



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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Community Pharmacy Self-Assessment

GENERAL INFORMATION

Pharmacy Name: _____

Pharmacist-in-Charge: _____

Pharmacy Licence #: _____ Pharmacy Licence Displayed? Yes No

Code of Ethics Displayed? Yes No

Pharmacy Address and Other
Relevant Information:

Street Address _____ P.O. Box (if applicable) _____

City/Town _____ Postal Code _____

() _____

Phone Number

() _____

Fax Number

Pharmacy Email Address _____

Pharmacy Website _____

Pharmacy Practice Management System (Software Vendor) _____

Does the pharmacy have a policy and procedure manual? Yes No

Please indicate the expected hours of operation for the pharmacy:

Pharmacy Hours:

MON-FRI _____

SAT _____

SUN _____

HOLIDAYS _____

Dispensary Hours (if different):

MON-FRI _____

SAT _____

SUN _____

HOLIDAYS _____

Has this pharmacy applied for "lock and leave" Yes No

(If "YES", please complete the relevant section on page 7)

Will the pharmacy provide any of the following additional services?

- Local Delivery
- Provision of Compliance Packages
- Service to Personal Care Homes or Community Care Homes
- Service to Long-Term Care Facilities
- Administration of Drug Therapy by Inhalation or Injection
- Prescribing (including for minor ailments)
- Opioid Agonist Maintenance Treatment
- Non-Sterile Compounding (Level A, B, and/or C)
- Sterile Compounding (Non-hazardous and/or hazardous)

(If you checked "Yes" for any of these services, please complete the relevant section(s) starting on page 7)

DISPENSARY STAFF (attach additional pages, if necessary)

Name of Pharmacist-in-Charge

Registration #

In accordance with section 12.(c) of the *Pharmacy Regulations 2014*, I practice in the pharmacy for at least half of the operating hours of the pharmacy. (For a pharmacy that is open extended hours, it would be expected that the pharmacist-in-charge be present full time hours, e.g. 35-40 hrs/week)

Name

Registration #
(if applicable)

Full-Time
 Part-Time
 Relief

Please indicate this person's role:
Staff Pharmacist Pharmacy Intern Pharmacy Student Registered Pharmacy Technician Pharmacy Assistant

Name

Registration #
(if applicable)

Full-Time
 Part-Time
 Relief

Please indicate this person's role:
Staff Pharmacist Pharmacy Intern Pharmacy Student Registered Pharmacy Technician Pharmacy Assistant

Name

Registration #
(if applicable)

Full-Time
 Part-Time
 Relief

Please indicate this person's role:
Staff Pharmacist Pharmacy Intern Pharmacy Student Registered Pharmacy Technician Pharmacy Assistant

Name

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Full-Time
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Staff Pharmacist Pharmacy Intern Pharmacy Student Registered Pharmacy Technician Pharmacy Assistant

Name

Registration #
(if applicable)

Full-Time
 Part-Time
 Relief

Please indicate this person's role:
Staff Pharmacist Pharmacy Intern Pharmacy Student Registered Pharmacy Technician Pharmacy Assistant

Name

Registration #
(if applicable)

Full-Time
 Part-Time
 Relief

Please indicate this person's role:
Staff Pharmacist Pharmacy Intern Pharmacy Student Registered Pharmacy Technician Pharmacy Assistant

- All staff members are required to wear name tags that identify their position at all times.
- All non-registered support staff are properly trained and aware of the limitations of their role.
- Appropriate confidentiality agreements have been signed by all relevant pharmacy staff in accordance with the *Personal Health Information Act (PHIA)*

COMPLIANCE CHECKLIST

Please indicate compliance by checking the appropriate space below. If the pharmacy is not in compliance, please provide a comment to describe how this will be remedied prior to the assessor's visit.

	Compliant			Comments
	Yes	No	N/A	
SIGNS AND POSTINGS				
Sign with pharmacy trading name is affixed to the exterior of the building (SOPO-Community 1.3a)				
Interior signage clearly defining the dispensary area (SOPO-Community 1.3a)				
Hours of operation, including "lock & leave" hours, if applicable, are posted in view at the public entrance and at the dispensary (if applicable) (SOPO-Community 1.1b)				
Pharmacy Licence is posted in a conspicuous location				

