

Community Pharmacy Assessment Criteria

The following chart outlines the community pharmacy operations assessment criteria that are used by Community Operations Advisors (COAs) when conducting a community pharmacy assessment. The document is divided into categories and for each category specific standards, which have been taken from relevant legislation, policies, guidelines or standards of practice, are identified with a link to the appropriate reference. The guidance section illustrates specific insights or activities required to ensure adherence to the standard and is provided to assist Designated Managers and Pharmacy Staff in understanding expectations and preparing for a pharmacy assessment.

If you have received notice of an upcoming assessment, complete this document and have it ready to share with your COA when they visit. Ensure all staff members are aware of where the completed form is located should you not be present on the date the COA visits. For each standard, check the guidance that your pharmacy has in place and work on achieving the remaining criteria prior to the COA visit. Educational/ Informational resources are also listed in the Guidance Column to assist you and your pharmacy in preparing for your upcoming assessment or to ensure that your pharmacy is up to standard.

Category: General	
STANDARD	GUIDANCE
<p>The name of the Designated Manager or certificate of registration is clear and displayed in the Pharmacy.</p> <p>Reference: DPRA, s.146 (3); OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The name of the Designated Manager or certificate of registration must be clear and displayed in the Pharmacy. The DM certificate template is available on the OCP website.</p> <p><input type="checkbox"/> The College must be notified of a change in Designated Managers. The Acknowledgement of <i>Change of Designated Manager</i> Form can be found on the OCP website.</p>
<p>There has been no material change to the size or physical layout since the certificate of accreditation was issued other than a change that was approved by the College.</p> <p>Reference: DPRA, O. Reg. 264/16, s.19; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The changes in the accredited area that occurred must be forwarded to the College using a <i>Notice of Renovation</i> Form located on the OCP website.</p>
<p>All required signs are displayed as per legislation.</p> <p>Reference: DPRA, O. Reg. 264/16, s.19; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The Point of Care symbol in its unaltered trademarked form must be prominently and appropriately displayed so as to be easily visible to the public either before entering the Pharmacy or immediately after entering.</p> <p><input type="checkbox"/> The <i>Notice to Patient</i> sign must be posted in an area where it can be easily seen by a person presenting a prescription.</p>

	<input type="checkbox"/> The <i>Usual and Customary Fee</i> sign must be posted in an area where it can be easily seen by a person presenting a prescription.
	<input type="checkbox"/> The Point of Care symbol can be ordered by sending an email to FOS@ocpinfo.com .
	<input type="checkbox"/> The <i>Notice to Patient</i> and <i>Usual and Customary Fee</i> signs can be ordered by sending an email to FOS@ocpinfo.com .
	<input type="checkbox"/> The College must be notified of a change in Dispensing Fee. Please send an email to pharmacyapplications@ocpinfo.com .
	<input type="checkbox"/> Pharmacy Staff should review the Policy - <i>Required Signage in a Pharmacy</i> located on the OCP website.
<p>The designated manager understands his/her role and responsibilities with respect to the accreditation and management of the pharmacy, including medication procurement and inventory management, supervision of pharmacy personnel, and required signage.</p> <p>Reference: DPRA, O. Reg 264/16, Part II; SOP for Schedule II and III Drugs; OCP Standards of Operation for Pharmacies</p>	<input type="checkbox"/> The designated manager must understand his/her role and responsibilities with respect to the accreditation and management of the pharmacy, including medication procurement and inventory management, supervision of pharmacy personnel, and required signage.
	<input type="checkbox"/> The Designated Manager should review the College’s Designated Manager (DM) e-Learning module, which provides an overview of the key responsibilities of a Designated Manager, in order to have a better understanding of their responsibilities.

Category: Drug Schedules	
STANDARD	GUIDANCE
<p>Drugs will be located in an area of the Pharmacy consistent with the appropriate drug schedule classification and support approval/interaction with a pharmacy professional, as required.</p> <p>Reference: DPRA, O. Reg 264/16, Part II; SOP for Schedule II and III Drugs; OCP Standards of Operation for Pharmacies</p>	<input type="checkbox"/> The Pharmacist must be physically present in the Pharmacy at the time of the sale of a Schedule I, II or III drug. <input type="checkbox"/> All Schedule II drugs must be sold from the dispensary, where there is no public access and no opportunity for patient self-selection, after assessment by a Pharmacist. <input type="checkbox"/> The Pharmacy must develop a process to enable Pharmacists to determine the appropriateness of Schedule II and III products for the patient in order to optimize therapeutic outcomes including a monitoring plan. <input type="checkbox"/> Schedule III drugs must be available for sale in the Pharmacy from the dispensary or from an area within 10 meters of the dispensary. A Pharmacist or Intern must be available for consultation with the patient.

