

# Pharmacy Policy and Procedure Manual

Date of Last Review: \_\_\_\_\_



## **Introduction:**

This template was developed to assist Pharmacy Managers in developing a Policy and Procedure Manual that is comprehensive and practical. The majority of the references used in this template may be found on the College website: <https://cphm.ca/site/legislation?nav=practice> . The website offers information on current best practices, guidelines, standards of practice and joint statements. All of which contribute to a working knowledge of Pharmacy practice in Manitoba. Pharmacists are encouraged to utilize the website, read the Friday Five articles and Newsletters generated by the College, and to actively participate in member consultations to ensure a safe and quality practice of pharmacy.

The purpose of the Policy and Procedure Manual is to provide staff with guidance in the event of an unexpected situation. Potential issues should be addressed in the document as well as methods to resolve them. Your store specific manual should be useful for staff pharmacists and relief pharmacists alike. A tool that assists in compliance with practice standards and ensures patient safety.

*Mission: To protect the health and well-being of the public by ensuring and promoting safe, patient-centred, and progressive pharmacy practice in collaboration with other health-care providers.*

The College of Pharmacists of Manitoba

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## 1. GENERAL INFORMATION

### 1.1 Pharmacy Information

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

License # \_\_\_\_\_ Provider # \_\_\_\_\_

Phone: General Line: \_\_\_\_\_ Doctors Line: \_\_\_\_\_

Fax Number: \_\_\_\_\_

After Hours Phone (if applicable): \_\_\_\_\_

Voicemail Access: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Hours of Operation:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Holidays \_\_\_\_\_

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### 1.2 Staff Information

Pharmacy Manager: \_\_\_\_\_

Pharmacist(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Interns/Students(s):

- 1.
- 2.
- 3.
- 4.

Pharmacy Technicians:

- 1.
- 2.
- 3.
- 4.
- 5.

Pharmacy Assistants:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Other Staff & Positions:

### **1.3 Position Descriptions**

#### **Pharmacy Manager:**

#### **Pharmacist:**

**Pharmacy Student/Intern:**

**Regulated Pharmacy Technician:**

**Other Staff Member(s):**

## **2. OPERATIONS**

**2.1 Stock Layout** (schedule II & III products): Affix diagram (Appendix A)

Counseling Areas: Affix diagram (Appendix B)

Workflow Schematic: Affix Diagram (Appendix C)

**2.2 Cold Chain Procedure:**

Dispensary Fridges: \_\_\_\_\_

Temperature Logs:

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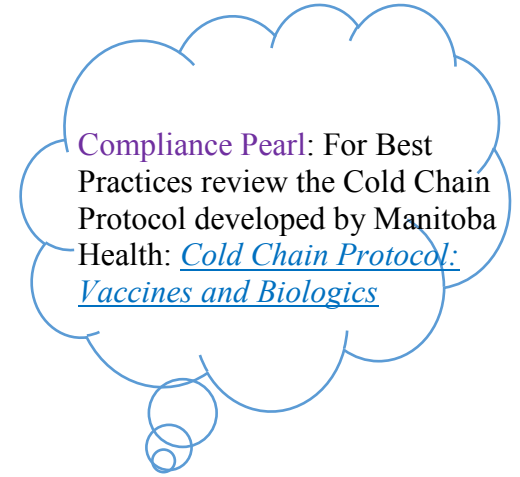
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Delivery of Temperature Sensitive Drugs:

Process if Drugs fail to be delivered:



### 2.3 Inventory Suppliers

Name and Contact Information:

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Procedure for Receiving Drugs:

**2.4 Procedures for Return to Stock (RTS):**

**2.5 Procedure for Prescription items not picked up:**

**2.6 Delivery:**

Service used: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

Storage of delivery slips:



### 3. SECURITY & PRIVACY

#### 3.1 Pharmacy Security

Lock and Leave Pharmacy: Yes or No

Opening and closing procedures:

Alarm Company Contact Information:

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Individuals with Key(s) to Pharmacy:

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Response to a Robbery:

Response to a Break and Enter:

For more information about an appropriate response in the event of a Robbery or Burglary see the [procedures](#) developed by the College.

Police Contact Information:

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Camera Feed details:

### 3.2 Patient Files

Storage of Patient Records:

**Compliance Pearl:** the retention period for all prescription and patient records is 5 years from the date of the last activity on the record

Off-site Storage Location:

Company used for record destruction:

**Compliance Pearl:** Records may be destroyed via shredding or through a record destruction. The prescription numbers and date of destruction must be documented on a permanent record.

