Ontario College of Pharmacists
Putting patients first since 1871

Notification of Temporary Pharmacy Closure

Overview

1. The Designated Manager who temporarily closes a pharmacy must file a Notification of Temporary Pharmacy Closure with the College at least 7 days in advance of a planned closure, or immediately, in the case of an unplanned closure.

2. 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* s43.

3. 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*

4. 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:
      - 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

A

Name of Pharmacy (as known to the public):	Accreditation Number:
Municipal Address:	Phone number:

Details of Closure

B

Contact name:		❑ Designated Manager ❑ Director Liaison
Contact email during closure:	Contact phone number during closure:	
Date of closing (DD-MON-YYYY): ❑ Anticipated ❑ Definite	Date of re-opening (DD-MON-YYYY): ❑ Anticipated ❑ Definite	
Reason for closure:		

Declaration

To be completed by the Owner/Designated Manager of the pharmacy

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,
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