- The Designated Manager shall ensure that pharmacy personnel are knowledgeable regarding the necessity of Pharmacists to consult with patients about Schedule II products.
- Over the Counter Narcotics must not be visible to the public.
- Pharmacy Staff should review the Supplemental Standards of Practice for Schedule II and Schedule III Drugs located on the OCP website.
- Pharmacy Staff should review the National Drug Schedules located on the National Association of Pharmacy Regulatory Authorities (NAPRA) website (www.napra.ca) regularly for product scheduling.
- Pharmacy Staff should review the content on the sales on non-approved marketed health products located on the OCP website.
- Pharmacy Staff should review the content on drug schedule changes located on the OCP website.

Category: Standards for Accreditation

STANDARD

The Pharmacy and dispensary is designed, constructed and maintained to ensure the integrity and safe and appropriate storage of all drugs and medications and to permit optimal work flow management.

Reference: [DPR, O. Reg 264/16, Part IV; Opening a Pharmacy Checklist; OCP Standards of Operation for Pharmacies](#)

GUIDANCE

- The Pharmacy floor area must not be less than 18.6m² (200 ft²).
- The Pharmacy must have a separate and distinct patient consultation area offering "acoustical privacy".
- The Pharmacy is constructed and maintained in a manner that protects the privacy, dignity and confidentiality of patients and the public who receive pharmacy services.
- The dispensary must be designed, constructed and maintained so that it is not accessible to the public.
- The dispensary floor area must not be less than 9.3 m² (100 ft²).
- The dispensary must have a minimum work surface area of 1.12m² (12ft²) for preparation, dispensing and compounding of drugs adequate for the safe and appropriate operation of the Pharmacy.
- The dispensary must have a sink with hot and cold running water adequate for the safe and appropriate operation of the Pharmacy.
- The Pharmacy has a process in place to ensure the regular cleaning of the pharmacy, including all premises, furniture, equipment and appliances, and automated pharmacy systems, if any.
- The Pharmacy and dispensary are maintained to ensure the integrity and the safe and appropriate storage of all drugs and medications; including, the proper conditions of sanitation, temperature, light, humidity, ventilation,

	segregation and security.
<p>The Pharmacy has the appropriate layout, equipment and technology to support practice.</p> <p>Reference: DPRA, O. Reg 264/16, s.19 & 22; Opening a Pharmacy Checklist; OCP Standards of Operation for Pharmacies</p>	<input type="checkbox"/> The Pharmacy is designed to permit optimal work flow management, mitigate risk, support patient care and maintain safe and effective drug distribution while providing healthcare and services to patients.
	<input type="checkbox"/> The Pharmacy must have a computer system that includes technology necessary for the storage and retrieval of all documents associated with the practice of pharmacy.
	<input type="checkbox"/> The Pharmacy has accessible and appropriate resources available that enables practicing members to utilize the necessary resources to make therapeutic decisions.
	<input type="checkbox"/> The Pharmacy must have access to the current required references as listed in the Required Reference Guide for Ontario Pharmacies located on the OCP website.
	<input type="checkbox"/> The Pharmacy has accessible and appropriate references available that enables practicing members to utilize the necessary resources to support the delivery of patient care.
	<input type="checkbox"/> The dispensary must have equipment (i.e. balance, consumable materials such as bottles, child resistant & light resistant vials, mortars & pestles, metric graduates, spatulas, ointment pad, etc.) necessary for the safe and appropriate operation of the dispensary.
	<input type="checkbox"/> The dispensary must have facilities and equipment available for the appropriate cleaning of utensils and equipment as well as a separate hand washing facility.
	<input type="checkbox"/> The dispensary must have a device that has the ability to accurately display the temperature inside the refrigerator.
	<input type="checkbox"/> All refrigerators that store medication must be secure and be maintained at a temperature between 2 and 8 degrees C.
	<input type="checkbox"/> The dispensary must have a refrigerator that is of sufficient size to store only drugs (no food).
	<input type="checkbox"/> The Pharmacy is constructed and maintained in a manner that protects the privacy, dignity and confidentiality of patients and the public who receive pharmacy services.
	<input type="checkbox"/> The Pharmacy must have procedures in place to ensure proper calibration and maintenance schedules are maintained for equipment used within the dispensary.
	<input type="checkbox"/> Pharmacy Staff should be familiar with the Policy and Articles (Part 1 & 2) - Protecting the Cold Chain located on the OCP website.
<input type="checkbox"/> The Designated Manager is responsible for ensuring all medications found in the refrigerator during a temperature variance are appropriate to dispense.	

