



Non-hospital Medical and Surgical  
Facilities Accreditation Program

**ACCREDITATION STANDARDS**

Medication Management

Copyright © 2026 by the Non-hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of British Columbia.

All rights reserved. No part of this publication may be used, reproduced or transmitted, in any form or by any means electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system or any nature, without the prior written permission of the copyright holder, application for which shall be made to:

Non-hospital Medical and Surgical Facilities Accreditation Program  
College of Physicians and Surgeons of British Columbia  
300-669 Howe Street  
Vancouver BC V6C 0B4

The Non-hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of BC has used their best efforts in preparing this publication. As websites are constantly changing, some of the website addresses in this publication may have moved or no longer exist.

## Introduction

Prescription drugs are purchased from a pharmacy licensed in British Columbia or a wholesaler or manufacturer licensed to operate in Canada.

## Medication management

No.	Description	Reference	Risk	Change	Asmt.
<b>MEDS1.0</b>	<b>MEDICATION MANAGEMENT</b>				
<b>MEDS1.1</b>	<b>Medication inventory processes ensure the availability and quality of medications.</b>				
MEDS1.1.1	<p><b>M</b> A regulated health professional is responsible for overseeing the management of the medication inventory.</p> <p>Guidance: A regulated health professional is assigned responsibility for ensuring that the non-hospital facility has the appropriate medication supply for the patient population, procedures performed and level of anesthesia.</p>		M		P, F
MEDS1.1.2	<p><b>M</b> A medication inventory list is maintained.</p> <p>Guidance: There is a list of medications that are available at the non-hospital facility. The formulary list is reviewed annually to ensure that the available medication meet the needs of the medical and surgical services offered at the non- hospital facility.</p>		L		P, F
MEDS1.1.3	<p><b>M</b> A “do not use” list of abbreviations, acronyms, symbols and dose designation is in place.</p> <p>Guidance: The use of some abbreviations, acronyms, symbols and dose designations have been identified as an underlying cause of serious medication errors. Non-hospital facilities should endorse the Institute for Safe Medication Practices Canada (ISMP Canada) “Do Not Use Dangerous Abbreviations, Symbols and Dose Designations” list, avoid the use of abbreviations in all handwritten communications (e.g. “units” instead of “u”) and review and revise all preprinted orders and medication administration records to ensure that no dangerous abbreviations are present.</p>		M		P, F

No.	Description	Reference	Risk	Change	Asmt.
<b>MEDS1.2</b>	<b>Medication inventory is appropriately stored and managed.</b>				
MEDS1.2.1	<b>M</b> Medications are stored in an area not accessible to patients and non-authorized personnel.		H		P, F
MEDS1.2.2	<b>M</b> Medications are stored according to manufacturer's instructions for use.  Guidance: The recommended range to maintain potency of most medication stored at room temperature is between 15oC and 25oC. The recommended range to maintain potency of medications requiring refrigeration is between 2°C and 8°C.		M		P, F
MEDS1.2.3	<b>M</b> Medications inventory is arranged in a systematic manner.  Guidance: A simple, consistent system such as alphabetically is recommended. However, special attention should be given to look- and sound-alike medication names and packaging. These should be separated even if the medication inventory is arranged alphabetically.		M		P, F
MEDS1.2.4	<b>M</b> Medications that look- and sound-alike and different concentrations of the same medication are separated.  Guidance: Special attention should be given to look- and sound-alike medication names and packaging. Known problematic drug pairs should be sufficiently separated regardless of normal alphabetical placement with staff being informed as to the safety reasons for these mis-alphabetized items. Implementing a "shelf-talker" or signage on medication storage bins or shelves that bring attention to sound- and look-alike medication products.		M		P, F
MEDS1.2.5	<b>M</b> Expired medications are removed from the active medication inventory.  Guidance: Expired and recalled medications waiting return to manufacturer or pharmacy need to be stored in an area that is clearly differentiated from the regular active medication stock.		L		P, F