### 3.3 Computer Information:

Software Program: \_\_\_\_\_

IT Contact: \_\_\_\_\_

Hardware and Software Security:

Data Backup procedure: \_\_\_\_\_

### 3.4 Patient Health Information

#### Confidentiality Agreements:

Template: [PHIA Pledge of Confidentiality](#).

Process:

**Compliance Pearl:** All individuals who have access to patient information must sign a confidentiality agreement, this includes staff, delivery drivers, etc.

Non-Safety Vial Documentation:

### **3.5 Lab Test Ordering**

Pharmacists with Access to eChart<sup>1</sup>:

- 1.**
- 2.**
- 3.**
- 4.**
- 5.**

Documentation for tracking results:

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Process for responding to **Critical Values**:

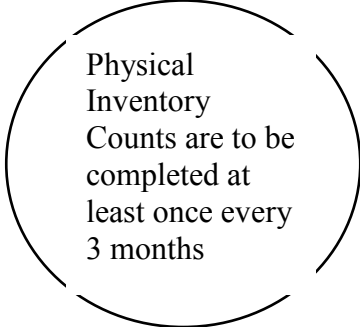
### **3.6 Facsimile and Electronic Transmission of Prescriptions**

Fax Number:

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## **4. NARCOTIC MANAGEMENT SYSTEMS**

**4.1 Safe Access:**



Physical  
Inventory  
Counts are to be  
completed at  
least once every  
3 months

**4.2 Narcotic Count Cycle:**

**4.3 Loss/Theft Report Procedure:**

**Document:**  
[Loss or Theft Report Form for Controlled Substances and Precursors](#)

**4.4 Destruction of Narcotic and Controlled Drugs Procedure**

Process for disposing of expired medications and patient returns:

**4.5 Provision of Opioid Agonist Therapy (OAT) Services**

Pharmacist Staff who have completed OAT 101 Workshop

1. \_\_\_\_\_ Date completed: \_\_\_\_\_
2. \_\_\_\_\_ Date completed: \_\_\_\_\_
3. \_\_\_\_\_ Date completed: \_\_\_\_\_

Location of Patient Agreement forms:

Witnessed dose documentation:

Response to a missed dose:

Response to a Dosing Error:

**Compliance Pearl:**  
The [Opioid Agonist Therapy Guidelines for Manitoba Pharmacists](#) provide pharmacists with guidelines for appropriate management of patients receiving OAT.

## 5. CLINICAL SERVICES

### 5.1 Library:

Clinical References:

Electronic References (include Username and Password):

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- 
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- 
- 

**5.2 Procedure for Preparing drugs in Compliance Packages:**

Compliance Package system used: \_\_\_\_\_

Process used to repackage medications:

**5.3 Documenting Counselling:**

**5.4 Prescribing:**

Include the procedure and required documentation. Assessment forms may be added as templates.

**5.4.1 Self-Limiting Conditions:**



Pharmacists with certification:

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- 
- 
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- 
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Procedure:

Documentation:

5.4.2 Exempted Codeine Products:

Procedure:

Documentation:

5.4.3 Schedule II & III drugs:

Procedure:

Documentation:

5.4.4 Continuing Care Prescriptions:

Procedure:

Documentation:

5.5.5 Prescription Adaptation:  
Procedure:

Documentation:

## 6. COMPOUNDING

### 6.1 Non-Sterile Compounding:

Compounding Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of Risk Compounding

- Level A:**

See the [Model Standards for Pharmacy Compounding of Non-Sterile Preparations](#) for reference.

**Level B:**

**Level C:**

Location of Safety Data Sheets:

Location of Master Formulation Records:

Compounding resources:

Policies and Procedures specific to the handling of Hazardous Material (if applicable):

## **6.2 Sterile Compounding:**

A separate policy and procedure manual should be maintained for pharmacies engaged in sterile compounding.

See for [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#) and [Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#) for reference.

## **7. DRUG RECALLS AND WASTE MANAGEMENT**

### **7.1 Drug Recalls:**

Procedure for handling a drug recall:

### **7.2 Sharps Disposal**

System used for Sharps Disposal:

## 8. INCIDENT REPORTING

### 8.2 SafetyIQ program:

Managing Complaints:

Incident/Discrepancy Reporting Process:

Website/ Reporting Platform: \_\_\_\_\_

## 9. EMERGENCY PREPAREDNESS

The emergency Preparedness kit may be found [here](#).