PHYSICAL LAYOUT AND SECURITY				
Pharmacy premises and the dispensary is secured with security system that provides suitable protection against theft, diversion, and tampering with drugs (alarms, motion detectors and cameras are the minimum requirements) (PLEASE INDICATE ANY ADDITIONAL SECURITY FEATURES IN THE COMMENTS) (SOPO-Community 1.3b):				
Keys/alarm codes are limited to authorized pharmacy personnel so that non-registrants are not able to access the dispensary, and the assignment of keys/alarm codes is appropriately documented (PLEASE INDICATE WHICH STAFF MEMBERS HAVE KEYS IN THE COMMENTS) (SOPO-Community 1.3b)				
The dispensary area: (SOPO-Community 1.3c)				
is at least 9.29 square metres, including the "No Patient Access" area, but excluding the "Professional Products" area, patient consultation area(s). and appropriate patient waiting area				
has at least 1.2 square metres of working counter space, excluding counter space occupied by equipment.				
is self-contained and designed to discourage entry by the public (e.g. latched gates) but still permits interaction with patients				
is well-ventilated				
is appropriately lighted				
is clean and tidy				
is able to be secured against entry by the public or other staff when a pharmacist or a pharmacy technician is not present in the pharmacy				
Pharmacy has a designated area for patient consultation that ensures visual and acoustical privacy and confidentiality and that is clean, safe, and comfortably furnished for the patient. (SOPO-Community 1.3e):				

	Compliant			Comments
	Yes	No	N/A	
DISPENSARY EQUIPMENT AND SUPPLIES				
Dispensary has:				
a secure computer system (including practice management software and required peripherals) allowing the ability to:				
store and report all required patient health information (SOPO-Community 1.5b)				
identify each user who is granted access, control the access granted to the users, and create an accurate audit trail of access; (SOPO-Community 1.5b)				
scan prescriptions and other relevant patient records (SOPO-Community 1.5b)				
generate reports of prescription information chronologically and by drug name and strength, patient name, and prescriber name (SOPO-Community 1.4a)				
connect to the provincial electronic health record through the Pharmacy Network (SOPO-Community 1.4a)				
allow suitable internet access to allow staff access to NLPB email as well as other electronic resources appropriate to pharmacy practice (SOPO-Community 1.4a)				
allow for information retrieval in the event of system failure or destruction through adequate backup and recovery systems (SOPO-Community 1.4a)				
print all relevant labels and receipts as well as required reports (e.g. narcotic sales, transaction reports, patient profiles) (SOPO-Community 1.4a)				
send, receive, and/or copy electronic or non-electronic documents (for example, a fax machine). Such equipment must be located in an area that preserves patient confidentiality; (SOPO-Community 1.4a)				
a refrigerator for the exclusive storage of drugs requiring refrigeration that meets the cold chain requirements as follows:				
"purpose-built" or "modified" domestic refrigerator (SOPO-Community Appendix II)				
A thermometer that provides continuous monitoring (SOPO-Community Appendix II)				
a prescription balance (with a minimum sensitivity of 10mg) OR an electronic balance (with a minimum sensitivity of 10mg) AND a set of metric weights or a calibration weight (SOPO-Community 1.4a)				
a paper shredder or a service for the safe disposal of confidential information (IF THE DISPOSAL OF CONFIDENTIAL MATERIAL IS CONTRACTED OUT, PLEASE NAME THE COMPANY IN THE COMMENTS) (SOPO-Community 1.4a)				
a telephone that has a number listed in an appropriate telephone directory (SOPO-Community 1.4a)				
a sanitary sink with a supply of hot and cold water (SOPO-Community 1.4a)				
a sanitary waste disposal (SOPO-Community 1.4a)				
an appropriate method to dispose of hazardous waste (SOPO-Community 1.4a)				
adequate shelf and storage space (SOPO-Community 1.4a)				
a sufficient supply of prescription and non-prescription drugs to support the professional services provided by the pharmacy (SOPO-Community 1.4a)				

	Compliant			Comments
	Yes	No	N/A	
DISPENSARY EQUIPMENT AND SUPPLIES (continued)				
required and recommended reference material in accordance with the Standards of Pharmacy Operation (see checklist on pg 13) (SOPO-Community 1.4a)				
suitable equipment to meet the pharmacy's needs (i.e. graduated cylinders, mortars & pestles, spatulas, counting trays, funnels, stirring rods and ointment pads) (SOPO-Community 1.4a)				
a sufficient amount of dispensing supplies to meet the pharmacy's needs (i.e. prescription & auxiliary labels, safety & non-safety vials, liquid medication bottles, ointment jars, distilled water) (SOPO-Community 1.4a)				

