HOSPITAL PHARMACY REVIEW

Security

Legislation	Requirement(s)
Narcotic Control Regulations s.43	A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft.
PPP-47 Policy Statement #4	Targeted Substances received by the community pharmacy, hospital pharmacy department or nursing unit must be stored in a secure environment.
PODSA Bylaws s.19(4)	Every registrant practicing in a pharmacy is responsible for the protection from loss, theft or unlawful sale or dispensing of all Schedule I, II, and III drugs and controlled drug substances in or from the pharmacy.
PODSA Bylaws s.30(2)	When a hospital pharmacy or hospital pharmacy satellite is closed, the premises must be equipped with a security system that will detect unauthorized entry.

Equipment and References

Legislation	Requirement(s)
PODSA s.4.1(3)	A direct owner must give to the registrar 30 days' written notice of any changes respecting the name or layout of the pharmacy.
PPP-59 Policy Statement #3	All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.
Food and Drugs Act s.8(a)	No person shall sell any drug that (a) was manufactured, prepared, preserved, packaged or stored under unsanitary conditions.
PPP-68	The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals.

	• Maintain the refrigerator temperature between +2°C to +8°C. • Standard bar fridges (small volume combination fridge/freezer with one exterior door) are not adequate because they do not maintain even temperatures. • Do not store items such as food and beverages in medication refrigerators, to prevent unnecessary opening of the refrigerator. • Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. • At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form.
PPP-3	All hospital pharmacies and hospital pharmacy satellites must be equipped with, current references relevant to the services provided (examples including but not limited to: Pediatrics, Psychiatric, Geriatric, Oncology and Compounding)

Drug Orders

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.13(2)	The full pharmacist must check the drug order for a) the patient's name, hospital number and location, b) the signature of the practitioner, c) the name of the drug, d) the dosage form and strength, e) the route and frequency of administration, f) the duration of treatment if limited, g) directions for use, h) the date and time the order was written, and, i) in the case of verbal and/or telephone orders, the name and signature of the person who received the order.
HPA Bylaws Schedule F Part 2 s.6	A registrant who supplies a Schedule I drug to another registrant or practitioner must comply with section 8(3) and (4) of the Community Pharmacy Standards of Practice. HPA Bylaws Schedule F Part 1 s.8(3) Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if a) the drug does not contain a controlled drug substance, and

	b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction. HPA Bylaws Schedule F Part 1 s.8(4) A registrant who transfers a prescription to another registrant under subsection (3) must: a) enter on the patient record (i) the date of the transfer, (ii) the registrant's identification, (iii) identification of the community pharmacy to which the prescription was transferred, and (iv) identification of the person to whom the prescription was transferred, and b) transfer all prescription information listed in subsection (2) (a) to (f). HPA Bylaws Schedule F Part 1 s.8(2)(a) to (f) A prescription copy must contain a) the name and address of the patient, b) the name of the practitioner, c) the name, strength, quantity and directions for use of the drug, d) the dates of the first and last dispensing of the prescription, e) the name and address of the community pharmacy, f) the number of authorized refills remaining

Confidentiality

Legislation	Requirement(s)
PODSA Bylaws s.34(b)	A pharmacy must connect to PharmaNet and be equipped with the following: b) a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which (i) is only accessible to registrants and pharmacy assistants, (ii) is under the direct supervision of a registrant, and (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient;
HPA Bylaws s.74	A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored a) at the pharmacy or

	b) off site.
HPA Bylaws s.75	A registrant must ensure that records referred to in section 74 are disposed of only by a) transferring the record to another registrant, or b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.
HPA Bylaws s.77(1)	A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
HPA Bylaws s.77(2)	A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.
HPA Bylaws s.78	A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.
HPA Bylaws s.79	A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered, b) taking steps to ensure that any remaining personal information is secured, c) notifying (i) anyone affected by the unauthorized access including patients and other health care providers, (ii) the college, and (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and d) modifying existing security arrangements to prevent a reoccurrence of the unauthorized access.

