regularly reviewed ( <i>Section 2.d</i> )				
Prior to packaging medications, a pharmacist or pharmacy technician verifies that the printed grid (or similar) that depicts how medications are organized in each pack, is accurate and reflects the most recent prescription on file ( <i>Section 3.2 c</i> )				
All compliance packages are appropriately labeled so that all drugs are identifiable including dosage forms, colors, shapes and other identifying characteristics ( <i>Section 3.3 a</i> )				
Pharmacy has a system to ensure that an appropriate record of each package is retained in an easily retrievable format ( <i>Section 3.5</i> )				

SERVICE TO LONG-TERM CARE (LTC) FACILITIES ( <a href="#">SOP: Provision of Pharmaceutical Care to LTC Facilities</a> )				
Number of LTC facilities currently serviced:				
Approximate total number of LTC residents:				
	Yes	No	N/A	Comments
Pharmacy has developed a policy and procedure manual for the provision of medications and pharmacy services to the facility and have provided the facility a copy.				
Required visits to the LTC facilities occur, with documentation retained at the pharmacy and a copy provided to the LTC, including a:				
<ul style="list-style-type: none"> <li>pharmacist or pharmacy technician visits at least <b>once every six months</b> to conduct an audit on the medication room or storage area (<i>Section 3.1 b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>pharmacist visits at least <b>once every six months</b> to review medication safety issues (<i>Section 3.2 b</i>)</li> </ul>				
A pharmacist conducts a comprehensive medication review for each resident <b>within 90 days of admission</b> , wherever possible, and <b>at least annually</b> , thereafter. ( <i>Section 5.2 a</i> )				
A formal system in place that identifies and resolves issues related to pharmacy service medication errors, near misses, and unsafe practices ( <i>Section 6.2 a</i> )				

SERVICE TO PERSONAL CARE HOMES (PCH) ( <a href="#">SOP: Provision of Pharmaceutical Care to Personal Care Homes</a> )				
Number of PCH facilities currently serviced:				
Approximate number of PCH residents:				
	Yes	No	N/A	Comments
A Policy and Procedure manual is developed regarding the pharmacy services provided to the home, and a copy has been provided to the PCH ( <i>Section 2 d</i> )				
Visits to the PCHs are occurring, with documentation retained and a copy provided to the PCH, including a:				
<ul style="list-style-type: none"> <li>pharmacist or pharmacy technician visit at least <b>once every six months</b> to conduct an audit on the medication room or storage area (<i>Section 3.1</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>pharmacist visits at least <b>once every six months</b> to review medication safety issues (<i>Section 3.2</i>)</li> </ul>				

	Yes	No	N/A	Comments
As necessary, pharmacists provide in-servicing to PCH staff regarding correct medication use, storage, administration and recording procedures ( <i>Section 3.2</i> )				
Resident medication reviews are conducted <b>at least annually</b> ( <i>Section 5.2</i> )				
A system is in place that identifies and resolves issues related to pharmacy service medication errors, near misses, and unsafe practices ( <i>Section 6.2 a</i> )				

OPIOID AGONIST THERAPY MEDICATIONS ( <i>SOP: Provision of Opioid Agonist Therapy Medications</i> )				
Number of patients receiving opioid agonist therapy (OAT) for opioid use disorder (OUD) at the pharmacy				
Treatment choices for OUD provided in the past year include (please indicate all that apply):				
• methadone				
• sublingual buprenorphine-naloxone				
• extended-release buprenorphine injection				
• slow-release oral morphine				
• other (please specify)				
	Yes	No	N/A	Comments
Policies and procedures for the provision of OAT are in place and regularly reviewed ( <i>Section 5d</i> )				
Processes in place to ensure that pharmacy professionals have completed education and training for OUD and its treatment, appropriate to their scope of practice and practice setting, before participating in OUD treatment. ( <i>Section 4</i> )				
If the pharmacy does not operate seven days a week, processes in place ensure patients have access to their medications on days the pharmacy is closed ( <i>Section 5b</i> )				
All pharmacist-patient discussions, witnessed doses and the provision of take-home doses take place in a visual and acoustically private area that is clean, safe, and comfortably furnished ( <i>Section 5 a</i> )				
All pharmacy staff have access to appropriate clinical references to support the safe provision of OAT medications ( <i>Section 5e and Appendix A</i> )				