RECORD KEEPING AND INFORMATION MANAGEMENT				
Pharmacy has appropriate policies in place with regard to the protection of personal health information in accordance with the <i>Personal Health Information Act</i>				
The pharmacy has policies and procedures for documentation included in the policy and procedure manual so that records are accurate, clear, concise, easy to read, and easy to access/retrieve (SOPO-Community 1.5 a)				
Physical patient records required by legislation and Standards are retained in a secure, but readily accessible format for a minimum of 3 years after being scanned and stored electronically. (Records that have not been scanned for electronic storage must be retained for a minimum of 10 years) (SOPO-Community 1.5c)				
Electronic patient records, including patient profiles, patient medication profiles, and scanned copies of the records identified above are retained in a secure, but accessible format for a minimum of 10 years (SOPO-Community 1.5c)				
A backup of electronic records is performed once daily and tested for recovery on a regular basis. A copy of the backup is securely stored off-site or in a fire-proof and theft-resistant safe (SOPO-Community 1.5b)				
All physical and electronic records (including backups) are adequately secured to protect them from unauthorized access, theft, use, or loss. (Security measures should include appropriate physical, administrative, and technical safeguards.) (SOPO-Community 1.5c)				
Physical records are destroyed using an in-pharmacy shredder, a service for the safe disposal of confidential information, or by complete incineration. (SOPO-Community 1.5d)				
Electronic records are erased or destroyed in such a manner that the information cannot be reconstructed (SOPO-Community 1.5d)				

SECURITY & ACCOUNTABILITY PROCEDURES FOR NARCOTICS & CONTROLLED DRUGS (INCLUDING BENZODIAZEPINES AND OTHER TARGETED SUBSTANCES, WHERE APPLICABLE)				
All narcotic and controlled drugs are stored in a safe or secure lockable cabinet that is appropriately anchored to the floor that will be used solely for the storage of specified medications (SOPO-Community 1.6a)				
A computerized or manual perpetual inventory of narcotics and controlled drugs is maintained (SOPO-Community 1.6b)				
Pharmacy has a policy in place to ensure a physical inventory count of narcotics and controlled drugs is performed, reconciled and documented at least once every three months (SOPO-Community 1.6c)				

	Compliant			Comments
	Yes	No	N/A	
SECURITY & ACCOUNTABILITY PROCEDURES FOR NARCOTICS & CONTROLLED DRUGS (continued)				
ANY loss or theft of controlled substances is appropriately reported to the Office of Controlled Substances and NLPB within the required timeframe (SOPO-Community 1.6c)				
A register or log of all receipts of narcotics and controlled drugs is maintained in accordance with the Narcotic Control Regulations (SOPO-Community 1.6d)				
Hard copies of purchase invoices (or photocopies thereof) are retained in a readily retrievable format, filed in order by date and invoice number (SOPO-Community 1.6d)				
Pharmacy has a policy in place to ensure that random audits of purchase records are conducted monthly to ensure they have been accurately recorded in the Perpetual Inventory Record (SOPO-Community 1.6d)				
A register or log of all sales of narcotics and controlled drugs, including store-to-store transfers and provisions of "Emergency Supplies", is maintained in accordance with the Narcotic Control Regulations (SOPO-Community 1.6e)				
Pharmacy has a policy in place to ensure that random audits of sales records are conducted monthly to ensure they have been accurately recorded in the Perpetual Inventory Record (SOPO-Community 1.6e)				
Pharmacy has a system in place for narcotics and controlled drug prescriptions (including purchases of exempted codeine products) to be filed separately from non-narcotic prescriptions, in sequence by date and transaction number and retained in a readily retrievable, appropriately bundled and labeled format (SOPO-Community 1.6e)				

PROVINCIAL DRUG SCHEDULES				
The Professional Products area that includes all Schedule III products stored outside the dispensary is easily identifiable and in an area immediately adjacent to the dispensary under the direct supervision of a pharmacist (SOPO-Community 1.3d)				
All Schedule II products are located in the "No Public Access" area (i.e. dispensary) so that they can be sold only after consultation with a pharmacist (SOPO-Community 1.3c)				
Dimenhydrinate products are sold in accordance with the NLPB <i>Guidelines Regarding the Sale of Dimenhydrinate</i> (Appendix C of the <i>Guide to the Provincial Drug Schedules</i>)				
Exempted codeine products (SOPP: " <i>The Sale of Exempted Codeine Products in Community Pharmacies</i> ")				
All sales of an ECP are authorized by a pharmacist (Section 3.1a)				
Each provision of an ECP to a patient is documented in the patient's medication profile (Section 3.3a)				
Prior to being supplied to the patient, all ECPs are labelled per the "Prescription Packaging and Labelling Requirements" of the "Standards of Pharmacy Operation - Community" (Section 3.3b)				
Patients are counselled on each and every sale of an ECP including patients who have received an ECP previously (Section 3.4a)				