Inventory Management – Pharmacy

Legislation	Requirement(s)
Policy on Manufacturing and Compounding Drug Products in Canada s5.1(a)	Healthcare professionals who provide compounding related services and products to patients/clients must be able to demonstrate that a patient-healthcare professional relationship exists.
PODSA Bylaws s.19(2)	A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.
PODSA Bylaws s.20(3)	All drug shipments must be delivered unopened to the pharmacy or a secure storage area.
PODSA Bylaws s.20(4)	Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.
HPA Bylaws Schedule F Part 2 s.5(1)	Unused dispensed drugs must be returned to the hospital pharmacy.
PODSA Bylaws s.22	No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section 11(3) of the Residential Care Facilities and Homes Standards of Practice.
HPA Bylaws Schedule F Part 2 s.5(2)	Previously dispensed drugs must not be re-dispensed unless: a) they are returned to the hospital pharmacy in a sealed dosage unit or container as originally dispensed, b) the labeling is intact and includes a legible drug lot number and expiry date, and c) the integrity of the drug can be verified.

Inventory Management – Nursing Units

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.3(1)	The pharmacy's manager must establish a drug distribution system that a) provides drugs in identified dosage units ready for administration whenever possible and practical, b) protects drugs from contamination, c) provides a method of recording drugs at the time of administration, and

	d) eliminates or reduces the need to maintain ward stock.
PODSA Bylaws s.18(2)(j)	Ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present.
HPA Bylaws Schedule F Part 2 s.14(2)	A medication administration record of all prescribed drugs for each patient must be produced from the pharmacy-maintained patient record.
HPA Bylaws Schedule F Part 2 s.14(3)	The medication administration record must include a) the patient's full name and identification number, b) the patient's location in the hospital, c) the presence or absence of known allergies, adverse drug reactions, and intolerances, d) the date or period for which the drug administration record is to be used, e) the name, dosage and form of all drugs currently ordered, f) complete directions for use for all drugs, g) stop or expiry dates for drug orders for which there is an automatic stop policy (if not reported by another means), h) predetermined, standard medication administration times for regularly scheduled drugs, and i) changes to drug orders.
PPP-68	The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. • Maintain the refrigerator temperature between +2°C to +8°C. ○ Standard bar fridges (small volume combination fridge/freezer with one exterior door) are not adequate because they do not maintain even temperatures. • Do not store items such as food and beverages in medication refrigerators, to prevent unnecessary opening of the refrigerator. • Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. • At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form.

Narcotics and Controlled Drug Substances

Legislation	Requirement(s)
PPP-65	The pharmacy manager must ensure that narcotic counts and reconciliations are completed for the pharmacy, pharmacy satellites and all areas of a facility where narcotics are stored: at a minimum of every 3 months; after a change of pharmacy manager; after a break and enter or robbery; after an identified drug diversion; when a pharmacy closes and ceases to operate its business, and after any event where the security of the narcotic drugs may have been compromised.
PPP-65 Required Procedures #1(a) and (d)	Pharmacies must maintain a separate perpetual inventory for each narcotic drug. If the pharmacy does not have a computerized perpetual inventory, then a manual perpetual inventory must be maintained.
PPP-65 Required Procedures #1(b)	The perpetual inventory must include entries for: (i) purchases, (ii) transfers, (iii) losses, (iv) purchases returned, expired or destroyed, (v) quantities dispensed, and (vi) a running balance.
PPP-65 Required Procedures #1(c)	Any manual adjustments to the perpetual inventory must be documented, including: (i) the reason for the adjustment, (ii) the date adjusted, and (iii) the identity of the person who made the adjustment.
PPP-65 Required Procedures #2(b)	All narcotics must be counted, including: (i) active inventory, (ii) compounded mixtures, and (iii) expired inventory.
PPP-65 Required Procedures #2(c)	When completing the narcotic count, the following information must be documented: (i) the name, strength, quantity and DIN/brand of the drug counted, (ii) the date and signature of the person(s) who completed the count, and (iii) the date and signature of the responsible pharmacist.

PPP-65 Required Procedures #2(d)	The count must not be conducted by the same person who enters narcotic purchases into the records.
PPP-65 Required Procedures #3(a)	Perpetual inventory, physical inventory counts, and purchase invoices must be reconciled and documented.
PPP-65 Required Procedures #3(b)	Discrepancies must be investigated, addressed, and documented on a narcotic incident report and maintained at the pharmacy for a period of not less than 3 years.
PPP-65 Required Procedures #4(a)	The inventory counts and reconciliation documentation must be kept in chronological order in a separate and dedicated record that is retained for 3 years.
PPP-65 Required Procedures #4(b)	Within ten days of the discovery of a loss or theft of a narcotic, the pharmacy manager must: (i) report the loss or theft to the local police and to the appropriate office at Health Canada (Note: shortages which cannot be accounted for must also be reported to the appropriate office at Health Canada), (ii) forward to the College a copy of any report sent to the appropriate office at Health Canada.
PPP-47 Policy Statement #2	Any loss or theft of Targeted Substances must be reported to the federal Minister of Health within 10 days of discovery with a copy of the report to the College.