	Yes	No	N/A	Comments
All OAT medications (including stock and prepared doses for patients) are stored in a secure location during operating hours and when the pharmacy is closed ( <i>Section 5f</i> )				
A naloxone kit is on hand for emergency use and kits available for patients taking OAT medications ( <i>Section 5i</i> )				
At the start of OUD treatment, processes are in place to ensure that:				
<ul style="list-style-type: none"> <li>all necessary information and documentation is collected including a discussion with the prescriber or other member of the OUD team regarding the patient's current health and how information on the patient's treatment progress will be shared (including management of missed doses) (<i>Section 6.1</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>a pharmacist discusses treatment goals and care plan with the patient, and obligations and expectations of both parties. Written documentation of the discussion is maintained as necessary. (<i>Section 6.2</i>)</li> </ul>				
Methadone doses for OAT prepared at the pharmacy are:				
<ul style="list-style-type: none"> <li>prepared using an unflavored, commercially-prepared 10 mg/mL solution (<i>Section 6.5a</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>measured using a device that has an accuracy of +/- 0.1 mL and is maintained per the manufacturer's instructions (<i>Section 6.5b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>documented in accordance with <i>Section 5h</i> including record of who performed the calculations, the preparation of the dose, and the final product check</li> </ul>				
<ul style="list-style-type: none"> <li>independently double checked to ensure accurate measurements (<i>Section 6.5b</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>prepared one dose in advance where possible (<i>Section 6.5b</i>)</li> </ul>				
Prior to releasing each witnessed dose of OAT medication processes are in place to ensure:				
<ul style="list-style-type: none"> <li>a <b>pharmacist</b> completes an assessment and consultation to determine whether it is safe and appropriate to provide the medication. (<i>Section 6.7a</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>Patients are asked to review the medication label prior to self-administering OAT and confirm their name and dose is correct. Following administration, appropriate documentation is completed on the patient's administration log, including the patient's signature (<i>Section 6.7b</i>)</li> </ul>				

Pharmacists Ordered Laboratory Tests ( <a href="#">SOP: Pharmacists Ordered Laboratory Tests</a> )				
	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>ALL pharmacists that order laboratory tests have successfully completed an acceptable orientation program and are authorized by CPNL to participate in such services (<i>Section 2.1</i>)</li> </ul>				
<ul style="list-style-type: none"> <li>A system is in place to ensures that the ordering pharmacist, or a delegate, are accessible <b>both</b> during and outside of normal working hours to receive and act on critical results (<i>Section 2.1c</i>)</li> </ul>				
The operational and practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
The area used to discuss ordering laboratory tests and the results is clean, safe, and comfortably furnished, and ensures patient confidentiality ( <i>Section 4.1a</i> )				
Prior to ordering a laboratory test, the pharmacist must conduct and document an appropriate patient assessment, using a combination of patient interview and a review of the patient's EHR and other sources. ( <i>Section 4.1d</i> )				
Decisions regarding ordering laboratory tests are based on best practices, clinical suitability, cost-effectiveness, health resource stewardship, what is in the best interests of the patient and in accordance with the <i>Newfoundland and Labrador Provincial Laboratory Formulary</i> ( <i>Section 4.1d</i> )				
As per <i>Section 4.1f</i> , a system in place for: <ul style="list-style-type: none"> <li>tracking ordered tests;</li> <li>ensuring test results are retrieved, reviewed and, as necessary, acted on in an appropriate time frame;</li> <li>following-up on test results that are not received within the usual expected time frame;</li> <li>ensuring continuity of care when the pharmacist is going on leave or changing employment.</li> </ul>				

	Yes	No	N/A	Comments
All laboratory tests ordered are documented electronically or paper-based and documentation includes: <ul style="list-style-type: none"> <li>the laboratory test ordered and the reason for ordering it;</li> <li>the date the laboratory test was ordered;</li> <li>the results of the laboratory test and the date they were received;</li> <li>decisions, actions, and/or recommendation taken following the test results;</li> <li>other follow-up plans, or information necessary to allow for continuity of care; and</li> <li>the name(s) of other health professionals with which the results were communicated or discussed.</li> </ul>				
All documentation is retained as per policies and procedures in place to manage these patient records, and in accordance with the appropriate Standards ( <i>Section 4 g</i> )				

NON-STERILE COMPOUNDING ( <a href="#"><i>SOP: Pharmacy Compounding of Non-Sterile Preparations</i></a> )				
Level(s) of non-sterile compounding offered by the pharmacy (A, B, C):				
Name of the pharmacy's non-sterile compounding supervisor (note: must be a pharmacist or RPT)				
	Yes	No	N/A	Comments
Policies and procedures covering all non-sterile compounding procedures are developed with a plan in place to review and update <b>at least once every 3 years and upon standard changes</b> ( <i>Section 5.3</i> )				
Training and skills assessment programs are appropriate for the responsibilities for compounding and cleaning personnel, and include documentation of training and/or assessment ( <i>Section 5.2</i> )				
Non-regulated pharmacy personnel (pharmacy assistants) only perform activities once appropriate training is completed and documented and under appropriate supervision. ( <i>Section 5</i> )				
A documented risk assessment has been conducted for all compounds prepared by the pharmacy including rationale and risk mitigation strategies ( <i>Section 4</i> )				