ADDITIONAL SERVICES

Please complete the appropriate section(s) below, if applicable (as indicated on page 1). If the pharmacy is not in compliance, please provide a comment to describe how this will be remedied prior to the assessor's visit.

	Compliant			Comments
	Yes	No	N/A	
LOCK AND LEAVE (SOPO-Community; Section 2.1)				
"Lock & leave" hours, if applicable, are posted in view <u>at the public entrance and at the dispensary</u>				
The lock and leave enclosure is constructed in such a way to physically and securely separate the dispensary from the rest of the pharmacy				
When the lock and leave enclosure is secured, only pharmacists or registered pharmacy technicians may enter the dispensary for any reason.				
If prescriptions are available for patient pick-up when the lock and leave enclosure is secured and the pharmacist is not present, the following requirements ARE MET:				
Prescriptions are stored securely outside the lock and leave enclosure and all storage considerations are taken into account including breakage and refrigeration				
The patient's confidentiality is protected at all times by ensuring the outer package contains only the patient's name and address				
All patients who pick up these prescriptions receive proper and sufficient counseling				
A documented paper trail of all prescriptions picked up, including signatures of the recipients or their designated agent, is retained in the pharmacy				

LOCAL DELIVERY (SOPO-Community; Section 2.2)				
All storage considerations are taken into account including breakage and refrigeration				
The patient's confidentiality is protected at all times by ensuring the outer package contains only the patient's name and address				
Patients requesting delivery of prescriptions to a person other than themselves provide the pharmacy with written delegation of authority for that person to act as the patient's agent in accordance with the Standards.				
All patients to whom prescriptions are delivered receive proper and sufficient counseling				
There is a record of all prescriptions delivered (either physical or electronic), including signatures of the recipients or their designated agent				

PROVISION OF COMPLIANCE PACKAGES (SOPP: Standards for the Safe and Effective Provision of Compliance Packages)				
The patient and/or patient caregiver is counseled on the unique nature of the package, including how to properly use and store the package (Section 3.5)				
All compliance packages are appropriately labeled so that all drugs in the package may be readily identified including dosage form, color, shape and other identifying characteristics (Section 3.3a)				
Pharmacy has a system in place to ensure that an appropriate record of each package is retained in a easily retrievable format (Section 3.4)				

SERVICE TO LONG-TERM CARE FACILITIES				
Please indicate how many long term care facilities are currently serviced by your pharmacy				
Please indicate how many long term care beds are currently serviced by your pharmacy				
Pharmacy has developed a Policy and Procedure manual regarding medications and the pharmacy services provided to the facility, a copy of which has been provided to the facility				

	Compliant			Comments
	Yes	No	N/A	
SERVICE TO PERSONAL CARE HOMES				
<i>(SOPP: The Provision of Pharmaceutical Care to Personal Care Homes)</i>				
Please indicate how many personal care homes are currently serviced by your pharmacy				
Please indicate how many personal care home residents are currently serviced by your pharmacy				
The pharmacy has the appropriate physical space and equipment, including a packaging and preparation area that is free of distractions <i>(Section 2 a)</i>				
The pharmacy has sufficient staff to support safe and effective care to the personal care homes <i>(Section 2b)</i>				
Staff involved in personal care home services have the appropriate knowledge and skills <i>(Section 2c)</i>				
Pharmacy has developed a Policy and Procedure manual regarding medications and the pharmacy services provided to the home, a copy of which has been provided to the home <i>(Section 2d)</i>				
Delivery services to homes meet the requirements of the SOPO-Community <i>(Section 2e)</i>				
All routinely-administered oral medications are packaged in suitable unit dose or multi-dose packages <i>(Section 4.1e)</i>				
A record of the preparation of each package is maintained <i>(Section 4.1f)</i>				
Labels for oral medication packages and other medications, including compounds, meet the specifications of the Standards <i>(Section 4.1 h,i,j)</i>				
The pharmacy provides the personal care home with an accurate and current medication administration record (MAR) [MARs are provided to home 96 hours in advance of medication cycle for review] <i>(Section 4.2)</i>				
Medication changes are handled in accordance with the Standards <i>(Section 4.3)</i>				
Each time a controlled substance is dispensed the home is provided with a Narcotic, Controlled Drug, and Benzodiazepine Record for inventory control purposes <i>(Section 6.3)</i>				
A pharmacist or pharmacy technician from the pharmacy visits the home to conduct an audit on the medication room or storage area at least once every six months with documentation of the audit retained at the pharmacy and a copy provided to the personal care home <i>(Section 3.1)</i>				
a pharmacist from the pharmacy visits the home to review medication safety-related issues at least once every six months with documentation of the review retained at the pharmacy and a copy provided to the personal care home <i>(Section 3.2)</i>				
Whenever necessary, pharmacists provide inservicing to all personal care home staff regarding correct medication usage, storage, administration and recording procedures <i>(Section 3.2)</i>				
Resident medication reviews are conducted at least annually <i>(Section 5.2)</i>				

