

College of Pharmacists of B.C.
TELEPHARMACY DIAGRAM AND PHOTOS/VIDEOS
PODSA Bylaw "Schedule C"

ITEMS

Indicate the location of the following items on the diagram and/or submit photos or videos of the following items with Form 10/Form 11:

Category	Item	Reference & Requirements		Diagram	Photo/Video
External to Dispensary	External View of the Pharmacy (Street view including the External Signage)	Community Pharmacy: PODSA Bylaws s.18(2)(p) The manager must ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery.	Telepharmacy: PODSA Bylaws s.18(2)(p.1) The manager must, if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery associated with that telepharmacy. Telepharmacy: PODSA Bylaws s.31(1)(c) The registrar must not issue a telepharmacy licence to a central pharmacy unless the proposed operating name of the telepharmacy includes the word "telepharmacy".	(Entrance to the pharmacy)	✓
	Hours of operation sign	PODSA Bylaws s.27(2)(f) The hours when a full pharmacist is on duty are posted.			✓
	Professional products area for schedule 3 drugs (+ Lock and Leave barriers if the premises is opened for business while the pharmacy is closed) OR N/A	PODSA Drug Schedule Regulations s.2(3) Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy. PODSA Bylaws s.25(1)(a) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy, must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage. PODSA Bylaws s.18(2)(j) The manager must 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.		✓	✓
	Signage at 25 feet from dispensary OR N/A	PODSA Bylaws s.25(1)(a) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage.		✓	✓
	"Medication Information" Sign OR N/A	PODSA Bylaws s.25(1)(b) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.		✓	✓
Dispensary	Dispensary area	PODSA Bylaws s.25(2)(a) The dispensary area of a community pharmacy or a telepharmacy must be at least 160 square feet. Telepharmacy: PODSA Bylaws s.25(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.			✓
	Gate/door at the entrance into the dispensary	PODSA Bylaws s.25(2)(b) The dispensary area of a community pharmacy or a telepharmacy must be inaccessible to the public by means of gates or doors across all entrances.		✓	✓
	Placeholder for College license	PODSA s.2(4) The manager must display the licence issued under subsection (1) in a place within the pharmacy where it is conspicuous to the public.			✓
	Professional Service Area for Schedule 2 drugs	PODSA Drug Schedule Regulations s.2(3) Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.		(Shelving)	✓
	Patient consultation area	PODSA Bylaws s.25(4) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that		✓	✓

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		(a) ensures privacy and is conducive to confidential communication, and (b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.		
	Dispensing counter and service counter	PODSA Bylaws s.25(2)(c) The dispensary area of a community pharmacy or a telepharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters. Telepharmacy: PODSA Bylaws s.25(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.	✓	✓
	Computer terminals for prescription processing	PODSA Bylaws s.34(b) A pharmacy must connect to PharmaNet and be equipped with 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 support persons, (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.	✓	✓
	Shelving	PODSA Bylaws s.25(2)(d) The dispensary area of a community pharmacy or a telepharmacy must contain adequate shelf and storage space.	✓	✓
Security	Secure storage space	PODSA Bylaws s.25(5) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.	✓	✓
	Locked Metal Safe OR Safe Declaration	PODSA Bylaws s.26(1)(a) A community pharmacy or telepharmacy must keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes. PPP-74 Policy Statement #4 The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. PODSA Bylaws s.26(4) The manager, direct owner or indirect owners (s) of a community pharmacy or a telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.	✓	✓
	Security camera system AND Surveillance signage	PODSA Bylaws s.26(1)(b) A community pharmacy or telepharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. PPP-74 Policy Statement #4 Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.		✓
	Motion sensors	PODSA Bylaws s.26(1)(c) A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary.		✓
	Monitored alarm OR N/A	PODSA Bylaws s.26(2)(a) When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area must be secured by a monitored alarm. PPP-74 Policy Statement #4 Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants. Telepharmacy (in addition to the above): PODSA Bylaws s.26(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.31.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.		✓
	Physical barriers OR N/A	PODSA Bylaws s.26(2)(b) When no full pharmacist is present and the premise is accessible to non-registrants, subject to subsection 2.1, schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers. PPP-74 Policy Statement #4 Physical barriers provide an additional layer of security and deter: 1. Unauthorized access to drugs, including but not limited to: • All Schedule I, and II and, controlled drug substances and personal health information. 2. Unauthorized access to personal health information, including but not limited to:	✓	✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
		<ul style="list-style-type: none"> • Hard copies of prescriptions, • Filled prescriptions waiting to be picked up, and/or • Labels, patient profiles, and any other personal health information documents waiting for disposal. <p>Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional.</p> <p>Telepharmacy (in addition to the above): PODSA Bylaws s.26(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.31.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>		
Equipment & Reference	Double stainless steel sink	<p>PODSA Bylaws s.25(2)(e) The dispensary area of a community pharmacy or a telepharmacy must contain a double stainless steel sink with hot and cold running water.</p> <p>PPP-59 Policy Statement #1 The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 18(2)(w): (n) double sink with running hot and cold water;</p>	✓	✓
	<p>Equipment (basic):</p> <ol style="list-style-type: none"> 1. Telephone 2. Refrigerator 3. Rx filing supplies 4. Rx balance 5. Metric weights 6. Glass graduates 7. Mortar 8. Pestle 9. Spatulas 10. Funnels 11. Stirring rods 12. Ointment slab/ parchment paper 13. Counting tray 14. Disposable drinking cups 15. Soap dispenser 16. Paper towel dispenser 17. Plastic/metal garbage containers 18. Plastic lining 19. Fax machine 	<p>PODSA Bylaws s.18(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-59 Policy Statement #1; The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 18(2)(w):</p> <ol style="list-style-type: none"> (a) telephone; (b) refrigerator; (c) prescription filing supplies; <p>PPP-12 Policy Statement #3 All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover.</p> <ol style="list-style-type: none"> (d) prescription balance having a sensitivity rating of 0.01; (e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; (f) metric scale glass graduates (a selection, including 10 ml size); (g) mortar and pestle; (h) Spatulas (metal and nonmetallic); (i) funnels (glass or plastic); (j) stirring rods (glass or plastic); (k) ointment slab or parchment paper; (l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine <p>HPA Bylaws Schedule F Part 1 s. 7(1)(b) The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information</p>	✓ Fridge only	✓
	<p>Equipment (Cold Chain)</p> <ol style="list-style-type: none"> 1. Thermometer 2. Temperature log 	<p>PPP-68 Policy Statement: The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015) s.3.3.2 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. On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.</p>		✓
	<p>Equipment (Methadone)</p> <ol style="list-style-type: none"> 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 	<p>PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Guidelines All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones.</p>		✓