- The Designated Manager should review the Pharmacy Practice Management Systems (PPMS) Requirements and Supplemental Requirements.

Category: Standards of Operation

STANDARD	GUIDANCE
<p>The Pharmacy has operational processes in place to ensure the safe handling, storage, and monitoring of medications to ensure patient safety.</p> <p>Reference: DPRA, O. Reg 264/16, s.19; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The Pharmacy must have processes in place to ensure that dispensing is done under sanitary conditions (no direct contact with medications dispensed) and supplied to the patient safely.</p>
	<p><input type="checkbox"/> The Pharmacy must have processes in place to ensure medications are stored in a safe, secure and appropriate manner and location prior to dispensing.</p>
	<p><input type="checkbox"/> The Pharmacy must have processes in place to ensure Oral Anti-Cancer Drugs (OACD) are stored and handled by staff in a safe, secure and appropriate manner and location prior to dispensing.</p>
	<p><input type="checkbox"/> The Pharmacy must have a process to safely and securely remove expired/outdated prescription medications and chemicals (used for compounding) from the dispensing process (including automated packaging machines) and dispose of them in a timely manner.</p>
	<p><input type="checkbox"/> The Pharmacy must have a process to safely and securely remove and dispose of expired/outdated non-prescription medications from the pharmacy.</p>
	<p><input type="checkbox"/> The Pharmacy must have a process in place to ensure medications are obtained from a reputable source.</p>
	<p><input type="checkbox"/> The Pharmacy must have a process in place for proper labelling and storage of repackaged and return to stock medications prior to dispensing.</p>
	<p><input type="checkbox"/> Pharmacy Staff should review the article Implementing the Safe Handling of Oral Anti-Cancer Drugs (OACDs) in Community Pharmacies located on the OCP website.</p>
	<p><input type="checkbox"/> The Designated Manager should review the information about the Ontario Medications Return Program (OMRP) – a program for the responsible disposal of health products returned by the public: http://healthsteward.ca/pharmacists/.</p>
	<p><input type="checkbox"/> The Designated Manager should review the Policy - Medication Procurement and Inventory Management located on the OCP website.</p>
<p><input type="checkbox"/> The Designated Manager should review the Standards of Operation available on the OCP website.</p>	

The Pharmacy has systems and procedures in place to ensure the security of controlled substances according to national guidelines and provincial requirements.

Reference: [NCR, s. 42 & 43](#); [OCP Standards of Operation for Pharmacies](#)

- The Pharmacist must be responsible for ensuring that Narcotics in the Pharmacy are secure. Safeguards include performing a narcotic reconciliation on a regular basis (at least every 6 months), with a change in Designated Manager and after a theft or robbery.
- The Pharmacist must be responsible for ensuring that Controlled Drugs in the Pharmacy are secure. Safeguards include performing a controlled drugs reconciliation on a regular basis (at least every 6 months), with a change in Designated Manager and after a theft or robbery.
- The Pharmacist must be responsible for ensuring that Targeted Substances in the Pharmacy are secure. Safeguards include performing a targeted substances reconciliation on a regular basis (at least every 6 months), with a change in Designated Manager and after a theft or robbery.
- The Pharmacist must take steps to identifying forgeries. Loss, theft and forgeries of Narcotics/Controlled Drugs/Targeted Substances must be reported to Health Canada-Office of Controlled Substances in Ottawa within 10 days. Please refer to the Fact Sheet located on the OCP website.
- The Pharmacy staff must follow the obligations outlined in the Safeguarding our Communities Act (Patch for Patch Return Policy). The pharmacy staff should review the Fact Sheet - *Patch-For-Patch Fentanyl Return Program* located on the OCP website.
- The Pharmacist must take steps to thoroughly investigate every discrepancy identified during a reconciliation and to ensure that full documentation is available in a readily retrievable manner.
- Discrepancies were identified during the narcotic reconciliation
- Discrepancies were identified during a random review of narcotic & controlled prescriptions.
- Pharmacy Staff should review the Opioid Policy located on the OCP website.
- Pharmacy Staff should review the Guidance - Dispensing or Selling Naloxone located on the OCP Website.
- Pharmacy Staff should review the Fact Sheet - Narcotic Reconciliation and Security and Video - Narcotic Reconciliation located on the OCP website.
- Pharmacy Staff should review the Fact Sheet – Forgery: Tips for Identifying Fraudulent Prescriptions and the Fact Sheet – Forgery: Management and Reporting of Fraudulent Prescriptions.
- Pharmacy Staff should review the Fact Sheet - Destruction of Narcotics, Controlled Drugs and Targeted Substances located on the OCP website.
- Pharmacy Staff should review the Fact Sheet — Narcotic Purchases on the OCP website.
- Pharmacy Staff should review the content on safety and security for pharmacies located on the OCP website.