	Compliant			Comments
	Yes	No	N/A	
ADMINISTRATION OF DRUG THERAPY BY INHALATION OR INJECTION (SOPP: Standards for the Safe and Effective Administration of Drug Therapy by Inhalation or Injection)				
ALL pharmacists that administer drug therapy by inhalation or injection have successfully completed an approved education program and are authorized by the Board to participate in such services (Section 2)				
The operational and practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
The location where injections are administered is designed and laid out to allow for all inhalations and injections to be provided in a private patient care environment that is clean, safe, and comfortably furnished for the patient. (Section 4a)				
This injection location allows for suitable post-therapy observation and be equipped with all necessary emergency support equipment and supplies that may be required (e.g. appropriate drugs, resuscitator bag, ice/cold compresses) (Section 4a)				
The pharmacy's Policy and Procedure Manual includes a section on the administration of drugs by inhalation or injection that covers, at a minimum, drug storage and handling procedures, documentation procedures, post-inhalation or -injection monitoring options, emergency protocols, and universal precautions. (Section 4c)				
All pharmacy staff have access to the references required by the Standards (Section 4d)				
ALL documentation required by the Standards, including prescriptions, forms, and communications, is retained in a readily accessible format for a minimum of 10 years. (Section 5.3d)				
PRESCRIBING (INCLUDING FOR MINOR AILMENTS) (SOPP: Prescribing by Pharmacists)				
ALL pharmacists that will prescribe have successfully completed the required orientation program and are authorized by the Board to participate in such services (Section 2)				
The operational and practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
The location is designed and laid out to allow for all patient consultations to be provided in a private patient care environment that is clean, safe, and comfortably furnished for the patient. (Section 4a)				
ALL documentation required by the Standards, including prescriptions, forms, and communications, is retained in a readily accessible format for a minimum of 10 years.				
OPIOID AGONIST MAINTENANCE TREATMENT (OAMT) (SOPP: Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment)				
Please indicate how many patients currently receive methadone for OAMT				
Please indicate how many patients currently receive buprenorphine-naloxone for OAMT				
Please indicate how many patients currently receive slow-release oral morphine for OAMT				
ALL pharmacists (including relief) that are participating in OAMT services have successfully completed an approved education program and are authorized by the Board to participate in such services (Section 6c)				

	Compliant			Comments
	Yes	No	N/A	
OPIOID AGONIST MAINTENANCE TREATMENT (continued)				
The operational standards outlined in the <i>Standards of Practice</i> ARE MET including:				
The pharmacy is registered with the Board as a OAMT site				
Pharmacy is designed and laid out to allow for all pharmacist-patient discussions, witnessed doses and the provision of take home doses to take place in an area of visual and acoustical privacy that is clean, safe, and comfortably furnished for the patient (<i>Section 6a</i>)				
The pharmacy's Policy and Procedure Manual includes a section on OAMT services (<i>Section 6f</i>)				
All pharmacy staff have access to the references required by the Standards (<i>Section 6h</i>)				
Adequate security measures are in place to address the potential risks associated with provision of OAMT				
A naloxone kit is on-hand for opioid overdose emergencies				
The practice standards outlined in the <i>Standards of Practice</i> ARE MET including:				
ALL pertinent information and documentation is collected prior to administering OAMT to a patient (e.g. discussion with prescriber, physician-pharmacist agreement, history from previous pharmacy is obtained, if applicable)				
Verbal discussion occurs with patient about OAMT services and a patient-pharmacist agreement is in place for clarification				
OAMT medications (including prepared doses for patients) are stored in a secure location at all times (i.e. during hours of operation and when the pharmacy is closed for business)				
ALL doses that require witnessing of ingestion are witnessed by a PHARMACIST; authorized take-home doses are given directly to the patient by a PHARMACIST; ALL administration activities are accurately recorded in a patient's Administration Log				
ALL methadone doses are prepared using an unflavoured, commercially-prepared 10 mg/mL solution and doses are measured using a device that has an accuracy of +/- 0.1 mL				
ALL missed doses and medication incidents are appropriately reported to the prescriber				
ALL documentation required by the Standards is retained in a readily accessible format for a minimum of 10 years.				