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.2.6	<b>M</b> Medication refrigerator temperature is checked and recorded daily.		L		P, F
MEDS1.2.7	<b>M</b> Medication refrigerator is exclusive to medications and vaccines.		L		P, F
<b>MEDS1.3</b>	<b>Medications are safely prepared and administered.</b>				
MEDS1.3.1	<b>M</b> Only physicians and authorized staff obtain and administer medications.  Guidance: Health professionals preparing and administering medications do so in accordance with their regulated scope of practice.		H		P, F
MEDS1.3.2	<b>M</b> Unregulated care providers whose role description includes medication administration receive appropriate training.  Guidance: A named regulated health professional must be responsible and accountable for the supervision of unregulated care providers who administer medications.		H		F
MEDS1.3.3	<b>M</b> Medication orders are patient-specific.  Guidance: No medication should be administered to a patient by authorized staff, other than a physician, without a pre-existing medication order. Medication orders are to be written on a physician order form such as a pre-printed order set. The medication order must contain the patient name, date and time the medication order was written, medication name, dosage, route of administration, frequency of dosing, prescriber signature (wet signature) and printed name.		M		P, F
MEDS1.3.4	<b>M</b> Single-use vials are discarded when the appropriate dose has been drawn up.  Guidance: Single-dose or single-use vials should be used for a single patient and a single case/procedure/injection. It is not acceptable to combine (pool) leftover contents of single-dose or single-use vials or to store single-dose or single-use vials for later use.		M		F

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.3.5	<b>M</b> Multi-use vials are dated when initially accessed.		M		P, F
MEDS1.3.6	<b>M</b> Multi-use vials are discarded within seven days of opening.  Guidance: Multi-dose vials are discarded when the vial has been entered but not labeled with an entry date, if contamination is suspected, if it is past the manufacturer’s expiry date (e.g. the date after which an unopened multi-dose vial should not be used), or if seven days after the initial vial entry has been reached.		M		P, F
MEDS1.3.7	<b>M</b> Medications are administered by the person who has prepared the medication.  Guidance: Health professionals administer only medications they themselves or a pharmacist have prepared, except in an emergency.		H		F
MEDS1.3.8	<b>M</b> Medication administration practices include the “seven rights” to reduce medication errors.  Guidance: CRNBC, CLPNBC and CRPNBC all require nurses to adhere to the “seven rights” of medication administration: the right medication, right patient, right dose, right time, right route, right reason, and right documentation.		M		F

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.3.9	<p><b>M</b> All medications are appropriately labelled.</p> <p>Guidance: All medications transferred from their original packaging to another container (e.g. drawn-up into a syringe, poured into bowl, cup etc.) that are not immediately administered are labelled at all times with the drug name, concentration, and route, even if only a single agent is present. This includes all medications and solutions handled in the operating/procedure room both on and off the sterile field. The contents of any unlabelled or poorly labelled container are discarded upon discovery (ISMP Canada OR medication safety checklist). Any medications found unlabeled are immediately discarded upon discovery. The medication label includes the medication name, strength and dose.</p>		H		F
MEDS1.3.10	<p><b>M</b> Medication administration documentation is complete.</p> <p>Guidance: All medication administered are documented in the patient's medical record. Medication administration documentation includes the medication name, date, time, dose, route and (if applicable) site and initials/signature.</p>		H		F
<b>MEDS1.4</b>	<b>Controlled drugs and substances are appropriately stored and managed.</b>				

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.4.1	<p><b>M</b> Controlled drugs and substances are stored in a metal safe that is securely anchored to the building.</p> <p>Guidance: Narcotics must be securely stored at all times to protect against loss or theft. Controlled drugs and substances located in the refrigerator or emergency cart must be stored in a locked compartment or drawer of the refrigerator or emergency cart and counted as part of the start and end of day counts. Targeted substances, e.g. benzodiazepines, must be stored in a secure environment and reasonable steps must be taken to protect any targeted substance from loss and theft. However, the regulations do not specifically require that benzodiazepines and other targeted substances be stored in a metal safe or that physical inventory counts be performed. To ensure targeted substances are protected, a non- hospital facility may wish to implement these additional controls to meet ensure reasonable steps are taken to protect any targeted substance in their possession from loss and theft.</p>		H		P, F
MEDS1.4.2	<p><b>M</b> Keys or code to the controlled drugs and substances safe are carried by/provided to regulated health professionals only.</p> <p>Guidance: The keys are to be carried by regulated health professionals (e.g. nurse, physician). When there is no regulated health professional on site, the keys are stored in a locked compartment that is accessible only to authorized regulated health professionals. When a combination lock is used, only regulated health professionals are provided with the code. The code should be changed every six months, when it is suspected the code may be in the possession of unauthorized personnel, and following any loss or theft of controlled drugs and substances.</p>		H		P, F

