COLLEGE OF PHARMACISTS OF MANITOBA

Practice Direction
Standard of Practice # 15: Pharmacy Facilities

1.0 Scope and Objective:

1.1 Expected Outcome

This document is a practice direction by Council concerning the requirement to provide appropriate and accessible pharmacy facilities.

1.2 Document Jurisdiction (Area of Practice)

All licensed pharmacies must comply with this practice direction.

~~1.3 Definitions~~

~~A narcotic drug is defined as any substance set out in the Schedule to the Federal Narcotic Control Regulations or anything that contains any substance set out in that Schedule.~~

~~A controlled drug is defined as any drug set out in the Schedule to Part G of the Federal Food and Drug Regulations or anything that contains any substance set out in that Schedule.~~

~~1.4~~1.3 Regulatory Authority Reference

Section 56(1) of the *Pharmaceutical Regulations* to the *Pharmaceutical Act* empowers Council to create this practice direction.

2.0 Practice Direction

2.1 The Premises, with the exception of the Dispensary, shall:

- 2.1.1 with the exception of hospital practice, be accessible to the public in person, by telephone, and by facsimile machine;
- 2.1.2 with the exception of hospital practice, have a patient counseling and consultation area suitable to the College of Pharmacists of Manitoba, which shall:
  - 2.1.2.1 contain no items for sale other than articles needed for counseling sessions; and
  - 2.1.2.2 provide a setting for confidential discussion between the patient and the pharmacist.
  - 2.1.2.3 display the required College of Pharmacists of Manitoba signs in view of the public:
    - 2.1.2.3.1 “Accepting Drugs for Return to Inventory”;
    - 2.1.2.3.2 “Proof of Identity”;
    - 2.1.2.3.3 “It's Your Right to Know”; and

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2.1.2.3.4 “Updated Personal Health Information”

2.1.3 be well ventilated and sufficiently lit and of cleanliness suitable to the College of Pharmacists of Manitoba;

2.1.4 have the hours of operation posted at the principle entrance, along with call-back information where available, for all community pharmacies;

2.1.5 With the exception of hospital pharmacy facilities, display Council approved time delayed safe signage at all public entrances and near the dispensary in view of the public.

2.2 The premises, including the dispensary, must:

2.3 be equipped with physical security measures that ensure secure drug storage.

2.3.1 Physical security measures must include but are not limited to:

2.3.1.1 a dedicated alarm system;

2.3.1.2 security cameras; and

2.3.1.3 window and door protection where applicable.

~~2.2~~2.4 The Dispensary must:

~~2.2.1~~2.4.1 be well ventilated and sufficiently lit and of cleanliness suitable to the College of Pharmacists of Manitoba;

~~2.2.2~~2.4.2 be at least 150 square feet in size in addition to space allocated for the patient counseling area;

~~2.2.3~~2.4.3 be accessible to authorized personnel only;

~~2.2.4~~2.4.4 contain no products inappropriate to the practice of pharmacy;

~~2.2.5~~2.4.5 have a facsimile machine only accessible to authorized personnel;

~~2.2.6~~2.4.6 have Internet access for the purposes of email, electronic fan out, and information research;

~~2.2.7~~2.4.7 have a prescription counter area that provides for 12 square feet of free working space dedicated to the preparation of medication and compounding medication, pursuant to a prescription;

~~2.2.8~~2.4.8 have secure drug storage;

~~2.2.9~~2.4.9 provide the maximum possible hours of on-site pharmacist services based on the needs of the institution or community, and the availability of pharmacist staff;

~~2.2.10~~2.4.10 provide hours of operation offering the availability of pharmacist services for at least 25 hours over a minimum of four days per week, unless a written appeal is received two weeks prior to a council meeting and council reviews and approves the lesser number of hours;

~~2.2.11~~2.4.11 have a refrigerator that is:

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~~2.2.11.1~~2.4.11.1 clean and in good working order;

~~2.2.11.2~~2.4.11.2 dedicated to the storage of pharmaceuticals and related products;

~~2.2.11.3~~2.4.11.3 maintains the temperature defined by the manufacturer of product stored in the refrigerator; and

~~2.2.11.4~~2.4.11.4 regularly monitored for temperature.

~~2.2.12~~2.4.12 have a sanitary sink that is:

~~2.2.12.1~~2.4.12.1 kept in a clean condition

~~2.2.12.2~~2.4.12.2 easily accessible to the prescription preparation area; and

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~~2.2.12.3~~2.4.12.3 supplied with hot and cold water.

~~2.2.13~~2.4.13 Have a waste container of either plastic, metal or similar material.

~~2.2.14~~2.4.14 Provide a setting to protect the patient's right to privacy by:

~~2.2.14.1~~2.4.14.1 Providing security of information in compliance with federal and provincial privacy legislation and any additional security measures approved by Council. As part of a patient counseling session, patient information displayed on computer screens must not be visible to any person in the public area of a pharmacy. The information displayed must relate to the patient being counseled and it may only be viewed by the patient being counseled, their delegate or other authorized members of the inter-professional team.

~~2.2.14.2~~2.4.14.2 Using a sound dulling assembly and visual barriers where appropriate

~~2.2.14.3~~2.4.14.3 Effective January 1, 2019, for all new community pharmacies and community pharmacy relocations, having a private patient counselling room.

~~2.2.15~~2.4.15 Have an appropriate secure ~~narcotic~~ safe~~.~~ ~~to store all narcotic and controlled drug inventory~~.

~~2.2.15.1~~2.4.15.1 With the exception of hospital pharmacy facilities, the ~~narcotic~~ safe must have a time-delay lock set to a minimum of 5 minutes.

~~2.3~~2.5 Compounding and Dispensing equipment required to meet compounding standards, based on the type of compounding performed at the pharmacy (non-sterile, sterile, hazardous compounding).

~~2.4~~2.6 The minimum Library Requirements available to all authorized personnel are:

~~2.4.1~~2.6.1 The College Manual (*) containing current Federal and Provincial pharmacy related statutes and information;

~~2.4.2~~2.6.2 Policy and Procedures Manual (*) that includes minimum content as required by Council;

~~2.4.3~~2.6.3 References for drugs, interactions, herbs, nutraceuticals and food (*);

~~2.4.4~~2.6.4 Reference material consistent with the standards of practice and pharmacy practice in that location and type of practice (e.g., geriatric, pediatric, pre-natal & maternal, medical dictionary, etcetera) (*)

(*) Indicates that library requirements may be in hardcopy or

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electronic format

3.0 Compliance Adjudication

3.1 The Pharmacy site must be readily accessible and open to regulatory review.

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3.2 Application May be made to Council for Exceptions or Waivers to the Requirements of this Document.

4.0 Appendices

Not applicable

A Practice Direction is a written statement of a regulatory position made by Council for the purposes of giving direction to members and owners about the conduct of their practice or pharmacy operations.

A Practice Direction carries similar legal weight to a Regulation under the Act and compliance by all Manitoba pharmacists and pharmacy license holders is expected.

The process for development, consultation, implementation, appeal and review is published on the College website.

Development Source:	Standards of Practice Committee
Regulatory Reference:	Sec 56(1), *The Pharmaceutical Regulations*
Consultation Close:	October 31, 2013
Authorized by Council:	November 15, 2013
Effective Date:	January 1, 2014
Review Date:	May 1, 2023
Consultation Close:	June 16, 2023
Approved Revisions:	June 26, 2023

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