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	<p>4. Patient/Rx Log OR N/A</p>	<p>PPP-66 Policy Guide MMT (2013) Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.6 Guidelines Each dose must be dispensed in an individual, appropriately sized, child-resistant container.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.3 Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.</p>		
	<p>References (CPBC)</p> <ol style="list-style-type: none"> BC Pharmacy Practice Manual ReadLinks 	<p>PODSA Bylaws s.18(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Policy Statement 1st Paragraph All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. The CPBC Read Links is an exception, as only the most recent three years must be retained.</p>		✓
	<p>References (General)</p> <ol style="list-style-type: none"> Compendium Complementary/ Alternative Dispensatory Drug Interactions Nonprescription Medication (2x) Medical Dictionary Pregnancy and Lactation Pediatrics Therapeutics 	<p>PODSA Bylaws s.18(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 All community pharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 18(2)(w). [which are:</p> <ol style="list-style-type: none"> Compendium (current year); Complementary/Alternative (within the last 4 years); Dispensatory (within last 9 years); Drug Interactions (in its entirety every 2 years, or continual updates); Nonprescription Medication (most current issue of BOTH references required); Medical Dictionary (within the last 15 years); Pregnancy and Lactation (within the last 3 years); Pediatrics (within the last 4 years); Therapeutics (within last 4 years)] 		✓
	<p>References (if applicable)</p> <ul style="list-style-type: none"> Veterinary Psychiatric Geriatric Specialty compounding Methadone <ul style="list-style-type: none"> PPP-66 CSPBC CAMH Monograph <p>OR N/A</p>	<p>PODSA Bylaws s.18(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric).</p> <p>PPP-66 Required References In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:</p> <ol style="list-style-type: none"> CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, most recent version of the CPSCB Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and product monographs for the commercially available 10mg/ml methadone oral preparations. 		✓
Prescriptions	<p>Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)</p>	<p>HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f) At the time of dispensing, a prescription must include the following additional information:</p> <ol style="list-style-type: none"> the address of the patient; the identification number from the practitioner's regulatory college; the prescription number; the date on which the prescription was dispensed; the manufacturer's drug identification number or the brand name of the product dispensed; the quantity dispensed. 		✓

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		<p>Telepharmacy (in addition to the above): PODSA Bylaws s.31.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. PODSA Bylaws s.31.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p>		
Confidentiality	Shredder OR Contract with a Document Destruction Company	<p>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.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.</p>		✓
	Offsite Storage Contract OR N/A	<p>HPA Bylaws s.74(b) A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.</p>		✓
Inventory Management	Drug Receiving Area	<p>PODSA Bylaws s.20(3) All drug shipments must be delivered unopened to the pharmacy or a secure storage area.</p>	✓	✓
	Drugs	<p>PODSA Bylaws s.25(2)(f) The dispensary area of a community pharmacy or a telepharmacy must contain an adequate stock of drugs to provide full dispensing services.</p>		✓
	Storage area for non-usable and expired drugs	<p>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.</p>		✓
Dispensed Products	Prescription product label 1. Single entity product 2. Multiple-entity product	<p>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).</p>		✓
	Filling supplies (e.g. vials and bottles including caps)	<p>Telepharmacy (in addition to the above): PODSA Bylaws s.31.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. PODSA Bylaws s.31.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p> <p>HPA Bylaws Schedule F Part 1 s.10(4) All drugs must be dispensed in a container that is certified as child-resistant unless....</p>		✓

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Pharmacy Manager's Responsibilities	Name Badge	<p>PODSA Bylaws s.18(2)(m) A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.</p>		✓
	Police & Procedure Manual	<p>PODSA Bylaws s.18(2)(g) A manager must establish policies and procedures to specify the duties to be performed by registrants and support persons.</p> <p>PODSA Bylaws s.18(2)(h) A manager must establish procedures for</p> <ul style="list-style-type: none"> (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. <p>PODSA Bylaws s.18(2)(k) A manager must ensure there is a written drug recall procedure in place for pharmacy inventory.</p> <p>PODSA Bylaws s.18(2)(q) A manager must establish and maintain policies and procedures respecting pharmacy security.</p> <p>PPP-74 Policy Statement #1 Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following:</p> <ul style="list-style-type: none"> • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation <p>PPP-74 Policy Statement #5 An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.</p> <p>PODSA Bylaws s.24(1)(c) A community pharmacy's manager must develop, document and implement an ongoing quality management program that includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies</p> <p>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.</p> <hr/> <p>Telepharmacy (in addition to the above): PODSA Bylaws s.31.1(8) A telepharmacy must have a policy and procedure manual on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.</p>		✓ (or document file)