



## 1. TELEPHARMACY INFORMATION

Operating Name	External Signage Name		Proposed Licensure/Completion Date	
			MMM   DD   YYYY	
Telepharmacy Address	City	Province BC	Postal Code	Phone Number
Email Address	Website			Fax Number
Type of Pharmacy Application for this Inspection Report				
<input type="checkbox"/> New Telepharmacy Community Pharmacy Licence <input type="checkbox"/> Change of Layout (Renovation)				

## 2. CENTRAL PHARMACY INFORMATION

Operating Name				Pharmacy Licence Number
Pharmacy Address	City	Province BC	Postal Code	Phone Number
Email Address	Website			Fax Number

## 3. PHARMACY SERVICES

TYPE	SUBTYPE	YES	NO	TYPE	YES	NO	If "YES", PROVIDE ADDITIONAL INFORMATION
OPIOID AGONIST TREATMENT	Methadone (Maintenance)			RESIDENTIAL CARE SERVICES			Facility Name & Number of Beds:
	Oral Morphine						
	Buprenorphine & Naloxone (Suboxone)						
	Injectable Opioid Agonist (iOAT)						
COMPOUNDING	Non-Sterile Preparation			CENTRALIZED PRESCRIPTION PROCESSING SERVICES PROVIDED TO			Provide the name(s) of the pharmacy(ies) that your pharmacy prepares/processes prescriptions/drug orders for:
	Sterile*, Non-Hazardous						
	Sterile*, Hazardous						
OTHER	Injection & Intranasal Drug Administration			OUTSOURCED PRESCRIPTION PROCESSING SERVICES RECEIVED FROM			Provide the name(s) of the pharmacy(ies) that prepare/process prescriptions/drug orders for your pharmacy:
	No Public Access**						
	Schedule 1A drugs On-Site						
	Internet Pharmacy						

\* Complete the Sterile Compounding section starting page 8.

\*\*Check 'No' if you are a pharmacy that is open to the public.



## 4. HOURS OF OPERATION

TYPE	MON	TUE	WED	THU	FRI	SAT	SUN	STAT
<b>TELEPHARMACY</b>								
Telepharmacy Hours <sup>♯</sup>								
Pharmacy Hours <sup>⌘</sup>								
Lock & Leave Hours <sup>Ⓐ</sup>								
<b>CENTRAL PHARMACY</b>								
Pharmacy Hours								
Lock & Leave Hours <sup>Ⓐ</sup>								

<sup>♯</sup> When a full pharmacist at the central pharmacy is supervising pharmacy services performed at a telepharmacy through real time audio and visual observation.

<sup>⌘</sup> When a full pharmacist is physically present on duty at the telepharmacy.

<sup>Ⓐ</sup> When the pharmacy is closed but the premises remains open to the public.

## 5. TELEPHARMACY ROSTER\*

STAFF	REGISTRATION #	FIRST NAME/INFORMAL NAME	LAST NAME	REGISTRATION CLASS
Pharmacy Manager				<input checked="" type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #1				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #2				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #3				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician

\*Include all registrant staff who may be providing pharmacy services or performing inspections/audits at the telepharmacy at any time

## 6. INFORMATION OF THE PERSON WHO COMPLETED SECTION 7

Last Name	First Name	Completion Date
Relationship to the Pharmacy <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Owner (Registrant) <input type="checkbox"/> Owner (Non-Registrant) <input type="checkbox"/> College Inspector		
Email Address of the Person Named Above	Phone Number of the Person Named Above	Fax Number of the Person Named Above
<input type="checkbox"/> I hereby declare that the information provided above including the accompanying digital evidence is current, true and correct to the best of my knowledge. If any of the above information is found to be false, untrue, misleading or misrepresenting, I am aware that I may be referred to the College's Application Committee and/or Inquiry Committee and the telepharmacy licence may not be issued.		
Signature		Date MMM   DD   YYYY

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 604.733.2440.

