

# Pharmacy Policy and Procedure Manual

Date of Last Review: \_\_\_\_\_



## **Introduction:**

This template was developed to assist Pharmacy Managers in developing a Policy and Procedure Manual that is comprehensive and practical. Most of the references used in this template may be found on the College website within the Resource Library: <https://cphm.ca/resource-library/>. The website offers information on legislated requirements, standards of practice and joint statements, current best practices, and guidelines, all of which contribute to a working knowledge of pharmacy practice in Manitoba. Pharmacists are encouraged to use the website, read Friday Five articles and Newsletters generated by the College, and actively participate in member consultations to ensure a safe and quality practice of pharmacy.

The purpose of the Policy and Procedure Manual is to provide all staff with standardized direction for daily procedures, and guidance in the event of an unexpected situation. Potential issues should be addressed in the document, as well as methods to resolve them. Your store specific manual should be useful for staff pharmacists, relief pharmacists, pharmacy technicians, and pharmacy assistants alike. The manual should serve as a tool that assists in compliance with practice standards and ensures patient safety.

**The Policy and Procedure Manual template is a suggestion only. For a complete listing of the minimum requirements for your Policy and Procedure Manual, please review the [Guideline on Minimum Pharmacy Policy and Procedure Manual](#).**

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# 1. GENERAL INFORMATION

## 1.1 Pharmacy Information

Pharmacy Name:	License Number:
Address:	
Provider Number:	Phone Number (General Line):
Doctors Line:	Fax Number
After Hours Phone (If Applicable):	Voicemail Access:
Email Address:	

### Hours of Operation:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Holidays \_\_\_\_\_

## **1.2 Staff Information**

Pharmacy Manager:

Pharmacist(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Interns/Students:

- 1.
- 2.
- 3.
- 4.

Pharmacy Technicians:

- 1.
- 2.
- 3.
- 4.

Pharmacy Assistants:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Other Staff & Positions:

### **1.3 Position Descriptions**

**Pharmacy Manager:**

**Pharmacist:**

**Pharmacy Technician:**

**Other Staff Member(s):**

## 2. OPERATIONS

### 2.1 Stock Layout (schedule II & III products): Affix diagram (Appendix A)

Counseling Areas: Affix diagram (Appendix B)

Workflow Schematic: Affix Diagram (Appendix C)

### 2.2 Cold Chain Procedure:



Dispensary Fridges:

Temperature Logs:

Delivery of Temperature Sensitive Drugs:

Process if Drugs Fail to be Delivered:

## **2.3 Inventory Suppliers**

Name and Contact Information:

Procedure for Receiving Drugs:

## **2.4 Procedures for Return to Stock (RTS):**

## **2.5 Procedure for Prescription Items Not Picked Up:**



**2.6 Delivery:**

Service used: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Storage of delivery slips:

### **3. SECURITY & PRIVACY**

#### **3.1 Pharmacy Security**

Lock and Leave Pharmacy: Yes      No

Opening and closing procedures:

Alarm Company Contact Information:

Individuals with Key(s) to Pharmacy:

Response to a Robbery:

Response to a Break and Enter:

Police Contact Information:

Camera Feed Details:

### **3.2 Patient Files**

Storage of Patient Records:

**Compliance Pearl:** the retention period for all prescription and patient records is 5 years from the date of the last activity on the record

Off-Site Storage Location:

**Compliance Pearl:**

Records may be destroyed via shredding or through a record destruction.

The prescription numbers and date of destruction must be documented on a permanent record.

Company used for record destruction:

### **3.3 Computer Information:**

Software Program:

IT Contact:

Hardware and Software Security:

Data Back-Up Procedure:

### **3.4 Patient Health Information**

#### **Confidentiality Agreements:**

Template: [PHIA Pledge of Confidentiality](#)

Process:

#### **Compliance Pearl:**

All individuals who have access to patient information must sign a confidentiality agreement and this includes staff, delivery drivers, etc.

Non-Safety Vial Documentation:

### **3.5 Lab Test Ordering**

Pharmacists with Access to eChart<sup>1</sup>:

- 1.
- 2.
- 3.
- 4.
- 5.

Documentation for tracking results:

Process for responding to **Critical Values**:

### **3.6 Facsimile and Electronic Transmission of Prescriptions**

Fax Number:

## **4. NARCOTIC MANAGEMENT SYSTEMS**

### **4.1 Safe Access:**

Physical Inventory Counts must be completed at least once every three months.