	<p><input type="checkbox"/> Pharmacy Staff should review the information and resources contained in the Opioids Practice Tool located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Health Canada guidance for the handling and destruction of post-consumer returns containing controlled substances.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Health Canada Guidance Document for Pharmacists and Dealers Licensed to Destroy Narcotics, Controlled Drugs or Targeted Substances: Handling and Destruction of Post-consumer Returns Containing Narcotics, Controlled Drugs or Targeted Substances for the handling and destruction of post-consumer returns containing controlled substances.</p> <p><input type="checkbox"/> The Designated Manager must review the Narcotic Sales Report.</p> <p><input type="checkbox"/> The Pharmacy should have access to the National Pain Centre's 2017 Canadian Guideline for Opioids for Chronic Pain (http://nationalpaincentre.mcmaster.ca/guidelines.html).</p>
<p>The Pharmacy has operational processes in place to ensure when prescriptions are delivered (or mailed), that they are both auditable and/or traceable with a receipt for the prescription signed by the patient or patient's agent.</p> <p>Reference: DPRA, s. 152; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The Pharmacy must have a process in place to ensure all prescriptions if sent through the mail are sent only by registered mail or, if delivered by another method, are delivered in a method that is traceable and auditable.</p> <p><input type="checkbox"/> The Pharmacy must have a process in place to ensure confidentiality of all delivered prescriptions.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Fact Sheet - <i>Delivery of Prescriptions</i> located on the OCP website.</p>
<p>The pharmacy has implemented the AIMS, Assurance and Improvement in Medication Safety program in a manner that supports pharmacy professionals in meeting the requirements under the supplemental Standard of Practice.</p> <p>Reference: OCP AIMS program supplemental Standard of Practice; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The Designated Manager must ensure that all pharmacy staff have completed the required e-training modules within the AIMS Pharmapod platform.</p> <p><input type="checkbox"/> Record: The Pharmacy must have a process in place to enable the recording on all incidents and near misses by pharmacy staff in the platform.</p> <p><input type="checkbox"/> The Pharmacy must have a process in place to analyze individual pharmacy incidents and near misses in a timely manner for causal factors to reduce the likelihood of recurrence.</p> <p><input type="checkbox"/> Share Learnings: The Pharmacy must have a process in place to enable the prompt communication of appropriate details and actions taken of a medication incident or near miss to all pharmacy staff.</p> <p><input type="checkbox"/> Analyze: The Pharmacy must have a process in place to utilize information (e.g. reports in the platform) to guide the development of quality improvement initiatives.</p> <p><input type="checkbox"/> The Pharmacy must have a process in place to implement appropriate steps to minimize the likelihood of incident recurrence.</p>