## CPBC USE ONLY

Approved by: \_\_\_\_\_ Approved date: \_\_\_\_\_



## 7. PRE-OPENING/CHANGE OF LAYOUT INSPECTION

Confirm whether your new telepharmacy currently complies with each of the following requirements.

- If compliant, mark “YES” under the “Compliant” column **AND** submit digital evidence (e.g. photos/videos) using this [Powerpoint template \(Telepharmacy\)](#) along with this Pre-Opening Inspection Report to the Licensure Department at [licensure@bcpharmacists.org](mailto:licensure@bcpharmacists.org)
- If not applicable, enter “N/A” under the “Compliant” column and provide the reason in the “Comment” column.
- Digital evidence must be recently produced at the current pharmacy (Change of Layout), or the new pharmacy site (New Pharmacy licence or Change of Location). Digital evidence previously submitted for the same location or any other location is not acceptable. If there are photos that cannot be taken at the site, explain the reasons in the Inspection Report.
- Refer to the “[Pre-Opening Inspection Report and Digital Evidence](#)” section and [Appendix B](#) in the *Pharmacy Licensure Guide* for more information (e.g. requirements and recommended content for digital evidence).

## External to Dispensary

#	Item	Compliant	Comment	CPBC Use
1a	External view of the pharmacy (street view including the external signage)			
1b	Hours of operation sign			
1c	Professional products area for schedule 3 drugs			
1d	Lock-and-Leave barriers (if the premises is open for business while the pharmacy is closed) <b>OR N/A</b>			
1e	Signage at 25 feet from dispensary to <b>visually distinguish the professional products area from the remaining areas of the premises</b> <b>OR N/A</b>			
1f	“Medication Information” Sign <b>OR N/A</b>			
1g	Separate Injection Room for iOAT <b>OR N/A</b> <ol style="list-style-type: none"> <li>1. Stainless steel table</li> <li>2. Chair</li> <li>3. Secure container for sharps</li> <li>4. Sink</li> <li>5. Soap</li> <li>6. Hand sanitizer</li> <li>7. Antiseptic cleaning wipes</li> <li>8. Paper towel in a dispenser</li> <li>9. Security Camera</li> </ol>			

## Dispensary

#	Item	Compliant	Comment	CPBC Use
2a	Dispensary area			
2b	Gate(s)/door(s) at the entrance(s) into the dispensary			
2c	Placeholder for College license			
2d	Professional service area for Schedule 2 drugs			
2e	Patient consultation area			



#	Item	Compliant	Comment	CPBC Use
2f	Dispensing counter(s) and service counter(s)			
2g	Computer terminals for prescription processing			
2h	Shelving			
2i	Double stainless steel sink			

## Security

#	Item	Compliant	Comment	CPBC Use
3a	<input type="checkbox"/> Locked metal safe <b>OR</b> <input type="checkbox"/> Safe declaration			
3b	Security camera system AND Surveillance signage			
3c	Motion sensors			
3d	Monitored alarm <b>OR N/A</b>			
3e	Physical barriers <b>OR N/A</b>			
3f	Locked area for sharps containers (for iOAT) <b>OR N/A</b>			

----- Do not complete the sections below if you are submitting a *Change of Layout* application. However, complete the Sterile Compounding section on page 8 if your telepharmacy compounds sterile preparation (hazardous/non-hazardous) -----

## Equipment and References

#	Item	Compliant	Comment	CPBC Use
4a	Equipment (General): 1. Telephone 2. Fax machine 3. Rx balance and calibration tools 4. Glass graduate(s) 5. Mortar 6. Pestle 7. Spatula 8. Funnel 9. Stirring rod 10. Ointment slab/ parchment paper 11. Counting tray 12. Soap in a dispenser 13. Paper towels in a dispenser 14. Plastic/metal garbage containers 15. Plastic lining			
4b	Equipment (Electronic Recordkeeping) 1. Device for inputting/creating coloured electronic records (e.g. scanner) 2. Backed up records storage area <b>OR N/A = Not storing prescriptions electronically</b>			
4c	Rx filing supplies (e.g. folders/binders)			



