

# Community Pharmacy Notification of Temporary Closure

## Overview

1. Operators who wish to temporarily close an accredited pharmacy for a period exceeding three (3) days on which the pharmacy would ordinarily be open, shall notify the Registrar using the Notification of Temporary Closure form in advance of a planned closure, or immediately after the closure, in the case of an unplanned closure.
2. Temporary closures may not exceed three (3) months unless otherwise approved by the Registrar.
3. Should the re-opening date change, the pharmacy must notify the College, in writing, upon the new re-opening date becoming known or of a delay to the re-opening.
4. The Designated Manager is responsible for the security of scheduled I, II & III drugs throughout the period of closure. [POLICY -- Medication Procurement and Inventory Management](#); [Narcotic Control Regulation](#).
5. The Designated Manager is responsible for the security of personal health information throughout the period of closure. [Personal Health Information Protection Act, s13](#); OCP Guideline -- [Record Retention, Disclosure, and Disposal](#)
6. Patients must continue to be able to access their records. Reasonable efforts must be made to notify patients before the closure or, if that is not reasonably possible, as soon as possible thereafter.
  - a. All patients with prescriptions prepared and awaiting pick up should be contacted, advised of the closure, and given the opportunity to obtain their prepared prescriptions or make other arrangements.
  - b. Notices to the public should include details of the closure, location of alternate pharmacies, emergency contact number (if available), and any other information to facilitate continuity of care. Examples of notification methods include:
    - Posted signs in and around the pharmacy, including nearby medical clinics
    - Outgoing voicemail message
    - Websites and social media, if applicable
    - Local media
    - Road signs

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## Pharmacy Information

<b>A</b>	Name of Pharmacy (as known to the public):	Accreditation Number:
	Municipal Address:	Phone number:

## Details of Closure

<b>B</b>	Contact name:		<input type="checkbox"/> Designated Manager <input type="checkbox"/> Director Liaison	
	Contact email during closure:		Contact phone number during closure:	
	Date of closing (DD-MON-YYYY):	<input type="checkbox"/> Anticipated <input type="checkbox"/> Definite	Date of re-opening (DD-MON-YYYY):	<input type="checkbox"/> Anticipated <input type="checkbox"/> Definite
	Reason for closure:			

## Declaration

<i>To be completed by the Owner/Designated Manager of the pharmacy</i> I acknowledge my professional obligations as outlined in the overview. I agree to notify the College when the pharmacy has reopened.		
Signature of Owner/Designated Manager:	OCP Number:	Date:
Email:	Phone number:	

Submit completed form by email to [pharmacyapplications@ocpinfo.com](mailto:pharmacyapplications@ocpinfo.com),  
or by fax to 416-847-8399,  
or by mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4