# College of Pharmacists of British Columbia

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## PHARMACY LICENSURE DIAGRAM REQUIREMENTS (COMMUNITY PHARMACY/TELEPHARMACY)

### The following items must be shown on the pharmacy diagram:

- $\Box$  The diagram is professionally drawn to scale (recommended:  $\frac{1}{4}$  inch = 1 foot).
- $\hfill\square$  The diagram includes the scale and measurements.
- □ The diagram labels each item listed below (as applicable).

#### **PHARMACY (EXTERNAL TO DISPENSARY)**

- □ Entrance(s) to the pharmacy/premises
- □ Professional Products Area (for Schedule 3 drugs) max 25 feet from the perimeter of the dispensary

**<u>OR</u>**  $\square$  N/A –  $\square$  no public access or  $\square$  Other reason: \_

- □ Location of "Medication Information" sign
  - OR N/A Pharmacy comprises 100% of the total area of the premises
- □ Separate injection room for injectable opioid agonist treatment (iOAT) including:

 $\Box$  Stainless steel table AND  $\Box$  Sink

OR N/A – Pharmacy does not provide iOAT services

#### DISPENSARY

- □ Entrance(s) to the dispensary by means of (*select all that apply*):
  - □ Gate □ Lift-up countertop with gate □ Full-door □ Dutch-door □ Other Specify method used to make the dispensary inaccessible to the public:
- □ Physical barriers securing Schedule 1 and 2 drugs, controlled drug substances, and personal health information
  - OR 🛛 N/A Premises is not accessible to non-registrants when no full pharmacist is present
- □ Dispensary area minimum 160 square feet (highlight perimeter of dispensary)
- □ Professional Service Area (for Schedule 2 drugs)
- □ Service counter(s) for prescriptions pick-up and drop-off
- □ Consultation area:

□ Private consultation room □ Semi-private area with suitable barriers

- □ Dispensing counter(s) of *clear* working space minimum 30 square feet in total (highlight perimeter of working space)
- □ Computer terminal(s) on dispensing counter(s) 1 computer terminal  $\approx$  4 square feet of working space which is not included in the total dispensing counter space
- □ Shelving
- □ Double stainless steel sink
- □ Metal safe with a time delay lock **<u>OR</u>** □ Safe Declaration (Appendix 1 from <u>PPP-74</u>)
- □ Refrigerator

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## PHARMACY LICENSURE DIAGRAM REQUIREMENTS (COMMUNITY PHARMACY/TELEPHARMACY)

### IF APPLICABLE: STERILE COMPOUNDING (NON-HAZARDOUS and/or HAZARDOUS)

### The following items must be shown on the pharmacy diagram:

$\Box$ Relative air pressure (positive or negative)	of each room			
$\Box$ ISO class (for each room and any PEC inside	e of the room)			
Sterile Compounding Areas:				
□ Anteroom (select all the apply):	🗆 Non-Hazardou:	s 🗆 Hazardous	Shared	
□ Clean room (select all the apply):	🗆 Non-Hazardou	s 🛛 Hazardous		
$\Box$ Segregated area (select all the apply):	🗆 Non-Hazardou	s 🗆 Hazardous	□ N/A	
Pass-through OR IN/A				
Demarcation line(s)				
□ Storage area for hazardous products <b>⊆</b>	<u>0R</u> □ N/A			
Storage area for cleaning equipment a	nd supplies			
Equipment:				
Hands-free sink (in each anteroom)				
Eyewash station				
$\Box$ Refrigerator (select location below) <b><u>O</u></b>	<u>R</u> □ N/A			
Location(s): 🗆 Anteroom 🛛 🗆 C	lean room 🛛 🗆 Dedic	ated storage are	a (hazardous drug	s)
$\Box$ Freezer (select location below) <u>OR</u> $\Box$	N/A			
Location(s): 🗆 Anteroom 🛛 🗆 C	Location(s): 🗆 Anteroom 🛛 Clean room 🛛 Dedicated storage area (hazardou		a (hazardous drug	s)
Primary Engineering Control (PEC) (sel	ect all the apply):			
Non-Hazardous clean room:	🗆 LAFW		🗆 CAI	
Non-Hazardous segregated a	rea: 🛛 LAFW			
Hazardous clean room:		l or III BSC		
□ Hazardous segregated area:		l or III BSC		