Dispensed Products

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.3(2)	A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.
HPA Bylaws Schedule F Part 2 s.4(1)	Drug container labels must include (a) the generic name of the drug, strength and dosage form, and (b) hospital approved abbreviations and symbols.
HPA Bylaws Schedule F Part 2 s.4(2)	Only hospital pharmacy staff may alter a drug container label.

HPA Bylaws Schedule F Part 2 s.4(3)	Inpatient prescription labels must include: a) a unique patient name and identifier, b) the generic name of the drug, strength and dosage form, c) parenteral vehicle if applicable, and d) hospital approved abbreviations and symbols.
HPA Bylaws Schedule F Part 2 s.4(4)	The following information must be included on the inpatient prescription label if not available on the medication administration record: a) the frequency of administration; b) the route of administration or dosage form; c) auxiliary or cautionary statements if applicable; d) the date dispensed.
HPA Bylaws Schedule F Part 2 s.3.1	A registrant who prepares a prescription product must ensure that: a) the prescription product label matches the product information with respect to: (i) drug, (ii) dosage form, (iii) strength, (iv) quantity; and b) the drug is not expired and will not expire within the duration of use.
HPA Bylaws Schedule F Part 2 s.4(6)	Prior to releasing a prescription product, a registrant must perform a final check of the prescription product and record his or her identity in writing as required by section 17.
HPA Bylaws Schedule F Part 2 Definitions	**"final check"** means ensuring that: a) the prescription product and the prescription product label match the product information with respect to: (i) drug, (ii) dosage form, (iii) strength, and (iv) quantity; b) the drug is not expired and will not expire within the duration of use; and c) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.
HPA Bylaws Schedule F Part 2 s.7(1)	**Inpatient Leave of Absence and Emergency Take-Home Drugs:** A system must be established to provide drugs to an emergency department short stay patient requiring take-home drugs, who is unable to obtain them from a community pharmacy within a reasonable time frame.

HPA Bylaws Schedule F Part 2 s.7(2)	**Inpatient Leave of Absence and Emergency Take-Home Drugs:** All take-home drugs issued from the emergency department must be documented in the patient's health record.
HPA Bylaws Schedule F Part 2 s.7(3)	**Inpatient Leave of Absence and Emergency Take-Home Drugs:** All inpatient leave of absence drugs must be documented in the patient's health record.
HPA Bylaws Schedule F Part 2 s.7(4)	**Inpatient Leave of Absence and Emergency Take-Home Drugs:** Labels for inpatient pass and emergency department take-home drugs must include a) the hospital's name, b) the patient's name, c) the practitioner's name, d) the drug name, strength and directions for use, e) identification of the person preparing the drug, and f) the date the drug is issued.
HPA Bylaws Schedule F Part 2 s.7(5)	**Inpatient Leave of Absence and Emergency Take-Home Drugs:** Drugs must be dispensed in a container that is certified as child-resistant unless a) the practitioner, the patient or the patient's representative directs otherwise, b) in the registrant's judgment it is not advisable to use a child-resistant container, c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or d) child-resistant packaging is unavailable.

Patient Records/Documentation

Legislation	Requirement(s)
PODSA Bylaws s.20(2)	A registrant must record a transfer of drugs that occurs for any reason other than for the purpose of dispensing in accordance with a practitioner's prescription.
PODSA Bylaws s.23(1)	All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug substances must be retained for a period of not less than three years from the date a) a drug referred to in a prescription was last dispensed, or

	b) an invoice was received for pharmacy stock.
HPA Bylaws Schedule F Part 2 s.12(1)	The registrant must ensure the preparation and maintenance of patient records for each patient for whom drugs are prepared are complete, accurate and current, except patients admitted for less than 24 hours to surgical day care, a) ambulatory care, b) emergency short-stay, or c) other short-stay diagnostic or treatment units.
HPA Bylaws Schedule F Part 2 s.12(2)	The patient record must include a) the patient's full name and admission date, b) the hospital number and location, c) the patient's date of birth and gender, d) the attending practitioner's name, e) the patient's weight and height if applicable to therapy, f) the patient's allergies, adverse drug reactions, intolerances, and diagnoses, g) a chronological list of drugs which have been prescribed for the patient since admission to hospital, or, if admission is prolonged, for a minimum period of two years, and h) a list of all current drug orders including (including compound formulations) (i) the drug name, (ii) the drug strength, (iii) the dosage, (iv) the route, (v) the dosage form, (vi) intravenous diluent if applicable, (vii) the directions for use, (viii) administration time or frequency, (ix) the attending practitioner, (x) the quantity, (xi) the start and stop date, or length of therapy, and (xii)the date drug was dispensed, refilled or discontinued.
HPA Bylaws Schedule F Part 2 s.17	Documentation of the identity of any registrant who prepared a prescription product or performed a final check must be readily available and retained for at least three years after the date on which the prescription product was last dispensed.