	<input type="checkbox"/> Document: The Pharmacy must have a process in place to document Continuous Quality Improvement (CQI) plans and outcomes.
	<input type="checkbox"/> The Pharmacy must have a process in place to communicate Continuous Quality Improvement (CQI) plans and outcomes with staff.
	<input type="checkbox"/> Monitor: The Pharmacy must have a process in place to monitor outcomes of Continuous Quality Improvement (CQI) plans and improvements implemented.
	<input type="checkbox"/> The Pharmacy must have a process in place to complete the Pharmacy Safety-Self Assessment (PSSA) (within the first year then at least every 2-3 years).
	<input type="checkbox"/> Pharmacy Staff should review the content of the AIMS program located on the OCP website.
	<input type="checkbox"/> Pharmacy Staff should review the quarterly AIMS Response Team bulletin located on the OCP website.
<p>The Pharmacy has a process to facilitate the reporting of adverse reactions.</p> <p>Reference: OCP Standards of Operation for Pharmacies</p>	<input type="checkbox"/> The Pharmacy must develop a process to report adverse reactions involving medications, both prescription and nonprescription, natural health products and vaccines.
	<input type="checkbox"/> The Pharmacy must develop a process that includes a framework to support Pharmacy Staff in their obligation to report adverse reactions including prescription and non-prescription medications, natural health products, and vaccines.
<p>The pharmacy has operational processes in place to ensure that infection prevention and control practices are adhered to.</p> <p>Reference: OCP Standards of Operation for Pharmacies</p>	<input type="checkbox"/> The Pharmacy should have a policy in place to address infection prevention and control (IPAC) procedures that are in place at the pharmacy.
	<input type="checkbox"/> The pharmacist shall review Infection Control for Regulated Healthcare Professionals: Pharmacists Edition on the OCP website.
	<input type="checkbox"/> The pharmacy staff are aware of Infection Prevention and Control (IPAC) resources on the Public Health website.
	<input type="checkbox"/> The pharmacy staff understand how and when to contact the Infection Control Professional or Public Health.

Category: Standards of Practice

STANDARD	GUIDANCE
<p>The Pharmacy has organized staffing and workflow to enable the Pharmacist to fulfill standards of practice and to optimize patient care.</p> <p>Reference: Model Standards of Practice for Canadian Pharmacists 48; OCP Standards of Operation for Pharmacies</p>	<input type="checkbox"/> The Pharmacy must have an environment and workflow process in place, including the provision of equipment and systems, which are necessary for the members to practice to their full scope and meet the standards of practice of the profession.
	<input type="checkbox"/> The Pharmacy must have an environment and workflow process in place, including the provision of appropriate staffing, that are necessary for the members to practice to their full scope and meet the standards of the practice of the profession.
	<input type="checkbox"/> The Pharmacy must have an environment and workflow process in place, including access to resources and training, that are necessary for the members to practice to their full scope and meet the standards of the practice of the profession.
	<input type="checkbox"/> The Pharmacy must have workflow processes in place to ensure accuracy in dispensing for patient safety.
	<input type="checkbox"/> The Pharmacy must have workflow processes in place to ensure prescription records are authorized at the time of dispensing and prior to release to the patient.
	<input type="checkbox"/> The Pharmacy must have workflow processes in place to ensure dispensing records are stored in such a manner that they are readily retrievable.
	<input type="checkbox"/> The Pharmacy must have workflow processes in place for pharmacy staff to ‘flag’ issues or opportunities to discuss with the patient such as: drug interactions, adherence, dosage changes, duplication of therapy, any other drug therapy problem or counselling to improve outcomes.
	<input type="checkbox"/> The Pharmacy must develop a process for staff to gather relevant information to ensure patient files are complete and comprehensive including information such as indication, allergies, medical conditions, prescription history, use of over the counter/natural health products and changes to health status.
	<input type="checkbox"/> The Pharmacy must develop a process for staff to gather relevant information for new prescriptions to ensure patient files are complete and comprehensive including information such as indication, allergies, medical conditions, prescription history, use of over the counter/natural health products and changes to health status.
	<input type="checkbox"/> The Pharmacy must develop a process for staff to gather relevant information on refill prescriptions to ensure patient files are complete and comprehensive including information such as changes to allergies, medical conditions, prescription history, use of over the counter/natural health products, changes to health status and indication.
<input type="checkbox"/> The Pharmacy must have a workflow process in place to ensure that opportunities for pharmacists to perform patient assessment, decision-making and communication are not bypassed. There must be a process in place,	

and adhered to, that ensures that the Pharmacist is alerted to these opportunities.

The Pharmacy must have a process in place to ensure all pharmacy staff members and trainees are provided with the appropriate level of supervision and/or delegation on a regular & ongoing basis.

