



Dear Pharmacist / Registered Nurse

Clinic It© Manual

Clinic It© is a tool to assist PCDT Pharmacists and Registered Nurses in clinical environments within a pharmacy.

It consists of the following general procedures:

Clinic It© Manual
Consent And Indemnity For Procedures In The Pharmacy Clinic
Hiv Post-Exposure Prophylaxis In The Pharmacy Clinic
Sterilisation And Disinfection Control Guidelines In The Pharmacy Clinic
Pre And Post Hiv Test & Consent Form In The Pharmacy Clinic
Waste Management – High-Risk Considerations
Emergency Procedures And Treatment Protocols In The Pharmacy Clinic
Procedures For Services And Consultations In The Pharmacy Clinic
Emergency Equipment And Medicine In The Pharmacy Clinic
Family Planning In The Pharmacy Clinic
Injury On-Duty Of Employees Of The Pharmacy Clinic
Vaccination Schedules - Epi And Private Sector – For The Pharmacy Clinic
Daily Operations And Cleaning Schedule For The Pharmacy Clinic
Patient Complaint Management For The Pharmacy Clinic
Hand Washing Protocol For The Pharmacy Clinic
Professional Ethics And Confidentiality Protocol For The Pharmacy Clinic
Record Keeping Of Patient Information
Pharmacy Clinic Temperature Control And Cold Chain Management
Patient Confidentiality In The Pharmacy Clinic
Death Of A Patient In A Pharmacy Clinic
Performing A Wellness Screening Or Health Assessment
Administration Of Intramuscular Injections In The Pharmacy Clinic
Wound care
Policy And Procedures For Occupational Health And Safety In A Pharmacy Clinic

To purchase a Clinic It© Manual with an electronic copy:

- R1 400.00 (incl. Vat.) per manual

Annual updates are available by October of each year @ R150 per annum. A reminder for the annual update will be emailed annually in October. The PCDT Pharmacist / Registered Nurse must inform the S Buys Academy if email addresses and cellphone/telephone numbers change to keep receiving annual communication. The first annual update is included in the purchase fee.

Best regards

Estelle Victor

Executive Manager: S Buys Academy

Initial:

Clinic It© Order Form:

INFORMATION TO BE PRINTED IN THE MANUAL:

(Please note that cell phone numbers and email addresses are very important)

Name of Facility			
Facility SAPC Registration No.		Y	
Facility Address (Physical)		Postal Code:	
Telephone No:		Fax No:	
Mobile No:		Email address:	

DELIVERY DETAILS:

(Please allow 10 working days from the date of receipt of payment for delivery)

Inspection date: If applicable			
Delivery Address:			
Delivery Contact Person:			
Telephone No:		Mobile No:	

INVOICING DETAILS:

(Complete the table below for an invoice to be generated)

Company Name:			
Contact Person:			
Vat Reg. No:		Company Reg. No:	
Tel Number:		Email:	
Physical or Postal Address of Company: (If different from the facility address)			

The process:

- Our friendly personnel will email you an invoice.
- Once you have paid on the invoice using the reference given on the invoice, please email us the proof of payment.
- The manual will be generated and couriered after receipt of proof of payment.
- A soft copy of the manual will also be emailed to the facility.

Declaration:

I, (full name & surname of Pharmacist/Registered Nurse/Owner), the undersigned, hereby give my consent that the Academy, its data operators, and its employees may collect, process, share and store the data obtained through this document to create a profile to customise the Accredited It Manual for the facility as mentioned earlier.

- I understand that my personal information recorded and stored by the Academy is protected under and in full accordance with the Protection of Personal Information Act (4 of 2013). Any additional personal information I supply will be subject to the same standard of confidentiality and protection.
- I understand that I may request what personal information the Academy holds and with whom they shared it. I may further object to processing my personal information and request for correction or deletion of my personal information.

I agree that the Academy may / may not (tick the relevant box) send me notifications via email regarding updates available for the Accredited It manual.

Applicant's Signature: _____ Date _____

Please fax 086 457 4790 or email dispensing@sbuys.co.za