



# College of Pharmacists of Manitoba

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## Sterile Non-Hazardous Implementation Schedule

Year	Month	General Consideration	Sterile (Non-Hazardous)	
			Operational	Facilities
2017	February	Council approval of the NAPRA Model Standards for Hazardous and Non-Hazardous Sterile Compounding implementation dates.		
	Spring	Member education to introduce NAPRA Model Standards and implementation timelines: <ul style="list-style-type: none"> <li>• Website Educational Tools</li> <li>• CPhM Site Visits</li> </ul>		
<b>PHASE ONE</b>				
2018	June		5.1 Develop and implement a training and assessment program for staff involved in non-hazardous sterile compounding. <b>(June 1, 2018 - Required)</b>	
	June		5.2 Develop and implement documented policies and procedures for non-hazardous sterile compounding. <b>(June 1, 2018 - Required)</b>	
	June		6.2, 6.3, and 6.4 Develop and implement protocols and preparation logs for compounded sterile preparations. <b>(June 1, 2018 - Required)</b>	

*College of Pharmacists of Manitoba Mission:  
 To protect the health and well-being of the public by ensuring and promoting safe, patient-centred,  
 and progressive pharmacy practice in collaboration with other health-care providers.*

Member of the National Association of Pharmacy Regulatory Authorities

CPHM Sterile Non-Hazardous Timeline

Year	Month	General Consideration	Sterile (Non-Hazardous)	
			Operational	Facilities
	June		6.7, 6.8, 6.9, 6.12 Develop and implement protocols for non-hazardous medication packaging, storage, transport, waste management, and delivery procedures. <b>(June 1, 2018 - Required)</b>	
	June		6.10, 6.11 Develop recall procedures (traceability), and incident/accident management procedures. <b>(June 1, 2018 - Required)</b>	
	June		7. Develop and implement a quality assurance program for non-hazardous sterile compounding. <b>(June 1, 2018 - Required)</b>	
<b>2018</b>	<b>June - December</b>	<b>CPHM Site Audits to assess compliance with operational requirements (5.1, 5.2, 6.1, 6.2, 6.3, 6.4, 6.7, 6.8, 6.9, 6.12, 6.10, 6.11, 7)</b>		
<b>PHASE TWO</b>				
<b>2019</b>	June		6.5, 6.6 Educate and validate all staff involved in non-hazardous sterile compounding (includes conduct of personnel in areas reserved for compounding, handwashing, garbing, aseptic compounding techniques, cleaning and disinfecting, verification, and labelling). <b>(June 1, 2019 - Required)</b>	
<b>2019</b>	<b>June – December</b>	<b>CPHM Site audits to assess compliance with staff education and validation, and ALL other operational requirements.</b>		



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<b>PHASE THREE</b>				
<b>2021</b>	January		6.1 Establish documented beyond-use dates and dating methods. <b>(January 1, 2021 - Required)</b>	
<b>2021</b>	January 1			5.3 Facilities and Equipment Compliance with the NAPRA Model Standards for Non-Hazardous Sterile Compounding Standards <b>(January 1, 2021 - Required)</b>
<b>2021</b>	January – December	<p>CPHM Site Audits to assess compliance with facilities and equipment requirements.</p> <p>Ongoing audits to assess compliance with operational and facility requirements to be combined with CPhM Routine Hospital and Community Pharmacy Inspections.</p>		