The Pharmacy must have processes and procedures in place to support the safe and appropriate assessment and delivery of vaccines.

The Pharmacy must have operational policies and procedures in place that ensures that pharmacy professionals comply with their professional and legal obligations and are empowered to exercise professional judgement to optimize patient care.

The Pharmacy must develop a process to ensure a therapeutic check is conducted for patients receiving refill prescriptions, both on a regular basis and each time there is a change to the patient's medication regimen or health status to ensure ongoing appropriateness of therapy.

The Pharmacy must have processes and procedures in place to support transitions of care between hospital and community settings including proper medication reconciliation.

The Pharmacy must develop a process to ensure a therapeutic check is conducted for patients using multi-medication compliance aids, both on a regular basis and each time there is a change to the patient's medication regimen or health status to ensure ongoing appropriateness of therapy. This includes PRN medications.

Pharmacy Staff should review the Model Standards of Practice for Pharmacists located on the OCP website.

Pharmacy Staff should review the Fact Sheet - Supervision of Pharmacy Students & Interns located on the OCP website.

Pharmacy Staff should review the Code of Ethics located on the OCP website.

The Designated Manager should review the Policy - Professional Supervision of Pharmacy Personnel located on the OCP website.

The Designated Manager should review the Policy - Centralized Prescription Processing (Central Fill) located on the OCP website.

<p>The Pharmacy has integrated Pharmacy Technicians to fulfill standards of practice and to optimize patient care.</p> <p>Reference: Model Standards of Practice for Pharmacy Technicians; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> Pharmacy Technicians must not perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use.</p> <p><input type="checkbox"/> The Pharmacy must develop a process for the Pharmacy Technician to ensure a therapeutic check by a Pharmacist has occurred before a new prescription is released to the patient.</p> <p><input type="checkbox"/> The Pharmacy must develop a process for the Pharmacy Technician to ensure a therapeutic check by a Pharmacist has occurred before a refill prescription is released to the patient.</p> <p><input type="checkbox"/> Pharmacy Staff should review the information on the Pharmacy Technicians Practice Tools page located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Model Standards of Practice for Pharmacy Technicians located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the content on integrating Pharmacy Technicians into community practice located on the OCP website.</p>
<p>Prescriptions received and documentation of services provided by the Pharmacy are complete, authentic and meet all legal and professional requirements.</p> <p>Reference: Model Standards of Practice for Canadian Pharmacists 1.36 - 1.42; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The Pharmacy must ensure prescriptions originate from the prescriber and authenticity is established.</p> <p><input type="checkbox"/> The Pharmacy must ensure that verbal prescriptions and authorizations include the date received, the name of member who received the verbal direction and the amount (including refills) prescribed.</p> <p><input type="checkbox"/> The Pharmacy must ensure prescription transfers meet all the requirements listed in the Drug and Pharmacies Regulation Act (DPRA).</p> <p><input type="checkbox"/> Pharmacy Staff should review the Policy – <i>Faxed Transmission of Prescriptions</i> located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Policy - <i>Medical Directives and the Delegation of Controlled Acts</i> located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Policy - <i>Treating Self and Family Members</i> located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Guideline - <i>Preventing Sexual Abuse and Harassment</i> located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Position Statement - <i>Authenticity of Prescriptions using Unique Identifiers for Prescribers</i> located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Fact Sheet - <i>Prescription Transfers</i> located on the OCP website.</p> <p><input type="checkbox"/> Pharmacy Staff should review the <i>Prescription Regulation Summary Chart (Summary of Laws)</i> located on the OCP website</p>