### **4.2 Narcotic Count Cycle:**

### **4.3 Loss/Theft Report Procedure:**

**Resource:**

<https://cphm.ca/practice-education/narcotic-loss-theft-and-forgery/>

### **4.4 Destruction of Narcotic and Controlled Drugs Procedure**

Process for disposing of expired medications and patient returns:

### 4.5 Provision of Opioid Agonist Therapy (OAT) Services

Pharmacist Staff who have completed OAT 101 Workshop

Pharmacist	Date Completed

Location of Patient Agreement forms:

Witnessed dose documentation:

Response to a missed dose:

Response to a Dosing Error:

**Compliance Pearl:**  
The [Opioid Agonist Therapy Guidelines for Manitoba Pharmacists](#) provide pharmacists with guidelines for appropriate management of patients receiving OAT.

#### **4.6 Dispensing of Opioids, Benzodiazepines/Z-Drugs and other Sedatives**

Process for Responding to Prescriptions that Fall Outside  
Clinical Guidelines and Acceptable Dose Ranges:

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*Resource: Companion Document  
to the CPSM Standards of Practice  
for Prescribing Opioids and  
Benzodiazepines and Z-Drugs*

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Response to Early Refill Requests:

Process for Engaging Prescribers in a Care Plan for Patients that Require Safer/Alternative  
Therapies and/or Tapering Plans:

Documentation of Communication with Patient(s) and Prescriber(s):



## **5. CLINICAL SERVICES**

### **5.1 Library:**

Clinical References:

Electronic References (include Username and Password):

### **5.2 Procedure for Preparing Drugs in Compliance Packages:**

Compliance Package System Used:

Process to Repackage Medications:

### **5.3 Documenting Counselling:**

**5.4 Prescribing:**

Include the procedure and required documentation. Assessment forms may be added as templates.

**Self-Limiting Conditions:**

Pharmacists with Certification:

Procedure:

Documentation:

**Uncomplicated Cystitis:**

Pharmacists with Certification:

Procedure:

Documentation:

**Exempted Codeine Products:**

Procedure:

Documentation:

**Schedule II & III Drugs:**

Procedure:

Documentation:

**Continuing Care Prescriptions:**

Procedure:

Documentation:

**Prescription Adaptation:**

Procedure:

Documentation:

## 6. COMPOUNDING

### 6.1 Non-Sterile Compounding

Compounding Supervisor:

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*See the [Model Standards for Pharmacy Compounding of Non- Sterile Preparations](#) for reference.*

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Level of Risk Compounding

**Level A:**

**Level B:**

**Level C:**

Location of Safety Data Sheets:

Location of Master Formulation Records:

Compounding resources:

Policies and Procedures specific to the handling of Hazardous Material (if applicable):

## **6.2 Sterile Compounding**

A separate policy and procedure manual should be maintained for pharmacies engaged in sterile compounding.

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See the [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations and Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#) for reference

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## **7. DRUG RECALLS AND WASTE MANAGEMENT**

### **7.1 Drug Recalls:**

Procedure for Handling a Drug Recall:

### **7.2 Sharps Disposal**

System used for Sharps Disposal:

## **8. MEDICATION INCIDENT AND NEAR-MISS EVENT REPORTING**

### **8.1. Staff Training**

Process for training current and new staff on the following:

- a. Medication Incidents and Near Miss Events practice direction
- b. Communication
- c. Safety IQ Pharmacy
- d. Online Incident Reporting Platform/Program

### **8.2 Discovery and Disclosure**

Staff procedures to handle an incident including the following:

- a. Procedure when incident is discovered
- b. Disclosure Process and Apology
- c. Communication and documentation with Patient/Prescriber/Staff

### **8.3 Reporting**

Name of Pharmacy Online Incident Reporting Platform/Program and Login Information:

Process for Reporting Incidents:



Process for Reporting Near Miss Events:

Documentation of Incidents and Near Miss Events:

#### **8.4 Investigation and Analysis**

Process for Communication of Incident/Near Miss with Staff:

Process for Investigating and Analyzing Incident/Near Miss:

Process for developing, documenting and monitoring action plans:

Process for communication of action plans with patients and staff:

### **8.5 Safety Self-Assessment**

Name of Safety Self-Assessment Tool used by Pharmacy:

Procedure for completing Safety Self-Assessment:

Development and monitoring of actions related to Safety Self-Assessment:

Date of last Safety-Self Assessment:

### **8.6 CQI Meetings**

Process for Conducting CQI Meeting(s):

Date of Last Meeting:

Location of Meeting Minutes:

## **9. ADVERSE REACTION REPORTING**

### **9.1 Process for reporting adverse drug reactions to Health Canada:**

## **10. EMERGENCY PREPAREDNESS**

The Emergency Preparedness Resource Kit for Pharmacists is available at the following link:

<https://cphm.ca/wp-content/uploads/Resource-Library/Guidelines/Emergency-Preparedness.pdf>