COVID-19 Notification of Temporary Pharmacy Closure Form

The continued operation of community pharmacies and the prospect of temporary closures if pharmacy staff are unable to work due to such things as illness, self-isolation, or caring for loved ones can have a significant impact on patient care. The primary consideration of pharmacy managers must be to ensure patients are informed, have access to their records and understand how to access their medication in the event of a closure.



Overview

- 1. The pharmacy manager who temporarily closes a pharmacy due to COVID-19 issues must immediately file a COVID-19 Notification of Temporary Closure form with the College via email at info@nbpharmacists.ca or fax to (506) 857-8838.
- 2. The Pharmacy Manager is responsible for the security of controlled and scheduled I, II, & III drugs throughout the period of closure.
- 3. The Pharmacy Manager is responsible for the security of personal health information throughout the period of closure.
- 4. Patients should be given the opportunity, if possible, to obtain their prepared prescriptions or make other arrangements.

PHARMACY INFORMATION	
Name of pharmacy (as known to the public):	
NBCP pharmacy accreditation "P" number:	
Municipal address:	
Pharmacy Telephone number:	
Date of closing (DD-MO-YYYY):	
Details of closure (attach separate document if needed):	
Anticipated Date of re-opening (DD-MO-YYYY):	
PHARMACY MANAGER CONTACT INFORMATION	
Name:	
Contact email during closure:	
Contact telephone number during closure:	

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DECLARATION TO BE COMPLETED BY THE PHARMACY MANAGER

I acknowledge my professional obligations as outlined in the overview. I agree to notify the College when the pharmacy has reopened. (send email to info@nbpharmacists.ca)

If submitting form electronically*:

By typing my full name in the signature box below, I hereby declare that the information I have provided on this form is true and complete to the best of my knowledge and belief.)

Signature of Pharmacy Manager:

Pharmacy manager NBCP licence number:

Date filed with College:

*Please note: If this document is completed electronically (rather than printing), a copy of the document must be saved before sending by email to the College.