



Pharmacy Closing Procedures and Declaration

The following pharmacy closing procedures must be conducted. According to section 48 of *The Pharmacy and Pharmacy Disciplines Act* entitled “Duty to inform registrar,” a proprietor who ceases to operate the proprietary pharmacy named in the permit shall notify the registrar no later than five days prior to the change in operation.

Complete and return this declaration and the pharmacy permit to the College within 10 days following the closure of the pharmacy to confirm all closing procedures have been completed. Completed forms can be emailed to: info@saskpharm.ca or faxed to 306-584-9695.

Current Pharmacy Manager: _____ Phcy Permit # _____

Pharmacy Trade Name: _____

Location Address: _____

Last Day of Operation: _____ Closed Date: _____

Please **INITIAL** beside completed statements:

_____ Return current Pharmacy Permit to the SPCP office

_____ Inform Patients of Closure [obligation under [The Health Information Protection Act \(HIPA\)](#)]

Example: Contact recipients of prepared prescriptions; post notices to public (in-store postings and media announcements) at least 30 days prior to date of closure; post signage at store entrance, update phone message advising the public about location of the nearest licensed pharmacy, and other information to assist with obtaining necessary pharmacy services

_____ Record the **inventory of Narcotic and Controlled Drugs**, including all CDSA drugs: Narcotics, Controlled Substances and Benzodiazepines, and Targeted Substances

_____ Keep one copy of inventory record with the files of the pharmacy purchasing the N&G inventory from you and keep one copy with your records

_____ Have a pharmacist employed by the pharmacy sign and date the **inventory list**

NOTE: Narcotic and controlled drugs cannot be transferred from one pharmacy to another. Patients will require new prescriptions. Prescriptive authority cannot be used as pharmacists are not recognized as practitioners under the CDSA

_____ Remove immediately all interior and exterior signs and symbols relating to the pharmacy operation

_____ Remove Schedule I, II & III Drugs

- _____ Advise SCPP of the disposition of all prescription and non-prescription, pharmacy-only products, especially Narcotic and Controlled drugs
- _____ Advise of the disposition of all patient profiles and prescription files: **paper and electronic**
- _____ Ensure any computers and equipment removed from service has **hard drive removed and or wiped clean**, and that you have **retained an electronic copy**. Wipe clean photocopiers, scanners, fax machines, etc. **Have computer hard drives sanitized professionally; simply deleting files and reformatting is insufficient**
- _____ Advise if computers are being purchased by another pharmacy, and name/location of pharmacy: Yes / No _____

There are no provisions in *The Pharmacy and Pharmacy Disciplines Act* or Bylaws for pro-rating or refunding the cost of the proprietary pharmacy permit.

Inform Patients – An obligation under *The Health Information Protection Act* (HIPA):

22 (1) “Where a trustee ceases to be a trustee with respect to any records containing personal health information, the duties imposed by this Act on a trustee with respect to personal health information in the custody or control of the trustee continue to apply to the former trustee until the former trustee transfers custody and control of the personal health information to another trustee or to an information management service provider that is a designated archive.”;

27 (4) “A trustee may disclose personal health information in the custody or control of the trustee without the consent of the subject individual in the following cases:
 ... (c) where the disclosure is being made to a trustee that is the successor of the trustee that has custody or control of the information, if the trustee makes a reasonable attempt to inform the subject individual of the disclosure.”

Declaration of Completion of Procedures:

I hereby acknowledge that the closure procedures have been completed as per SCPP regulations, *The Pharmacy and Pharmacy Disciplines Act*, the SCPP Regulatory Bylaws, and *The Health Information Protection Act*.

Manager Name (Printed) & Member #: _____

Signature of Pharmacy Manager: _____ Date: _____

For more information contact:

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