



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

Permanent and Temporary Pharmacy Closures Checklist

In accordance with the Practice Direction: Permanent and Temporary Pharmacy Closures, the following actions must be completed to ensure the closing procedures adhere to the authority of *The Pharmaceutical Regulations to The Pharmaceutical Act* and *The Pharmaceutical Act*.

I, _____, pharmacy manager of _____,
(First and Last Name) (Pharmacy Name)
at _____, _____, Manitoba, confirm I have read
(Street Address) (City)
and understand the requirements of the Practice Direction: Permanent and Temporary Closures.

Pharmacy Managers Signature

Date

In cases of Permanent pharmacy closure and/or relocation: Within ten (10) days of the closing of the original pharmacy site, the pharmacy manager must provide written notification to Health Canada advising of the following:

1. Date of closure of pharmacy and date of opening of new pharmacy, or date of moving narcotics to new location
2. The addresses of the two locations
3. Inventory list of the drugs (including quantity). Additionally the record must be kept for 2 years and sent to Health Canada no more than 10 days after closing.

The letter and inventory count may be emailed to: compliance-conformite@hc-sc.gc.ca
For further information or mailing address, please contact Health Canada at (613) 954-1541.



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PERMANENT PHARMACY CLOSURE OR RELOCATION

PART 1:

| Action required thirty (30) (or as soon as possible and as soon as reasonable) days prior to closure or relocation | Date Completed | Pharmacy Managers Initials |
|--|----------------|----------------------------|
| Within thirty days of the operation permanently ceasing, it is the joint responsibility of the owner and pharmacy manager to | | |
| Display signs on the premises indicating the pharmacy has closed or relocated and where the pharmacy records are located; | | |
| In cases of permanent closure, direct fax and phone lines to another licenced pharmacy, preferably the pharmacy responsible for record storage; Name of other licenced pharmacy: _____ Phone number: (204) _____ Fax number: (204) _____ | | |
| Advise the patients of the pharmacy closing or relocation and provide them with the name and contact information of the pharmacy where patient prescription records are to be located; | | |
| Include a description of how this will be completed: | | |



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| Action required thirty (30) (or as soon as possible and as soon as reasonable) days prior to closure or relocation | Date Completed | Pharmacy Managers Initials |
|--|----------------|----------------------------|
| Notify the community served by the pharmacy of the closure or relocation. Notification methods could include package inserts prior to closure, letters, signs, media announcements, etc. | | |
| Include a specific outline of how this will be completed: | | |

PART 2:

| Action required within seven (7) days of closure or relocation | Date Completed | Pharmacy Managers Initials |
|--|----------------|----------------------------|
| Within seven days of the operation permanently ceasing or relocating, it is the joint responsibility of the owner and pharmacy manager to | | |
| Notify the registrar of the location where the prescription records from the closed pharmacy will be stored. The records need to be kept in a location that complies with <i>The Personal Health Information Act</i> and be accessible upon request to the College and patients or trustees acting on behalf of the patient; and Location: _____ | | |
| Surrender the pharmacy licence to the College; and | | |
| Remove all signs and advertisements that may lead the public to believe that the closed premise is a pharmacy; and | | |
| Provide the registrar with a copy of the notice of permanent pharmacy closure or relocation. | | |



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TEMPORARY PHARMACY CLOSURE

DATES OF CLOSURE:

Date closure commences: _____ Date of re-opening: _____

It is permissible for a licensed pharmacy to be temporarily closed without surrendering its operating license, provided that the conditions of the Practice Direction: Permanent and Temporary Pharmacy Closures are met. Acknowledgement of the required actions having been completed, is required below.

| Action required for temporary closure of a pharmacy | Date Completed | Pharmacy Managers Initials |
|---|----------------|----------------------------|
| Except in emergency/urgent situations, the pharmacy manager must obtain the approval of the College for the planned closure 30 days in advance of the temporary closure start date, | | |
| All prepared prescription recipients must be contacted to advise of the closure and given the opportunity to obtain their prepared prescriptions prior to the temporary closure start date, | | |
| Except in emergency/urgent situations, notices to the public (using in-store postings and media announcement, for example) must be made at least 30 days prior to the temporary closure start date, | | |
| Signage must be posted at the store entrance and a telephone answering machine message must be provided, advising the public about the closure, its duration, the location of the nearest licensed pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period, Name of other licenced pharmacy: _____ Phone number: (204) _____ Fax number: (204) _____ | | |
| In compliance with 6(1) (b) and 23(1.1) (b) of the Personal Health Information Act Amendment Act (2), arrangements must be made to provide access to any request for personal health information within 72 hours of that request. | | |
| <p>Include a description of how this will be completed: Continue on reverse or separate page if necessary</p> | | |



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| Action required for temporary closure of a pharmacy | Date Completed | Pharmacy Managers Initials |
|--|----------------|----------------------------|
| In single-pharmacy communities, alternate arrangements for medication access and provision of pharmacy services must be made with local prescribers or pharmacies in nearby communities. | | |
| Include a description of how this will be completed: | | |

*Upon completion of the above, the pharmacy manager named herein, is required to submit the document in full by email to info@cphm.ca ATTN: Field Operations or by fax to 204.237.3468.