- Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder.
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- النسخة الإلكترونية هي النسخة المضبوطة وفق إجراء ضبط الوثائق. النسخ الورقية غير مضبوطة وتقع على مسؤولية حاملها.
- يسمح بالوصول وبالاحتفاظ بهذه الوثيقة مع مصدرها أو مع المسؤول عن تطبيقها أو مع المطبق عليهم.
- تصنيف امن المعلومات:
  ☐ بيانات مفتوحة ☑ مشارك –خاص ☐ مشارك –حساس ☐ مشارك –سري

قائمة التحقق النهائي
Checklist Random
Outpatient Pharmacies

Name of the Facility: _____

Date of Inspection: ____/_____/_____

Ref.	General Requirements:	Yes	No	N/A	Remarks
5.3.1.	Pharmacy is located on the ground floor and may be located on a higher floor if it is within a commercial center or mall.				
5.3.3.	The Pharmacy provide a display board on its working hours and the pharmacy shifts' schedules (if applicable).				
5.3.4.	The pharmacy main sign board matches the pharmacy name as per the DHA and DED license.				
5.3.6.	Provide access to "People of Determination".				
5.7.1	Taps to Hand Basins in pharmacies are either elbow action taps or automatic taps. *				
5.7.1	Taps to Hand Basins in pharmacies should be either elbow-action taps or automatic taps*				
5.7.2	Antiseptic Hand Rubs are located so they are readily available for use. *				
22.3.4.	Providing easy access to soap and water or hand sanitizer for staff.				
4.2	Foot operated or other hands-free operated clinical and normal waste bins. *				
5.2. g.i.	24 hours Pharmacy service minimum licensingrequirements are four (4) licensed DHA pharmacists,one full time and the others may be part time.				

5.2.1.g. ii	Clear signage is available to direct people that the facility is operating 24 hrs.				
8.6	Scientific pharmaceutical reference are available in pharmacy either as hard copy or electronic format, such as but not limited to: BNF, Martindale: The Complete Drug Reference.				
7	**Staff Roles and Responsibilities:**				
7.2.6.	Pharmacist supervises pharmacy technicians and pharmacy trainees.				
7.3.3.	Pharmacy Technicians and trainees may dispense medications under the direct supervision of a licensed pharmacist.				
7.3.4.	Pharmacy Technician and trainees shall NOT dispense any Narcotics, Controlled and Semi Controlled medications.				
7.4.1.	Training pharmacists should have a valid DHA license.				
7.4.2.	Pharmacy management should ensure that there is at least one (1) DHA licensed pharmacist is present per shift to supervise the trainees at all times.				
12	**Prescribing and Dispensing Medications:**				
12.1.1.	It is recommended for the pharmacy to establish and implement a process for safe dispensing of medications within a health facility or pharmacy.				
12.1.4.	The pharmacy staff are prohibited from selling medications, pharmaceutical products, vitamins and food supplements with medical claims that are: a. Not registered and approved by MOHAP and/or did not receive marketing approval /Dubai Municipality (DM) approval. b. Expired or defective. c. Recalled medications. d. Introduced illegally to the country. e. Free medication samples.				
12.1.5.	Pharmacies should not exceed the selling price specifiedby MOHAP on the package of the medications orpharmaceutical products.				
12.1.6.	Pharmacies should not offer additional discounts from those prices specified by MOHAP.				
12.1.9.	The pharmacy staff should not accept any returned medications previously dispensed to patients.				

14.2.	Storage:				
14.2.2.	All Drug Storage Areas is to be fitted with temperature and humidity controls.				
14.2.5.	It is prohibited for pharmacies to distribute or store medications and pharmaceutical products of other pharmacies with its storage area.				
14.2.6.	Storage areas are designed to ensure the following good storage conditions: a. Proper cleanliness and hygiene. b. Dryness (relative humidity not more than 60%). c. Temperature within acceptable limits (8-25 degrees Celsius). d. Suitable spaces to permit cleaning and inspection.				
14.2.7.d	For medications and pharmaceutical products that require storage in a refrigerator; the refrigerator temperature is maintained between 2-8 degrees Celsius.				
14.2.7.f	Vaccines are stored in a separate refrigerator where temperature control is between 2 and 8 degrees Celsius.				
14.2.8.	Food and drink are not stored in the medication refrigerator or in areas for mediation storage.				
14.2.9.	A temperature monitoring system may be required to be installed and connected to a centralized alarm/warning system.				
14.2.10.	A sufficient back-up emergency power supply for the refrigerator is available to ensure protection and safety of medication in the event of an emergency power cut.				
14.2.11.	A digital thermometer is available in the pharmacy, storage area and medication refrigerator to ensure the validity and stability of the products.				
14.2.12.	Temperature and humidity monitoring charts readings are logged on a separate sheet at least twice daily.				
14.2.13.	The pharmacy cabinets/shelves used to display andstore medications appropriately include the following: a. Cabinets/shelves for Prescription OnlyMedication (POM). b. A dedicated and labeled cabinet(s)/area for thestorage of expired medications or returned/withdrawn medications c. These cabinet(s) are placed away from thegeneral sales area.				

