

Management of a Recall-Alert Checklist for Medication

Medication:			RESPONSIBILITY					
Recalls should only be sent to the applicable areas affected dependent on the type of medication, e.g. Intravenous medications provided in an acute care environment (IV metoprolol)	Staff	Regional Director Pharmacy/ Regional Manager of Pharmacy	Patient Safety Coordinator	Administrative Assistant Pharmacy	Pharmacy Department/ Pharmacist			
INTAKE								
Forward any received recalls or alerts to: <u>recallalert@southernhealth.ca</u> .	•							
☐ Check for new recalls and alerts at <u>recallalert@southernhealth.ca</u> email account daily.			•					
☐ Discuss recall/alert and distribution with the Regional Director Pharmacy/Regional Manager of Pharmacy to determine if the medication is carried regionally & what sites/ programs/ services could be impacted.		•	•					
☐ Create the Southern Health-Santé Sud Recall/Alert Form.			•					
☐ Add the title of the Recall/Alert to the Collaborative Work Site (CWS)→ Recalls and Alerts →Alerts and Recalls Master Tracking Log.			•					
☐ Record the next assigned number according to the Alerts and Recalls Master Tracking Log to the right side of the header on the Recall/Alert Form i.e.) 2022-28			•					
☐ Create a file folder on the CWS → Recalls and Alerts and upload the newly created Recall/Alert Form using the following nomenclature i.e.) ALERT —Furosemide 20mg- Oct-4-22 &/or RECALL — Furosemide 20mg - Oct-4-22			•					
DISTRIBUTION								
☐ Forward the completed Recall/Alert Form to the Administrative Assistant-Pharmacy indicating email priority level in the subject line i.e.) Priority High, Priority Medium, Priority Low.			•					
☐ Create a new file folder → Recall Alerts folder → YYYY-MM-DD name of recalled medication I.e.) 2022-10-04 Furosemide 20mg				•				
Create a Final Report in excel specific to the initiated Recall/Alert Form and add this document to the same file folder.				•				
☐ Distribute the Recall/Alert Form to each Pharmacy Department/Pharmacist providing services including affiliate and community owned pharmacies.				•				
FOLLOW-UP								
☐ Complete the required action(s) outlined in the Recall/Alert Form.					•			
☐ Complete the Recall/Alert Form and return response(s) to the Administrative Assistant- Pharmacy within 7 days unless otherwise stated.					•			
☐ Locate file of the specified Recall and Alert and upload site response.				•				
Locate Final Report in excel in the same specified file folder and check off the site response.				••				
☐ Follow-up on any responses that are not received by the due date as soon as possible.	1	ĺ	1	•	1			

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☐ Send the Final Report excel document for each open recall/alert via email to	,			_	•	
<u>recallalert@southernhealth.ca</u> at the end of each month.)	
☐ Checks <u>recallalert@southernhealth.ca</u> email for responses daily.				•		
□ Logs received responses to the CWS → Alerts and Recalls → Alerts and Recalls Master Tracking Log.				•		
☐ Upload the received Final Report excel document to the original recall/alert file folder.				•		
☐ Closes the recall/alert file when all responses have been received.				•		
MONITORING						
 □ Prepare a monthly report: Listing open and closed recalls/alerts including pending site/program responses. Upload the monthly report to CWS→ Recalls and Alerts → Alerts and Recalls Tracking Log Reports. Email the link and pdf copy of the monthly report to the Administrative Assistant - Quality, Planning & Performance for posting to the Health Provider Site along with the Admin Update. 				•		