#	Item	Compliant	Comment	CPBC Use
4d	<b>Equipment (Cold Chain)</b> <ol style="list-style-type: none"> <li>1. Refrigerator</li> <li>2. Digital thermometer/temperature monitoring system</li> <li>3. Temperature log/record</li> </ol>			
4e	<b>Equipment (Methadone)</b> <ol style="list-style-type: none"> <li>1. Calibrated device</li> <li>2. Auxiliary labels</li> <li>3. Containers for daily dose</li> <li>4. Patient/Rx Log</li> </ol> OR N/A			
4f	<b>Equipment and Supplies (iOAT)</b> <ol style="list-style-type: none"> <li>1. Needles for patient self-injection</li> <li>2. Tourniquets</li> <li>3. Alcohol swabs</li> <li>4. Bandages</li> <li>5. Cotton swabs</li> <li>6. Naloxone and related supplies</li> <li>7. Breathalyzer</li> <li>8. Pulse oximeter</li> <li>9. Blood pressure monitor</li> <li>10. Oxygen</li> <li>11. Bag valve mask</li> <li>12. Disinfectant</li> <li>13. Injectable Hydromorphone Part-Fill Accountability Log</li> </ol> OR N/A			
4g	<b>References (CPBC)</b> <ol style="list-style-type: none"> <li>1. Pharmacy legislation</li> <li>2. CPBC Professional Practice Policies</li> <li>3. ReadLinks</li> </ol>			
4h	<b>References (General)</b> <ol style="list-style-type: none"> <li>1. Compendium</li> <li>2. Complementary/ Alternative</li> <li>3. Dispensary</li> <li>4. Drug Interactions</li> <li>5. Non-prescription Medication (2x)</li> <li>6. Medical Dictionary</li> <li>7. Pregnancy and Lactation</li> <li>8. Pediatrics</li> <li>9. Therapeutics</li> </ol>			
4i	<b>References (if applicable)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Opioid Agonist Treatment <ul style="list-style-type: none"> <li>○ PPP-66 Policy Guide</li> <li>○ BCCSU</li> <li>○ CAMH</li> <li>○ Monograph</li> </ul> </li> <li><input type="checkbox"/> Veterinary</li> <li><input type="checkbox"/> Psychiatric</li> <li><input type="checkbox"/> Geriatric</li> <li><input type="checkbox"/> Compounding</li> </ul> OR N/A			

## Prescription

#	Item	Compliant	Comment	CPBC Use
5a	Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains			



#	Item	Compliant	Comment	CPBC Use
	prescription information generated after transmitting to PharmaNet)			
5b	Marked prescription (sample)			

## Confidentiality

#	Item	Compliant	Comment	CPBC Use
6a	<input type="checkbox"/> Shredder <b>OR</b> <input type="checkbox"/> Contract with a document destruction company			
6b	Offsite storage contract <b>OR N/A</b>			

## Inventory Management

#	Item	Compliant	Comment	CPBC Use
7a	Drug receiving area			
7b	Storage area for non-usable and expired drugs			

## Dispensed Products

#	Item	Compliant	Comment	CPBC Use
8a	Prescription product label 1. Single-entity product 2. Multiple-entity product			
8b	Filling supplies (e.g. vials and bottles including caps)			

## Pharmacy Manager's Responsibilities

#	Item	Compliant	Comment	CPBC Use
9a	Staff identification (e.g. Name tag/badge, apparel)			
9b	Policy & procedure manual			

## Central Pharmacy

#	Item	Reference and Requirements	Compliant	Details (Mandatory field)	CPBC Use
10a	Tool/technology enabling direct supervision on dispensary activities	<p><b>PODSA Bylaws s.31.1(1)(a)</b> A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present on duty at a telepharmacy unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i>.</p> <p><b>PODSA Bylaws Definitions</b> "direct supervision" means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in subsection 18(2).</p> <p><b>HPA Bylaws Schedule F Part 6 s.3</b> "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy.</p> <p><b>HPA Bylaws Schedule F Part 6 s.4(3)</b></p>		<p><b>Name of tool/technology:</b></p> <p><b>Describe in detail how compliance is met:</b></p>	