NON-STERILE COMPOUNDING (SOPP: Standards for Pharmacy Compounding of Non-Sterile Preparations)				
Please indicate the level of compounding services (A,B,C) offered by the pharmacy				
A compounding supervisor for non-sterile compounding is in place (INCLUDE THE IDENTITY IN THE COMMENTS)				
Relevant pharmacy staff have reviewed the Standards for non-sterile compounding and the related guidance document and implementation schedule				
A self-assessment of the pharmacy's non-sterile compounding activities has been completed and an action plan established for implementing the standards by the required dates (A copy of the completed self-assessment and implementation plan is available for review by NLPB)				

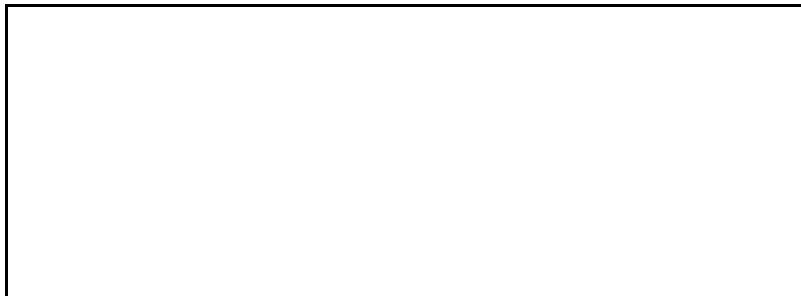
	Compliant			Comments
	Yes	No	N/A	
STERILE COMPOUNDING (SOPPs: Standards for Pharmacy Compounding of Hazardous Sterile Preparations AND Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations)				
Please indicate the level of compounding services (hazardous, non-hazardous) offered by the pharmacy				
A compounding supervisor for sterile compounding is in place (INCLUDE THE IDENTITY IN THE COMMENTS)				
Pharmacy staff have reviewed the Standards for sterile compounding that are applicable to the pharmacy's activities				
A self-assessment of the pharmacy's non-sterile compounding activities have been completed and an action plan is established for implementing the standards by the required dates (A copy of the completed self-assessment and implementation plan, including progress updates, is available for review by NLPB)				

PRESCRIPTION LABELS

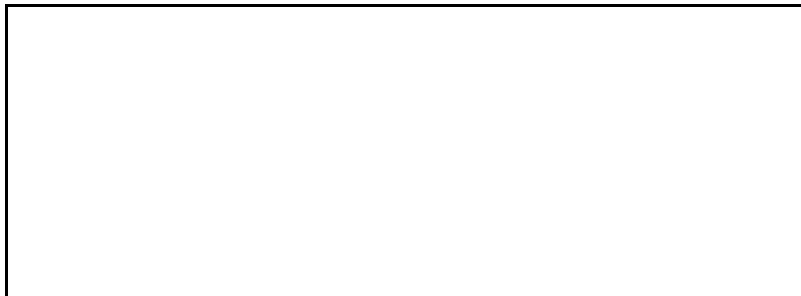
Please attach a copy of a de-identified REGULAR prescription label:



Please attach a copy of a de-identified MULTI-INGREDIENT (i.e. COMPOUND) prescription label:



If applicable, please attach example(s) of de-identified WITNESSED DOSE prescription labels for Opioid Agonist Maintenance Treatments (methadone, buprenorphine/naloxone, slow-release oral morphine):



If applicable, please attach example(s) of de-identified TAKE-HOME DOSE prescription labels for Opioid Agonist Maintenance Treatments (methadone, buprenorphine/naloxone, slow-release oral morphine) (including required auxiliary):



REFERENCE LIBRARY

Pharmacies are REQUIRED to have access to at least one reference from each of the following categories:

