College of Pharmacists of British Columbia



PHARMACY LICENSURE

DIAGRAM REQUIREMENTS (COMMUNITY PHARMACY/TELEPHARMACY)

The following items must be shown on the pharmacy diagram:			
☐ The diagram is professionally drawn to scale (recommended: ¼ inch = 1 foot).			
☐ 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			
\square Professional Products Area (for Schedule 3 drugs) – max 25 feet from the perimeter of the dispensary			
OR □ N/A - □ no public access or □ Other reason:			
☐ Location of "Medication Information" sign			
\overline{OR} \square N/A – Pharmacy comprises 100% of the total area of the premises			
\square Separate injection room for injectable opioid agonist treatment (iOAT) including:			
\square Stainless steel table AND \square Sink			
OR □ N/A – Pharmacy does not provide iOAT services			
DISPENSARY			
\Box Entrance(s) to the dispensary by means of (<i>select all that apply</i>):			
☐ 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			
\underline{OR} \square 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)			
\square 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 <i>clear</i> working space – minimum 30 square feet in total (highlight perimeter o working space)			
\Box 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 OR☐ ☐ Safe Declaration (Appendix 1 from PPP-74)☐ Refrigerator			

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

The following items must be shown on the pharmacy diagram:				
\square Relative air pressure (positive or negative) o	f each room			
\square ISO class (for each room and any PEC inside	of the room)			
Sterile Compounding Areas:				
☐ Anteroom (select all the apply):	☐ Non-Hazardous	☐ Hazardous ☐ Sha	ared	
\Box Clean room (select all the apply):	☐ Non-Hazardous	☐ Hazardous		
☐ Segregated area (select all the apply):	☐ Non-Hazardous	☐ Hazardous ☐ N/	A	
☐ Pass-through <u>OR</u> ☐ N/A				
☐ Demarcation line(s)				
☐ Storage area for hazardous products <u>OR</u> ☐ N/A				
☐ Storage area for cleaning equipment and supplies				
Equipment:				
\square Hands-free sink (in each anteroom)				
☐ Eyewash station				
\square Refrigerator (select location below) <u>OR</u>	□ N/A			
Location(s): ☐ Anteroom ☐ Cle	ean room 🔲 Dedicat	ed storage area (haza	rdous drugs)	
\Box Freezer (select location below) $\ \underline{OR} \ \Box$ N	N/A			
Location(s): \square Anteroom \square Cle	ean room 🔲 Dedicat	ed storage area (haza	rdous drugs)	
\square Primary Engineering Control (PEC) (selection	ct all the apply):			
☐ Non-Hazardous clean room:	☐ LAFW	□ CA	I □ N/A	
☐ Non-Hazardous segregated are	ea: 🗆 LAFW	□ CA	I □ N/A	
☐ Hazardous clean room:	☐ Class II o	or III BSC 🗆 CA	CI □ N/A	
☐ Hazardous segregated area:	☐ Class II o	or III BSC 🗆 CA	CI □ N/A	