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.4.3	<p><b>M</b> Controlled drugs and substances are counted and reconciled at the start and end of each surgical day.</p> <p>Guidance: Count discrepancies are immediately investigated and if unresolved are reported to the medical director. Any loss or theft of controlled drugs and substances must be reported to the federal minister within 10 days of discovery.</p>		M		P, F
MEDS1.4.4	<p><b>M</b> Controlled drugs and substances counts are performed by two regulated health professionals concurrently.</p> <p>Guidance: Controlled drugs and substances counts and reconciliation are documented and signed by a regulated health professional. The second regulated health professional witnesses the count, records the count and co-signs the log. In facilities where there is only one regulated health professional (physician) the count is witnessed, recorded and co-signed by a second unregulated staff member.</p>		M		P, F
MEDS1.4.5	<p><b>M</b> Controlled drugs and substances administered, dispensed or wasted are recorded in a log.</p> <p>Guidance: The controlled drugs and substances log header includes the name of the facility, page number, medication name(s) and strength and unit of issue (e.g. tablet, ampoule). The controlled drugs and substances log main body includes the date, time, patient’s name, the name of the practitioner who ordered the medication, the medication quantity retrieved, amount given, (if applicable) amount wasted and signature/initials of the regulated health professional. Wastage is witnessed and signed/initialed by a second regulated health professional.</p>		M		P, F

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.4.6	<p><b>M</b> Expired, recalled or contaminated controlled drugs and substances are segregated from the regular stock.</p> <p>Guidance: The expired, recalled or contaminated controlled drugs and substances are stored in a metal safe that is securely anchored to the building and are separated from the regular stock (e.g. placed on a different shelf). These may be returned to the pharmacy for disposal or destroyed on site, with prior authorization from the federal Office of Controlled Substances in accordance with their procedures.</p>		M		F
MEDS1.4.7	<p><b>M</b> Controlled drugs and substances logs are retained for at least three years from the day of the last transaction in the log.</p> <p>Guidance: Controlled drug and substance receipt vouchers or the copy of the purchase order provided by the supplier are retained. The documentation must include the medication name and quantity, the supplier name and the date received. These records are filed sequentially and can be easily retrieved.</p>		L		F
MEDS1.4.8	<p><b>M</b> Records of the purchase of controlled drugs and substances are maintained for a minimum of three years.</p> <p>Guidance: Controlled drugs and substances includes narcotics, benzodiazepines and other targeted substances as listed in the Controlled Drugs and Substances Act, the Narcotic Control Regulations and the Benzodiazepines and Other Targeted Substances Regulations. The records include the name and quantity of the drug, name and address of the supplier and date received.</p>		L		F
<b>MEDS1.5</b>	<b>Medications are appropriately dispensed.</b>				

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.5.1	<p><b>M</b> Medications provided to the patient for a fee are dispensed only by physicians who are authorized by CPSBC.</p> <p>Guidance: The sale (dispensing) of medications is a professional activity provided by pharmacists. Physicians are not permitted to sell medications to their patients unless they have been authorized by the board of the College of Physicians and Surgeons of British Columbia to do so. This authority does not preclude a physician from dispensing sample medication or a dose of medication (free of charge) to their patients as part of their practice.</p>		L		P, F
MEDS1.5.2	<p><b>M</b> Medication(s) dispensed are appropriately packaged and labelled.</p> <p>Guidance: Patients may be provided with a sample dose of medication (free of charge) to take following discharge only when it is in the best interest of the patient. However, it is preferred that the patient be provided with a prescription to fill at the pharmacy. Physicians who sell medications to their patients are authorized by CPSBC to do so. The medication is labelled with the patient’s name, medication name, dosage, route and (where appropriate) strength, directions for use, quantity dispensed, date dispensed, name of the physician dispensing the medication and the name, address and telephone number of the non-hospital facility from which the medication is dispensed. All medications must be dispensed in a container that is certified as a “child-resistant package” by the Canadian Standards Association. In certain instances, regular closures can be used provided that the person for which the prescription is intended directs otherwise, in the professional judgment of the practitioner it is not advisable to use a child-resistant package in the particular situation, a child-resistant package is not suitable because of the physical form of the drug or the manufacturer’s packaging is designed to improve patient compliance (<a href="http://library.bcpharmacists.org/6_Resources/6-5_Pharmacy_Resources/5049-Standards_for_Dispensing_Practitioners_Guidelines.pdf">http://library.bcpharmacists.org/6_Resources/6-5_Pharmacy_Resources/5049-Standards_for_Dispensing_Practitioners_Guidelines.pdf</a>).</p>		H		P, F

