



# College of Pharmacists of Manitoba

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## Sterile Hazardous Compounding Implementation Schedule

Year	Month	General Considerations	Sterile (Hazardous)	
			Operational	Facilities
2017	February	Council approval of the NAPRA Model Standards for Hazardous and Non-Hazardous Sterile Compounding implementation dates.		
	Spring	Member education to introduce NAPRA Model Standards and implementation timelines: <ul style="list-style-type: none"> <li>• Website Educational Tools</li> <li>• CPhM site visits</li> </ul>		
2018	June		5.1 Develop and implement a training and assessment program for staff involved in hazardous compounding. <b>(June 1, 2018 - Required)</b>	
	June		5.2 Develop and implement documented policies and procedures for hazardous compounding. <b>(June 1, 2018 - Required)</b>	

*College of Pharmacists of Manitoba 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.*

*Member of the National Association of Pharmacy Regulatory Authorities*

Year	Month	General Considerations	Sterile (Hazardous)	
			Operational	Facilities
			6.2, 6.3, and 6.4 Develop and implement protocols and preparation logs for compounded sterile preparations. <b>(June 1, 2018 - Required)</b>	
	June		6.7, 6.8, 6.9, 6.12 Develop and implement protocols for hazardous medication packaging, storage, transport, waste management, and delivery procedures. <b>(June 1, 2018 - Required)</b>	
	June		6.10, 6.11 Develop recall procedures (traceability), and incident/accident management procedures. <b>(June 1, 2018 - Required)</b>	
	June		7. Develop and implement a quality assurance program for hazardous sterile compounding. <b>(June 1, 2018 - Required)</b>	
2018	June - December	CPhM Site Audits to assess compliance with operational requirements (5.1, 5.2, 6.1, 6.2, 6.3, 6.4, 6.7, 6.8, 6.9, 6.12, 6.10, 6.11, 7)		

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2019	June		6.5, 6.6 Educate and validate all staff involved in hazardous compounding (includes conduct of personnel in areas reserved for compounding, handwashing, garbing, aseptic compounding techniques, cleaning and disinfecting, verification, and labeling). <b>(June 1, 2019 - Required)</b>	
2019	June - December	CPhM Site audits to assess compliance with staff education and validation, and ALL other operational requirements.		
2022	January 1		6.1 Establish documented beyond-use dates and dating methods. <b>(January 1, 2022 - Required)</b>	
	January 1			5.3 Facilities and Equipment Compliance with the NAPRA Model Standards for Hazardous Sterile Compounding Standards <b>(January 1, 2022 - Required)</b>
2022	January - December	CPhM Site Audits to assess compliance with facilities and equipment requirements. Ongoing audits to assess		

Year	Month	General Considerations	Sterile (Hazardous)	
			Operational	Facilities
		Hospital and Community Pharmacy Inspections.		