Category	Versions	Please select (circle or underline) the reference your pharmacy has available	Y/N
Canadian Compendium	current year's edition	Compendium of Pharmaceuticals & Specialties (CPS)	
Complementary/ Alternative/ Natural Health	current edition or within the last 4 years	AltMedDex® System, Lexi-Natural Products, Natural Medicines Comprehensive Database, The Review of Natural Products	
Drug Interactions	current year's edition or previous year's edition with continuous updates	Drug Interactions Analysis & Management, Drug Interaction Facts, Drug-Reax® System, Evaluations of Drug Interactions, Lexi-Drug Interactions	
General Drug Information Reference	current edition or next to current edition	AHFS Drug Information, Drug Facts & Comparisons, DrugDex® System, Lexi-Drug Information	
Medical Dictionary	within the last 10 years	<i>Dorland's</i> , <i>Mosby's</i> , <i>Stedman's</i> , <i>Tabor's</i> or any equivalent professional medical dictionary	
Minor Ailments	current edition	BOTH Compendium of Therapeutics for Minor Ailments (formerly Patient Self-Care) AND Compendium of Products for Minor Ailments (formerly Compendium of Self-Care Products)	
Pediatrics	within the last 4 years	Lexi-Pediatric and Neo-Natal Dosage Handbook, Sick Kids Drug Handbook and Formulary	
Pregnancy and Lactation	within the last 3 years	Drugs in Pregnancy and Lactation, <i>Briggs</i> , Lexi-Pregnancy and Lactation	
Therapeutics	within the last 4 years	Applied Therapeutics: The Clinical Use of Drugs, <i>Koda-Kimble</i> , Clinical Pharmacy and Therapeutics, <i>Walker</i> , <i>Compendium of Therapeutic Choices</i> , Pharmacotherapy: A Pathophysiologic Approach, <i>DiPiro</i> , Textbook of Therapeutics: Drug & Disease Management, <i>Helm</i>	
Regulatory Information	current access to the NLPB website including the NLPB Pharmacy Practice Manual, newsletters and advisories		
Pharmacy Professional Journals	current subscriptions to at least three relevant pharmacy journals (e.g. Canadian Pharmacists Journal, Pharmacy Practice+, The Pharmacist's Letter)		

The following references are also RECOMMENDED for all pharmacies:

Category	Please select (circle or underline) the reference your pharmacy has available	Y/N
Compounding	Sick Kids Pharmacy Compounding Service website (http://www.sickkids.ca/pharmacy/compounding-service/index.html)	
Geriatrics	Lexi-Geriatric Dosage Handbook	
Lactation	LactMed website (toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT), Medications and Mother's Milk (www.ibreastfeeding.com), Motherisk website (www.motherisk.org)	
Pharmacology	Basic & Clinical Pharmacology, <i>Katzung</i> , Goodman & Gillman's The Pharmacological Basis of Therapeutics, <i>Brunton</i>	
Other	Clinical Handbook of Psychotropic Drugs, <i>Bechlibnyk-Butler</i> , Lexi-Infectious Diseases, Remington: The Science and Practice of Pharmacy, Sanford Guide to Antimicrobial Therapy	

REFERENCE LIBRARY (continued)

The following additional references are REQUIRED for pharmacies participating in specific practice areas:

Category	References	Y/N
For pharmacies providing administering drug therapy by inhalation or injection	Canadian Immunization Guide (www.phac-aspc.gc.ca/im/professionals-professionnels-eng.php)	
	Newfoundland and Labrador Immunization Manual (www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization)	
For pharmacies providing opioid dependence treatment services	CAMH Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline (https://www.porticonetwork.ca/documents/507864/0/buprenorphin+guideline+2012/ef7d9c7a)	
	Canadian Research Initiative in Substance Misuse (CRISM) National Guidelines for the Clinical Management of Opioid Use Disorder (https://crism.ca/projects/opioid-guideline/)	
	College of Physicians of Newfoundland and Labrador (CPSNL) Methadone Maintenance Treatment Standards and Guidelines	
	CPSNL Practice Guideline: Suboxone® for Opioid Dependence (https://www.cpsnl.ca/web/files/2017-06-21%20-%20Suboxone%20(Practice%20Guideline).pdf)	
	A Guideline for the Clinical Management of Opioid Use Disorder, British Columbia Centre on Substance Use (http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUDGuidelines_June2017.pdf)	
	Opioid Agonist Maintenance Treatment, 3rd edition (http://storecamh.myshopify.com/collections/english-anglais/products/p6500)	

WORKFLOW CHECKLIST

Please complete the following checklist to assess the safety, effectiveness and efficiency of the workflow in your pharmacy. The checklist will be further discussed during the onsite assessment.