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.5.3	<p><b>M</b> Medication(s) are dispensed by the appropriate regulated health professional.</p> <p>Guidance: Registered nurses may dispense sample medication(s) to patients under their care following review of an order that is complete and appropriate (e.g. medication name, route, frequency of administration). If the registered nurse prepares medication being provided to the patient at a cost, the physician must check each prescription for accuracy prior to its release to the patient. In addition, the physician must enter the dispensing information in PharmaNet.</p>		H		P, F
MEDS1.5.4	<p><b>M</b> Patients receive written information about the medication(s) dispensed.</p> <p>Guidance: Information provided including the purpose of the medication, how to take the medication, dosage regime, expected benefits, potential side effects, storage requirements and instructions required to achieve a therapeutic response.</p>		M		F
MEDS1.5.5	<p><b>M</b> Medication(s) dispensing documentation is complete.</p> <p>Guidance: Each time medication is dispensed, the following is documented in the patient’s medical record: date dispensed; medication name; strength and dosage; quantity dispensed; duration of therapy; and instructions given to the patient.</p>		M		F
<b>MEDS1.6</b>	<p><b>Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.</b></p> <p>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</p>				

No.	Description	Reference	Risk	Change	Asmt.
MEDS1.6.1	<p><b>M</b> There is policy and procedures for medication management.</p> <p>Guidance: Medication management policy and procedures address the selection, purchase, inventory management (stock, storage, expiry monitoring), administration, dispensing, recall, containment and disposal of all medications including controlled drugs and substances.</p>		L		P, F

## References

1. Centers for Disease Control and Prevention (US). Injection safety: frequently asked questions (FAQs) regarding safe practices for medical injections [Internet] Atlanta, GA: Centers for Disease Control and Prevention; 2010. Questions about single-dose/single-use vials [updated 2011 Feb 9; cited 2018 Feb 15].
2. Centers for Disease Control and Prevention (US). Injection safety: frequently asked questions (FAQs) regarding safe practices for medical injections [Internet] Atlanta, GA: Centers for Disease Control and Prevention; 2010. Questions about multi-dose vials [updated 2016 Aug 16; cited 2018 Feb 15].
3. Centers for Disease Control and Prevention (US). Injection safety: frequently asked questions (FAQs) regarding safe practices for medical injections [Internet] Atlanta, GA: Centers for Disease Control and Prevention; 2010. Background [updated 2011 Feb 9; cited 2018 Feb 15].
4. College of Physicians and Surgeons of British Columbia. Sale and dispensing drugs by physicians [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2016 [cited 2018 Feb 15]; 2 p. (Professional standards and guidelines).
5. College of Registered Nurses of British Columbia. Dispensing medications [Internet]. Vancouver: College of Registered Nurses of British Columbia; 2017 [cited 2018 Feb 15]. 5 p. (Practice standard for registered nurses and nurse practitioners).
6. College of Registered Nurses of British Columbia. Medication administration [Internet]. Vancouver: College of Registered Nurses of British Columbia; 2010 [cited 2018 Feb 15]. 3 p. (Practice standard for registered nurses and nurse practitioners).
7. College of Registered Nurses of British Columbia. Medication inventory management [Internet]. Vancouver: College of Registered Nurses of British Columbia; 2010 [cited 2018 Feb 15]. 3 p. (Practice standard for registered nurses and nurse practitioners).
8. Institute for Safe Medication Practices Canada; Healthcare Insurance Reciprocal of Canada. Eliminate use of dangerous abbreviations, symbols, and dose designations. ISMP Canada Safety Bulletin [Internet]. 2006 Jul 16 [cited 2018 Feb 15]; 6(4):1-3.
9. Health Canada, Office of Controlled Substances, Therapeutic Products Programme. Directive on physical security requirements for controlled substances (security requirements for licensed dealers for the storage of controlled substances) [Internet]. Ottawa: Health Canada; 1999 [cited 2012 Feb 1]. 54 p.
10. College of Pharmacists of British Columbia [Internet]. Vancouver: College of Pharmacists of British Columbia; 2018 [cited 2018 Feb 15].

11. Canada. Department of Justice. Benzodiazepines and other targeted substances regulations: SOR/2000-217 [Internet]. Ottawa: Minister of Justice; 2017 [cited 2018 Feb 15]. 76 p.
12. Canada. Department of Justice. Controlled drugs and substances act: (S.C. 1996, c. 19) [Internet]. Ottawa: Minister of Justice; 2017 [cited 2018 Feb 15]. 118 p.
13. Canada. Department of Justice. Food and drugs act: (R.S.C., 1985, c. F-27) [Internet]. Ottawa: Minister of Justice; 2017 [cited 2018 Feb 15]. 58 p.
14. Canada. Department of Justice. Narcotic control regulations: (C.R.C., c. 1041) [Internet]. Ottawa: Minister of Justice; 2017 [cited 2018 Feb 15]. 72 p.
15. Canada. Department of Justice. Precursor control regulations: SOR/2002-359 [Internet]. Ottawa: Department of Justice, 2017 cited 2018 Feb 15]. 85 p.

## Revision history

Date	Revisions
April 1, 2026	Transcribed to new template (no content changes) (version 1.4)