<p>Prescriptions that are dispensed are accurately prepared, packaged and labelled according to legal and professional requirements.</p> <p>Reference: Model Standards of Practice for Canadian Pharmacists 1.37 - 1.42; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The Pharmacy must ensure that all prescriptions are labelled as outlined in the Drug and Pharmacies Regulation Act (DPRA) including the trading name, ownership name, address and telephone number of the Pharmacy.</p> <p><input type="checkbox"/> The Pharmacy must ensure that multi-compliance aids are labelled as per OCP Guideline including the information that would appear if each drug had been dispensed in individual vials, in addition to the description of the shape and colour of the tablet or capsule in a manner that meets the needs of the patient.</p> <p><input type="checkbox"/> Pharmacy Staff should review the Guideline - <i>Multi Medication Compliance Aids</i> located on the OCP website.</p> <p><input type="checkbox"/> The Designated Manager should review the Policy - <i>Labelling Single Entity Drugs</i> located on the OCP website.</p>
<p>Effective documentation and recordkeeping procedures are in place that protect patient confidentiality.</p> <p>Reference: DPRA, O. Reg. 264/16, s. 19, 20 & 21; OCP Standards of Operation for Pharmacies</p>	<p><input type="checkbox"/> The Pharmacy must ensure that personal health information of patients is protected as pharmacy services are received by patients.</p> <p><input type="checkbox"/> The Pharmacy must ensure that when disposing of confidential information that it be performed in a manner that ensures confidentiality.</p> <p><input type="checkbox"/> The Pharmacy must either maintain records in a paper OR an electronic format OR it is moving towards a complete electronic record. All patient records, regardless of form must be readily retrievable and maintained appropriately for a time period not less than 10 years from the last professional pharmacy service. More information can be found on the OCP website.</p> <p><input type="checkbox"/> The Pharmacy must develop a process to retrieve pertinent information regarding red flag scenarios/drug therapy problems such as drug interactions, precautions and contraindications that have been managed (through discussion with the patient and/or prescriber) for future patient assessment.</p> <p><input type="checkbox"/> The Pharmacy must have a process in place to document pertinent information in the patient record (i.e., gathered information, issues identified, decisions made, rationale and further follow up/monitoring plan) in a way that is timely, readily retrievable, saved in a standardized fashion (like in a “patient chart”) and done consistently to ensure continuity of care and that patient outcomes are optimized.</p> <p><input type="checkbox"/> The Pharmacy must develop a process to ensure that relevant information obtained during a medication review (i.e., use of other medications, over the counter products, natural health products, changes to health status and allergies) is entered into the patient record for future patient assessments.</p> <p><input type="checkbox"/> The Pharmacy must develop a process to ensure that relevant information obtained while delivering a service, which include important clinical documentation to support continuity of care, is entered into the patient record for future patient assessments.</p>

	<input type="checkbox"/> Pharmacy Staff should review the Guideline - <i>Record Retention, Disclosure and Disposal</i> located on the OCP website.
	<input type="checkbox"/> Pharmacy Staff should review the Fact Sheet - <i>Record Keeping and Scanning Requirements</i> located on the OCP website.
	<input type="checkbox"/> Pharmacy Staff should review the Fact Sheet - <i>Releasing Personal Health Information</i> located on the OCP website.
	<input type="checkbox"/> Pharmacy Staff should review the Information and Privacy Commissioner of Ontario's resource - <i>Circle of Care: Sharing Personal Health Information for Health-Care Purposes</i> located on the OCP website.
<p>The Pharmacy has processes in place to ensure that services provided are done so with appropriate equipment and facilities that protect patient's privacy while optimizing therapeutic outcomes.</p> <p>Reference: OCP Standards of Operation for Pharmacies</p>	<input type="checkbox"/> The Pharmacy must have appropriate equipment and facilities that protects the privacy and dignity of the patients and the public who receive pharmacy services (i.e. vaccination services). <input type="checkbox"/> The Pharmacy must ensure that there is a process in place that ensures all services are appropriate and safely delivered based on a review and assessment of patients' circumstances and provided in order to optimize therapeutic outcomes. (i.e. vaccination services, point of care services).

Category: Lock and Leave

STANDARD	GUIDANCE
<p>The Pharmacy has operational standards in place to ensure the Lock and Leave area completely restricts public access to all scheduled drugs.</p> <p>Reference: DPRA O. Reg 264/16, s.23</p>	<p><input type="checkbox"/> The Pharmacy must ensure that all Schedule III products are located inside the Lock and Leave area or in a locked section that is not accessible to the public in the absence of the Pharmacist.</p>

Category: Long Term Care

STANDARD	GUIDANCE
<p>The Pharmacy has policies and procedures in place to address facility specific agreements.</p> <p>Reference: Standards for Pharmacists Providing Services to Licensed Long-Term Care Facilities</p>	<p><input type="checkbox"/> The Pharmacy must have policies and procedures in place to address facility specific agreements.</p> <p><input type="checkbox"/> Pharmacy Staff should review the <i>Standards for Pharmacists Providing Services to Licensed Long-Term Care Facilities</i> located on the OCP website.</p>