After Hours Services

Legislation	Requirement(s)
PODSA Bylaws s.30(1)	If continuous pharmacy services are not provided in a hospital, the hospital pharmacy's manager must ensure that urgently needed drugs and patient-oriented pharmacy services are available at all times by a) providing a cabinet which must (i) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only authorized persons may obtain access, (ii) be stocked with a minimum supply of drugs most commonly required for urgent use, (iii) not contain controlled drug substances unless they are provided by an automated dispensing system, (iv) contain drugs that are packaged to ensure integrity of the drug and labeled with the drug name, strength, quantity, expiry date and lot number, and (v) include a log in which drug withdrawals are documented. b) arranging for a full pharmacist to be available for consultation on an on-call basis.

Pharmacy Manager's Responsibilities

Legislation	Requirement(s)
PODSA s.11	Subject to this Act and the bylaws, a pharmacist named in a pharmacy license as manager must personally manage and be responsible for the operation of the pharmacy.
PODSA s.4.1(2)	A direct owner and a manager must display a pharmacy licence in the pharmacy in a place conspicuous to the public.
PODSA Bylaws s.18(2)(a) to (o), (q) to (t), (v) to (y) and (aa) to (cc)	A manager must do all of the following: a) actively participate in the day-to-day management of the pharmacy; b) confirm that the staff members who represent themselves as registrants are registrants; c) notify the registrar in writing of the appointments and resignations of registrants as they occur; d) cooperate with inspectors acting under section 17 of the Act or sections 28 or 29 of the Health Professions Act; e) ensure that (i) registrant and support persons staff levels are sufficient to ensure that workload volumes and patient care requirements

	are met at all times in accordance with the bylaws, Code of Ethics and standards of practice, (ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice; f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and support persons; g) establish policies and procedures to specify the duties to be performed by registrants and support persons; h) establish procedures for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices; i) ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist; j) ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present; k) ensure there is a written drug recall procedure in place for pharmacy inventory; l) ensure that all steps in the drug recall procedure are documented, if the procedure is initiated; m) ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status; n) notify the registrar as soon as possible in the event that he or she will be absent from the pharmacy for more than eight weeks; o) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager; q) establish and maintain policies and procedures respecting pharmacy security; r) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security; s) notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours; t) in the event of a pharmacy closure or relocation, (i) provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,

	(ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure, (iii) provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances, (iv) arrange for the safe transfer and continuing availability of the prescription records at another pharmacy, or an off-site storage facility that is bonded and secure, and, (v) remove all signs and advertisements from the closed pharmacy premises; v) advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy; w) ensure the pharmacy contains the reference material and equipment approved by the board from time to time; x) require all registrants, owners, managers, directors, pharmaceutical representatives, support persons and computer software programmers or technicians who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of patient personal health information; y) retain the undertakings referred to in paragraph (x) in the pharmacy for 3 years after employment or any contract for services has ended; aa) ensure that no incentive is provided to a patient or patient's representative for the purpose of inducing the patient or patient's representative to (a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or (b) obtain any other pharmacy service from a particular registrant or Pharmacy. bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws; cc) notify the registrar of any change of telephone number, fax number, electronic mail address or any other information previously provided to the registrar.
HPA Bylaws Schedule F Part 2 s.3(1)	The pharmacy's manager must establish a drug distribution system that a) provides drugs in identified dosage units ready for administration whenever possible and practical,