#	Item	Reference and Requirements	Compliant	Details (Mandatory field)	CPBC Use
		A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.			
10b	Tool/technology used for transmitting prescription and personal health information between sites	<p><b>HPA Bylaws Schedule F Part 6 s.6(2)</b></p> <p>Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information</p>		<p><b>Name of tool/technology:</b></p> <p><b>Describe in detail how compliance is met:</b></p>	
10c	Tool/technology used for processing prescriptions at the central pharmacy for prescriptions received at the telepharmacy	<p><b>PODSA Bylaws s.31.1(9)</b></p> <p>All transactions in PharmaNet must be distinguishable between the central pharmacy and telepharmacy.</p> <p><b>HPA Bylaws Schedule F Part 6 s.6(1)</b></p> <p>All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.</p>		<p><b>Name of tool/technology:</b></p> <p><b>Describe in detail how compliance is met:</b></p>	
10d	Tool/technology enabling direct supervision on product final check	<p><b>PODSA Bylaws s.31.1(1)(a)</b></p> <p>A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present on duty at a telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i>.</p> <p><b>HPA Bylaws Schedule F Part 6 s.3</b></p> <p>"supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy.</p> <p><b>HPA Bylaws Schedule F Part 6 s.4(2)(a)</b></p> <p>A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide direction and support to persons performing pharmacy services at the telepharmacy.</p> <p><b>HPA Bylaws Schedule F Part 6 s.4(4)</b></p> <p>Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.</p> <p><b>HPA Bylaws Schedule F Part 6 s.4(5)</b></p> <p>Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.</p>		<p><b>Name of tool/technology:</b></p> <p><b>Describe in detail how compliance is met:</b></p>	
10e	Tool/technology enabling direct pharmacist/patient consultation	<p><b>HPA Bylaws Schedule F Part 6 s.3</b></p> <p>"supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy.</p> <p><b>HPA Bylaws Schedule F Part 6 s.4(2)(b)</b></p> <p>A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation.</p> <p><b>HPA Bylaws Schedule F Part 6 s.7</b></p> <p>Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the <i>Health Professions Act Bylaws</i>.</p>		<p><b>Name of tool/technology:</b></p> <p><b>Describe in detail how compliance is met:</b></p>	



Complete the section below if your pharmacy compounds sterile preparations

## Sterile Compounding (Hazardous/Non-Hazardous)

### ANTEROOM

#	Item	Compliant	Comment	CPBC Use
C1a	Functional Parameters 1. <input type="checkbox"/> Non-Hazardous only, 2. <input type="checkbox"/> Hazardous only, and/or 3. <input checked="" type="checkbox"/> Shared Anteroom			
C1b	Room Temperature Control/Monitoring Device			
C1c	Demarcation Line			

### ANTEROOM – EQUIPMENT AND SUPPLIES

#	Item	Compliant	Comment	CPBC Use
C2a	<u>For Gowning and Garbing</u> 1. Personal Protective Equipment (PPE) a) shoe covers b) hair cover c) beard covers (if applicable) d) surgical mask e) non-shedding protective gown f) non-powdered sterile gloves g) Dedicated apparel (e.g. Uniform/clean room scrubs) 2. Mirror, or other means to verify garbing			
C2b	<u>For Hand Hygiene Cleansing</u> 1. Hands-free sink 2. Soap dispenser 3. Nail picks 4. Alcohol-based hand rub (ABHR) 5. Hand-drying system: <input type="checkbox"/> Lint free towels in a dispenser or <input type="checkbox"/> air hand dryer designed for use in controlled areas 6. Clock 7. Eyewash station (in/nearby anteroom)			
C2c	<u>For Cleaning</u> 1. Cleaning equipment and supplies 2. Disinfectant a) Germicidal detergent b) Sterile disinfectant (70% isopropyl alcohol), AND c) Sporocidal agent 3. Waste container and plastic bags 4. Material Safety Data Sheets			
C2d	Cold-chain equipment 1. Refrigerator 2. Freezer OR <input type="checkbox"/> N/A 3. <input type="checkbox"/> Digital thermometer and Temperature log, or <input type="checkbox"/> continuous temperature recorder OR <input type="checkbox"/> N/A			
C2e	For transferring products 1. Pass-through OR <input type="checkbox"/> N/A 2. Cart OR <input type="checkbox"/> N/A 3. Bin or tray			