14.2.15	**Expiry:**				
14.3.2.	The expiration date is always be checked upon receiving medications from suppliers.				
14.3.6.	Any medication with an unknown expiration date may be treated as an expired medication and disposed.				
14.3.7.	All expired and outdated medications are collected, labeled clearly as expired or outdated, and isolated from usable stock in a designated area in the pharmacy. Refer to the DHA policy for Medications Disposal and Waste Management.				
14.4.	**Medication Recall:**				
14.4.5.	All recalled batch medications has to be returned to the drug stores from which they were purchased.				
14.4.6.	All patients should be contacted and requested to stop taking recalled medication and to return them to the pharmacy.				
15	**Medication Delivery**				
15.2.2.a	For application of delivering POM via a delivery system the facility should seek the approval of Telepharmacy services and must meet the licensure requirements such as but not limited to electronic platforms, online websites and mobile applications.				
15.2.2.b	For application of delivering OTC medications and general medical products via a delivery system the facility should seek the approval of “Pharmacy Delivery” add on services to the facility.				
15.2.8.	The DHA licensed Pharmacy and pharmacists in charge must take full responsibility for any medication errors or adverse events resulting inappropriate or unsafe delivery of medications through the facility delivery service or/third-party delivery company services.				
15.2.9.	Medication supply with delivery services will encompassa review of the prescription and patient counsellingincluding; provision of information on how to use theirmedication safely, management of potential side effects,ADR, and when to seek medical attention, if required.				
15.2.10.	Delivery of medication should be transported using packaging or devices, which will ensure that they are maintained within appropriate standards pertaining to temperature, light, humidity and storage as described in the manufacturer’s specifications to prevent deterioration.				
15.2.11.	Medications must be supplied in their original manufacturer packs and leaflets, and delivered in appropriately sealed delivery containers that conceal the contents and maintain patient confidentiality.				
15.2.12.	Cold chain products are packed in a way to ensure that the required temperature is maintained throughout its transport.				

15.2.13.	The pharmacy may provide a special temperature and humidity-controlled containers designed for medication requiring cold chain during transporting e.g. insulated Styrofoam coolers, refrigerant gel packs and storing should be within the recommended temperature range of +2 to +8 degrees Celsius (°C).				
15.2.15.	Soft packaging materials such as cushioning, foam or packing Peanuts may be provided to absorb shocks.				
15.2.16.	Liquid medicines e.g. syrups are required to be delivered to the patient intact and in good condition through leak-proof bag /absorbent material to deliver glass bottles safely.				
15.2.17.	Pharmacist should be able to supply documentary evidence that the pharmaceutical product has not exceeded the acceptable limits temperature and humidity, as determined by the manufacturer's instructions.				
15.2.18.	The delivery system is required to be conducted in a secured manner, and the delivery of medicines and medical products must comply with patient privacy and confidentiality.				
15.2.22.	The pharmacy may develop a mechanism for contacting patients regarding delays in delivering medication and medical products in addition to communicating any known recalls.				
15.2.23.	A comprehensive audit trail of all deliveries is essentialto be recorded in a delivery record book(manual/electronic) including patient information anddelivery address and patient counseling logs.				
15.2.24.	A receipt is required on delivery of medicines with the full name of the pharmacist who dispended the medications and the facility name. The pharmacist will need a mechanism to do this, and emailed acknowledgment of receipt would be reasonable.				
15.2.27.	It is prohibited to deliver Narcotic, CD and SCD medications via a delivery system.				
18	**Narcotic, Controlled, and Semi-Controlled Drugs:**				
18.7.3.c	Prescribing Narcotics for outpatients is only through the Unified Controlled Medication Platform.				
18.7.3.e	Refill prescriptions for Narcotics is prohibited.				
18.7.4.d	CD prescription is carried using the Unified Controlled Medication Platform.				
18.7.4.e	Refill prescriptions shall not be issued for CD, a specific exceptional list has been issued to define CD which can be refilled by specialist and consultant physician only as per the Ministerial Decree No (680) for the year of 2017.				

18.8.1.c	All dispensed quantities in the pharmacy are recorded in the Narcotic register book by the Person in-charge, and the authorized personnel in the inpatient units/clinical areas.				
18.8.1.d	Each entry into the Narcotics register book is accurate, legible, with clear handwriting and includes the prescription number and patient name and their health record number.				
18.8.1.j	The Pharmacist in-charge sign on the Narcotic drug prescription prior to dispensing and retain all the prescriptions in the facility for a minimum of five (5) years.				
18.8.1.k	Discarding all unused Narcotic is recorded and signed on the Narcotic prescription form and counter-signed by a witness.				
18.8.2.c	Pharmacist retain all the Electronic prescription records in the health facility for a minimum of five (5) years.				
18.8.2.d	All dispensed quantities of CD are recorded in the CD register book by the Person in-charge.				
18.8.3.c	SCD Electronic prescriptions are retained in the health facility for a minimum of two (2) years.				
18.8.3.d	The dispensed drugs are recorded in the SCD register book by the Person in-charge.				
14.2.13.a	A secured double locked steel cabinet(s) for Narcoticdrugs (in hospitals/DSC only).				
18.6.4.e	The main storage area for Narcotic drugs, Narcotic register books and Narcotic prescription books are stored in a special secured lockable cabinet(s) and Security/alarm system and/or security camera.				
18.6.5	Narcotic drugs stored outside the pharmacy (in the inpatient units or medication room) should be placed in a double locked steel cabinet inside a secured medication room.				
14.2.13.b	A secured lockable steel cabinet(s) for Controlled and Semi controlled Drugs.				
18.6.6	CD and SCD register book are stored in separate cabinet in a special secured lockable cabinet made of steel with a single locking system.				

قائمة التحقق النهائي

Checklist Random

Outpatient Pharmacies

Clinical Audit Staff	Name	Signature Date	Date
Team Leader			
Inspection Member			
Inspection Member			
Inspection Member			
Inspection Member			
Summary of Findings and Recommendations for the Facility:			
Date of Next Visit:			
Summary of Findings and Recommendations to DHA Management:			

References:

1- DHA Pharmacy Guideline 2021.

2- *DHA Health Facility Guidelines 2019, Part B – Health Facility Briefing & Design, 370 – Pharmacy Unit. **Outpatient Pharmacies**