

Sterile Non-Hazardous Compounding Implementation Schedule

Year	Month	General Considerations	Sterile (Non-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"> • Website Educational Tools • CPhM Site Visits 		
2018	June		5.1 Develop and implement a training and assessment program for staff involved in non-hazardous sterile compounding. (June 1, 2018 - Required)	
	June		5.2 Develop and implement documented policies and procedures for non-hazardous sterile compounding. (June 1, 2018 - Required)	

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

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	June		6.2, 6.3, and 6.4 Develop and implement protocols and preparation logs for compounded sterile preparations. (June 1, 2018 - Required)	
	June		6.7, 6.8, 6.9, 6.12 Develop and implement protocols for non-hazardous medication packaging, storage, transport, waste management, and delivery procedures. (June 1, 2018 - Required)	
	June		6.10, 6.11 Develop recall procedures (traceability), and incident/accident management procedures. (June 1, 2018 - Required)	
	June		7. Develop and implement a quality assurance program for non-hazardous sterile compounding. (June 1, 2018 - Required)	
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 non-hazardous sterile compounding (includes conduct of personnel in areas reserved for compounding, handwashing, garbing, aseptic compounding techniques, cleaning and disinfecting, verification, and labelling). (June 1, 2019 - Required)	
2019	June - December	CPhM Site audits to assess compliance with staff education and validation, and ALL other operational requirements.		
2022	January January 1		6.1 Establish documented beyond-use dates and dating methods. (January 1, 2022 - Required)	5.3 Facilities and Equipment Compliance with the NAPRA Model Standards for Non-Hazardous Sterile Compounding Standards (January 1, 2022 - Required)
2022	January - December	CPhM Site Audits to assess compliance with facilities and equipment requirements.		

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		Ongoing audits to assess compliance with operational and facility requirements to be combined with CPhM Routine Hospital and Community Pharmacy Inspections.		