



Pharmacy closure plan

This guide helps the licensee or temporary pharmacist in charge, in collaboration with the proprietor, to prepare for pharmacy closure when a pharmacy licence terminates.

Facilitate patient care (initiated 30 days before the pharmacy closure)

How will patients be notified of the pharmacy closure and the location of their pharmacy records?

- Signs displayed on all exits/entrances to the premises
- Pharmacy website
- Pharmacy voicemail message
- Bag stuffers
- Media
- Other (describe)

Outline the procedure to support patients with obtaining their prepared prescriptions prior to pharmacy closure.

Will patient records be transferred to another pharmacy? Yes No

If yes, provide the following information about the receiving pharmacy:

- pharmacy name, ACP licence number, address, and contact information:

- proprietor representative's name and contact information:

- licensee's name and ACP registration number:

Describe the procedure for transferring the patient records to the other pharmacy.

Will patients be provided a copy of their records? Yes No

If yes, outline the procedure for notifying patients and providing the copy of their records.

How will nearby pharmacies and other healthcare professionals be notified of the pharmacy closure to facilitate uninterrupted access to care?

Outline the procedure for prescriptions that are not picked up at pharmacy closure.

Storage of pharmacy records (completed during the pharmacy closure)

Pharmacy records must be removed from the closed pharmacy and remain under the custodianship of the licensee. The licensee's custodial duties cannot be relinquished and do not end upon the closure of the pharmacy. However, custodial duties can be transferred to another eligible custodian under the Health Information Regulation. A proprietor who is not a regulated member cannot become the custodian of patient records nor can they access the patient records.

Will the pharmacy records be transferred and stored in another pharmacy? Yes No

If yes, the licensee of this pharmacy becomes the custodian of the closed pharmacy's records.

Provide the following information about the receiving pharmacy:

Pharmacy name

ACP licence number

Pharmacy address (include city and postal code)

Pharmacy phone number

Proprietor representative's name

Proprietor representative's phone number

Licensee's name

Licensee's ACP registration number

Describe the records that will be transferred to this pharmacy for storage.

Outline the procedure for transferring the records to the other pharmacy for storage.

Will pharmacy records be transferred and stored in a secure storage facility? Yes No

If yes, will the licensee of the pharmacy continue to be the custodian of the closed pharmacy's records? Yes No

If **no**, provide the information for the pharmacist who will be the custodian of the pharmacy records.

Pharmacist name

Pharmacist's ACP registration number

Pharmacist's phone number

Pharmacist's email address

Provide the following information about the storage facility.

Storage facility name

Storage facility address (include city and postal code)

Storage facility contact information

Storage facility details

Describe the records that will be transferred to this facility for storage.

Has this storage location already been approved by ACP? Yes No

If no, a separate application will be required upon closure.

Outline the procedure for transferring the records to the facility for storage.

Disposition of drugs (completed during the pharmacy closure)

Upon pharmacy closure, perform an inventory of all drugs in the pharmacy. Afterwards, **all** drugs must be removed from the unlicensed site in accordance with the legislation.

Outline the procedure for completing inventory of all drugs. A copy of the inventory must be

1. maintained in the files of the closed pharmacy,
2. provided to ACP, and
3. kept by the licensee or TPIC.

Outline the procedure for returning drugs to the licensed dealer(s).

Provide the contact information for the licensed dealer(s).

Licensed dealer's name

Email address

Licensed dealer's address (include city and postal code)

Phone number

Will drugs be transferred to another pharmacist in good standing who does not have a [notice of restriction](#) issued in their name by Health Canada* Yes No

If yes, provide the following information about the receiving pharmacist and pharmacy:

Pharmacist's name

Pharmacist's ACP registration number

Pharmacist's phone number

Pharmacist's email address

Pharmacy name

ACP licence number

Pharmacy address (include city and postal code)

Pharmacy phone number

*If the other pharmacist has a notice of restriction issued in their name by Health Canada you cannot transfer narcotics, controlled drugs, or targeted substances to them.

Outline the procedure for transferring drugs to the other pharmacy.

A written record of all narcotic and controlled drugs transferred from the pharmacy must be provided to ACP.

Outline the procedure for notifying [Health Canada](#) after removing, transporting, or transferring a controlled substance from their place of business* to any other place of business.

**Health Canada must be notified even if the place of business is owned by the same person or entity.*

Outline the procedure for reporting any loss or theft of controlled substances to [Health Canada](#).

Outline the procedure for destroying drugs in a manner that complies with the *Controlled Drugs and Substances Act* and the *Food and Drugs Act*.

Notify ACP (within five days after the pharmacy closure)

When a pharmacy closes, the pharmacy must cease to provide pharmacy services or otherwise engage in the practice of pharmacy. All drugs and patient records must be removed from the premises.

Within five working days of the closure, the pharmacist performing the closure must submit

- the notification of pharmacy closure, available in myACP,
- a written record of the inventory of all drugs in the pharmacy, and
- a written record of all narcotics and controlled drugs transferred from the pharmacy (if applicable).