## CLEAN ROOM

#	Item	Compliant	Comment	CPBC Use
C3a	Functional Parameters: Non-Hazardous Only, <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C3b	Functional Parameters: Hazardous Only, <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C3c	Primary Engineering Control (PEC): Non-Hazardous 1. <input type="checkbox"/> LAFW, and/or 2. <input type="checkbox"/> CAI <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C3d	Primary Engineering Control (PEC): Hazardous 1. <input type="checkbox"/> Class II or Class III BSC, and/or 2. <input type="checkbox"/> CACI <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C3e	Cold-chain equipment 1. Refrigerator 2. Freezer <input type="checkbox"/> OR <input type="checkbox"/> N/A 3. <input type="checkbox"/> Digital thermometer and Temperature log, or <input type="checkbox"/> continuous temperature recorder <input type="checkbox"/> OR <input type="checkbox"/> N/A			

## OTHER AREAS

#	Item	Compliant	Comment	CPBC Use
C4a	Segregated area(s): Non-Hazardous 1. <input type="checkbox"/> LAFW, and/or 2. <input type="checkbox"/> CAI <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C4a	Segregated area(s): Hazardous 1. <input type="checkbox"/> Class II or Class III BSC, and/or 2. <input type="checkbox"/> CACI <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C4c	Storage area for hazardous drugs 1. <input type="checkbox"/> dedicated room, and/or 2. <input type="checkbox"/> in clean room <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C4d	Storage area for cleaning equipment and supplies			
C4e	Cold-chain equipment in storage area 1. Refrigerator 2. Freezer <input type="checkbox"/> OR <input type="checkbox"/> N/A 3. <input type="checkbox"/> Digital thermometer and Temperature log, or <input type="checkbox"/> continuous temperature recorder <input type="checkbox"/> OR <input type="checkbox"/> N/A			
C4f	<input type="checkbox"/> Incubator, or <input type="checkbox"/> Report from a certified external laboratory			
C4g	Signage			

## HAZARDOUS STERILE COMPOUNDING – ADDITIONAL SUPPLIES, OR ☐ N/A

#	Item	Compliant	Comment	CPBC Use
C5a	Personal Protective Equipment 1. Gloves (D-6978-05 ASTM) 2. Gown			



#	Item	Compliant	Comment	CPBC Use
	3. Masks (N95 or N100, NIOSH-approved) 4. Goggles and face shield, OR full facepiece respirator			
C5b	Spill kit including chemical cartridge respirator with pre-filter			
C5c	Cytotoxic waste container			
C5d	Surface decontamination and deactivation agents			

## DOCUMENTATION

#	Item	Compliant	Comment	CPBC Use
C6a	Compounded product label			
C6b	Compounded Sterile Preparation Log 1. Individual, OR <input type="checkbox"/> N/A 2. Batch, OR <input type="checkbox"/> N/A			
C6c	Policies and Procedures for Compounding 1. Non-Hazardous Sterile Preparation, OR <input type="checkbox"/> N/A 2. Hazardous Sterile Preparation, OR <input type="checkbox"/> N/A			
C6d	General Maintenance Log 1. PEC maintenance and certification 2. Maintenance of devices, instruments and accessories 3. Calibration of temperature probes 4. Calibration of incubator OR <input type="checkbox"/> N/A 5. Forms or schedules to document cleaning and disinfecting activities as per established policy			