	Yes	No	N/A	COMMENTS
Does the pharmacy have designated work areas for order entry, packaging, checking, and counseling and prescription pick-up?				

ORDER ENTRY

	Yes	No	N/A	COMMENTS
Is the entry area relatively free of distractions, noise and clutter?				
Is basic patient information obtained for every patient before dispensing a prescription? (full name, DOB, address, telephone number(s), gender, insurance information, physician's name, allergies, current medications, vitamins, OTC's, medical conditions, pregnancy, smoking status, recreational drug use, etc.)?				
Is a standard process in place to ensure medications are dispensed to the correct patient (verifying by address/phone #/ DOB/MCP)?				
Is the clinical indication for each medication dispensed noted to determine appropriateness and to distinguish between medications with look-alike names?				
Is a system in place at entry to screen and detect drugs to which a patient is allergic?				
Is a system in place at entry to screen prescription orders against the current patient profile for potential contraindications, interactions, duplications and appropriateness of frequency and dose?				
Are insurance or pricing issues identified at the entry station?				
Are clinically significant computer warnings reviewed by a pharmacist even when a technician initially enters prescriptions in to the computer?				
Are all of the above considered when giving a patient a realistic wait time?				
Is a system in place to prioritize prescription orders?				
Is a system in place to organize prescriptions by patient?				

PACKAGING PROCESS

	Yes	No	N/A	COMMENTS
Are dispensing products easily accessible during packaging?				
Is an automated bar code verification system used to verify the pharmacy stock used matches the prescription?				
Are DIN's verified?				
Are prescriptions packaged referencing the prescription order itself AND the computer-generated label together?				
Do staff members use gloves or proper hand washing when handling loose oral solid products and prior to compounding products?				
Are only clean dispensing devices used for preparation?				
When dispensing prescriptions, do pharmacy staff work with one drug at a time and affix the label to the corresponding prescription container before working on the next prescription?				

PRESCRIPTION CHECKING PROCESS				
	Yes	No	N/A	COMMENTS
When checking prescriptions, are prescription orders reviewed for completeness and authenticity?				
When checking prescriptions, do pharmacists and pharmacy technicians assess one order at a time and complete check for each medication dispensed before working on the next prescription order?				
For all prescriptions dispensed (new and refill), does a pharmacist perform a clinical check including a review for potential contraindications, drug interactions, duplicate therapies, etc.				
Are prescription clarifications and interventions properly documented on the prescription order and/or the patient profile?				
Are refill medications checked against the original prescription order?				
Does the pharmacist assess compliance when providing refills and address any drug-related problems that may pose a risk to the patient?				

PRESCRIPTION PICK-UP				
	Yes	No	N/A	COMMENTS
Is prescription check-in separated from prescription counselling?				
Is a system in place to ensure that the identity of patients/agents is verified at prescription pick-up?				
For pick-up of refilled medications, are vials opened and each refill medication shown to the patient for verification of appearance?				
Is a system in place to alert pharmacy staff that a pharmacist needs to speak with a patient upon prescription pick-up?				
Does the pharmacist provide counselling to patients/caregivers to educate them about the name of the drug, its purpose, prescribed dose, directions for use, the expected benefits and potential risks, and important safety concerns, before dispensing all new medications?				
Does the pharmacist inquire about the patient's understanding of the purpose of new medications or refills and are patient questions/concerns addressed?				
When dispensing oral liquid medications, is a proper measuring device provided and the patient/caregiver shown how to use it?				
Are patients instructed on the proper use of devices provided by appropriate pharmacy staff? (blood glucose monitors, spacers for inhalers, etc.)				
If a patient's agent picks up a prescription, is every effort made to contact the patient directly for counseling?				
Is up-to-date useful written information provided to patients about prescriptions that they are receiving?				
Are all counseling activities documented?				

DISTRACTIONS				
	Yes	No	N/A	COMMENTS
Do pharmacy staff members have assigned roles during a shift to manage each stage of prescription processing, phone calls, patient questions, etc.?				
Is a system in place to prioritize patient questions along with prescription orders?				
Does patient counseling take place in a suitable private area with minimal distractions?				