	b) protects drugs from contamination, c) provides a method of recording drugs at the time of administration, and d) eliminates or reduces the need to maintain ward stock.
PODSA Bylaws s.29(1)	A hospital pharmacy's manager must develop, document and implement an ongoing quality management program that a) maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a hospital pharmacy b) monitors staff performance, equipment, facilities and adherence to the Hospital Pharmacy Standards of Practice, c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies, d) documents periodic audits of the drug distribution process, e) includes a process to review patient-oriented recommendations, f) includes a process that reviews a full pharmacist's documentation notes in the hospital's medical records, g) includes a process to evaluate drug use, and h) regularly updates policies and procedures for drug use control and patient-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.
PODSA Bylaws s.29(2)	If sample drugs are used within a hospital, the hospital pharmacy's manager must ensure that the pharmacy oversees the procurement, storage and distribution of all sample drugs.
HPA Bylaws Schedule F Part 2 s.10(1)	Pharmacy technicians in a hospital pharmacy or hospital pharmacy satellite may prepare, process and compound prescriptions, including a) receiving and transcribing verbal prescriptions from practitioners b) ensuring that a prescription is complete and authentic, c) transferring prescriptions to and receiving prescriptions from other pharmacies, d) ensuring the accuracy of a dispensed prescription, e) performing the final check of a dispensed prescription, and f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.
HPA Bylaws Schedule F Part 2 s.10(2)	A pharmacy technician in a hospital pharmacy or hospital pharmacy satellite must not

	a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or b) do anything described in (i) sections 13 (POPP), 15 (Residential Care) or 16 (Documentation) of this Part, or (ii) Part 4 of this Schedule (Injection).
HPA Bylaws Schedule F Part 2 s.11	Specific technical functions may be performed by a pharmacy assistant in a hospital pharmacy or hospital pharmacy satellite after the pharmacy's manager has established written procedures for performing the functions.
HPA Bylaws Schedule F Part 2 s.14(1)	The registrant must collaborate with nursing and medical staff to develop written policies and procedures for the safe administration of drugs.
CPBC Four-Year Implementation Plan for New NAPRA MSOP for Compounding	Four-year implementation plan of the new Model Standards for Pharmacy Compounding of Non-hazardous and Hazardous Sterile Preparations as approved by the Board.

Bulk Repackaging♦

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.9(1)	A registrant must supervise all bulk/batch drug repackaging and bulk drug compounding.
HPA Bylaws Schedule F Part 2 s.9(2)	Bulk/batch drug repackaging records must be kept for three years after the repackaging date.
HPA Bylaws Schedule F Part 2 s.9(3)	A master formula record must be kept for each bulk compounded drug product.
HPA Bylaws Schedule F Part 2 s.9(4)	A separate production record must be kept for each compounded bulk product and must include a) the date of compounding, b) the lot or batch number assigned to the compounded product, c) the manufacturer's name and lot number for each raw material used, d) handwritten identification of each registrant and pharmacy assistant involved in each step of the compounding process, e) the process including weights and measures performed, f) the results of all quality control testing, g) a statement of the final yield, h) signatures for final verification and authorization for release, i) a sample label, and j) the expiry date of the product.
HPA Bylaws Schedule F Part 2 s.9(5)	A production record must be kept for a period of three years after the expiry date of the compounded batch.
HPA Bylaws Schedule F Part 2 s.9(6)	A label must be affixed to the finished bulk/batch repackaged or bulk compounded drug and must contain a) generic name(s) of the drug, b) strength and quantity of active ingredients, c) dosage form, d) total amount of final product, e) expiry date of the compound, f) manufacturer identification and lot number or hospital pharmacy control number, g) storage conditions, if applicable, h) auxiliary labels, if applicable, and i) the name of the hospital.

♦ If service is provided

Residential Care♦

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.15	A full pharmacist providing pharmacy care to residential care patients residing in a facility that is not licensed under the Community Care and Assisted Living Act must a) use a monitored dosage, multiple pouch packaging or unit dosage system except where the form of the drug does not permit such packaging, b) restrict ward stock to drugs that do not have a high potential for toxicity or require a complex dosage titration, and are commonly prescribed on a "when needed" basis, c) maintain a current patient record for each patient, d) provide administration records of all current drugs for each patient from the pharmacy maintained patient record within seventy-two hours of admission and at least monthly thereafter, e) review each patient's drug regimen at least every six months preferably in the setting of multidisciplinary rounds, and f) maintain a written record of drug reviews in the patient's permanent health record, including the date of each review, identified concerns and recommendations.

♦ If service is provided

Sterile Compounding♦

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.3(3)(b)	Sterile products must be prepared and distributed in an environment that is in accordance with the USP Pharmaceutical Compounding – Sterile Products Guidelines (USP Chapter <797>).
USP Chapter <797> (2013)	• Policies and procedures for maintaining and working within the Primary Engineering Controls (PEC) shall be written and followed. • Hazardous and non-hazardous drug compounding take place in two separate areas. • Food, drinks, and materials exposed in patient care and treatment areas shall not enter ante-areas, buffer areas, or segregated compounding areas where components and in ingredients of CSPs are present. • Access to the buffer area is restricted to qualified personnel with specific responsibilities or assigned tasks in the compounding area.

	• Personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labeling, and other high-particulate-generating activities are performed in the ante-area. • All hazardous drugs are labeled with a cytotoxic/hazardous drug warning label requiring the need for special handling. • Hazardous drugs are stored separately from other inventory to prevent contamination and personnel exposure. • The Primary Engineering Control (PEC) (LAFW/BSC/CAI/CACI) maintains an ISO Class 5 environment. • The buffer area maintains an ISO Class 7 environment. • An anteroom (secondary control) is present. (Anteroom is not required if compounding low-risk level CSP's with a 12 hours or less BUD). • The anteroom maintains an ISO Class 8 environment for non-hazardous drug compounding and ISO Class 7 environment for hazardous drug compounding. • A demarcation line is present, which is a visible line on the floor that separates the room into areas for different purposes. • Ceiling/flooring/equipment/chairs shall be non-porous, smooth, free from cracks, non-shedding, cleanable and disinfectable. • The buffer/IV mixing room does not contain sources of water (sinks) or floor drains). • Certification of each PEC is performed at least every six months and whenever the PEC is relocated. • A cleaning schedule is maintained for each ISO Class 5 PEC, counters are easily cleanable work surfaces, floors, walls, ceilings, and storage shelves.

♦ If service is provided

Ambulatory/Outpatient Services♦

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.4(5)	All drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite must be labeled and dispensed according to the Community Pharmacy Standards of Practice.
HPA Bylaws Schedule F Part 1 s.6(1)	A registrant must ensure that a prescription is authentic.

HPA Bylaws Schedule F Part 1 s.6(2)	Upon receipt from the practitioner, a prescription must include the following information: (a) the date the prescription was written; (b) the name of the patient; (c) the name of the drug or ingredients and strength if applicable; (d) the quantity of the drug; (e) the dosage instructions including the frequency, interval or maximum daily dose; (f) refill authorization if applicable, including number of refills and interval between refills; (g) the name and signature of the practitioner for written prescriptions.
HPA Bylaws Schedule F Part 1 s.10(5)	A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.
HPA Bylaws Schedule F Part 1 s.6(8)	A registrant must not dispense a prescription issued for more than one patient.
HPA Bylaws Schedule F Part 1 s.6(4)	At the time of dispensing, a prescription must include the following additional information: (a) the address of the patient; (b) the identification number from the practitioner's regulatory college; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed; (g) written confirmation of the registrant who (i) verified the patient identification, (ii) verified the patient allergy information, (iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11(4), (iv) performed the consultation, (v) performed the final check including when dispensing a balance owing, and (vi) identified and addressed a drug therapy problem, if any.
PODSA Bylaws s.19(6)	Drugs included in the controlled prescription program (CPP) must not be sold or dispensed unless (a) the registrant has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons of British Columbia, and (b) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug.
HPA Bylaws Schedule F Part 1 s.7(3)	A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the controlled prescription drug list.

Narcotic Control Regulations s.37	A pharmacist shall not use an order or prescription, written or verbal, to dispense a narcotic after the quantity of the narcotic specified in the order or prescription has been dispensed.
HPA Bylaws Schedule F Part 1 s.6(7)	A registrant must make a written record of a verbal authorization, and include his or her signature or initial.
HPA Bylaws Schedule F Part 1 s.9(1)	All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation, must be labeled.
HPA Bylaws Schedule F Part 1 s.9(2)	The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice.
HPA Bylaws Schedule F Part 1 s.9(3)	For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN).
HPA Bylaws Schedule F Part 1 s.9(4)	For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN).
HPA Bylaws Schedule F Part 1 s.9(5)	For a compounded preparation, the label must include all active ingredients.
HPA Bylaws Schedule F Part 1 s.9(7)	All required label information must be in English, but may contain directions for use in the patient's language following the English directions.
HPA Bylaws Schedule F Part 1 s.10(4)	All drugs must be dispensed in a container that is certified as child-resistant unless (a) the practitioner, the patient or the patient's representative directs otherwise, (b) in the registrant's judgment, it is not advisable to use a child-resistant container, (c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or (d) child-resistant packaging is unavailable.

HPA Bylaws Schedule F Part 1 s.12(1)	A full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.
PODSA Bylaws s.35(5)	A registrant must reverse information in the PharmaNet database, for any drug that is not released to the patient or the patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.

♦ If service is provided