

Guidance Note: In-Store and Community Pharmacies



This Guidance Note has been developed with regards to the elevated risks posed to in-store and community pharmacies as a result of the ongoing COVID-19 situation.

The following advice must be read in conjunction with the Home Office security guidance document for existing or prospective Controlled Drug Licensees:

<https://www.gov.uk/government/publications/general-security-guidance-for-controlled-drug-suppliers>

Social Distancing:

Encourage staff to positively engage with customers, promote social distancing and vigilance.

Consider a 'meet and greet' approach at the main door; only essential business should be conducted within the pharmacy area, and this will reduce the risk to staff and customers.

Ensure that Social Distancing measures are in place, and that these are reinforced by clear rule setting in the form of signage and floor markings. Temporary barriers may also be appropriate where customers are likely to queue in any number.

Controlled Drugs (CD) and Cabinets:

These should not be used to store non-controlled drugs, such as prescription medication, or cash. This effectively limits the reason for access, and the Responsible Pharmacist (RP) will then be the only person who requires access to the cabinet.

- Keep CDs out of sight of public counter areas.
- Do not inadvertently draw attention to additional quantities of drugs on the premises.
- Undertake random stock and balance checks, including Methadone, Methylphenidate, Morphine and Fentanyl. Also check the contents of the CD cabinet against the CD register.
- Undertake random checks of *Out of Date* controlled drug stock and *Patient Returned Drugs* and ensure that these are stored securely.
- Do not leave unattended CDs on work surfaces i.e. made-up prescriptions awaiting collection/delivery. If CDs are on a work surface, the RP must be standing next them, and must be directly supervising them – otherwise they should be inside the CD cabinet awaiting collection/delivery.
- Use electronic stock ordering systems to minimise the volume of drugs held on the premises at any one time.
- Encourage patients to use the electronic prescription system wherever possible to restrict the number of patients entering the pharmacy.

Daily Supervision of Drug Taking (e.g. Methadone):

The decision to move away from Daily Supervision must be made by the patients' prescriber; this could be their nurse or General Practitioner (GP). This is not a decision for the RP.

This brings the heightened risk of patients overconsuming their medication and immediately seeking an alternative substance, there is also the heightened risk of patients falling off their programme of controlled substitute. This may have an impact on the safety of pharmacy staff, and on the wider community.

- Where staff members feel that they are at risk of immediate harm they should contact the police on 999.
- In all other cases, staff should report non-emergency incidents to the police via Single Online Home at www.gmp.police.uk or by dialling 101.
- Where patient safeguarding issues arise, the RP should signpost the patient back to their prescriber.

General Security:

- Do not divulge when deliveries are expected.
- Prepare storage and sorting areas in advance of deliveries.
- Maintain Public and Private area separation, use signs to set rules and lock any unused rooms.
- Ensure that your key holder details are up to date.
- Ensure that your physical security measures are in place and operating correctly e.g. CCTV, Building and Pharmacy Alarms, Personal Attack Alarms.
- Erect overt signage outlining the security measures in place at your store or pharmacy; this will help to deter would be criminals.
- Do not advertise security measures that you do not have in place in an attempt to deter criminals; this may have an adverse effect.
- Place temporary barriers on open plan counters to restrict access.
- Remove identification lanyards when leaving the premises, and secure computer log-in cards.
- Leave till drawers empty and open where possible.
- Ensure that the dispensary area is well secured, with all non-safe custody controlled drugs being moved into the CD cabinet where capacity allows e.g. Diazepam, Zopiclone.
- Minimise any visible stock holding of high value items to reduce the risk of being broken in to e.g. electrical goods and perfumes.
- Leave the main lights on after closing time and ensure that the pharmacy counter remains well lit.
- Contact your security provider(s) to inform them of any changes to your usual routine e.g. reduced opening hours, cessation of trading or empty premises.
- If you occupy a shared building, speak to your partners. Discuss your security procedures, opening and closing times, and any change in routines.
- Always employ at least 2 staff members to open and close the building and / or pharmacy. One of the staff members should stand away from the building line to observe the process and report any problems.
- Staff should be able to contact each other from their fixed positions within the store e.g. via in-store radio.
- Consider employing a security professional to manage the entrance door and social distancing procedures.
- Develop procedures to deal with customer frustration, aggression and violence. De-escalation techniques should be used wherever possible. Staff should not feel the need to 'have the last word' – if a patient or customer is being verbally abusive as they leave the pharmacy or store, do not respond. *They are moving in the right direction* – let them leave and when it is safe, lock the door behind them.
- Develop procedures to deal with a robbery; these should be developed with staff safety in mind.
- Ensure that staff members have a place of safety into which they can retreat at times of duress.
- Ensure that all staff members receive, understand and implement training around the physical security measures and procedures in place to protect them.

- Also train employees to watch for people hanging around and not buying anything. Be aware of suspicious activity outside your business.
- Encourage staff to approach customers with a friendly greeting, and an offer of help. Research has shown that the words *'Hello, can I help you?'* are one of the biggest deterrents to would be shoplifters, and potential robbers. They interpret this as *'Oh no, I've been spotted'* which means that they become identifiable.

STAY SAFE

S: Staff - Train, support and talk to your staff about the information in this document.

T: Take a note of every incident no matter how small, and report crimes to the police.

A: Assess the security of your premises, inside and out, and have an up to date premises security risk assessment.

Y: You can seek further advice from the Master Locksmith Association and the Greater Manchester Police.

S: Signage - set clear rules and make it clear which areas are for staff only.

A: Advise staff to lock unused rooms and be vigilant.

F: Follow pre-planned opening and closing procedures.

E: Ensure that drugs are locked away in a security rated cabinet behind, behind several layers of security.

Longer Term Security Considerations:

Whether your pharmacy is a purpose built community facility, or whether it is located within a larger building, it is important to consider your immediate environment, the approach to your building line, and the security of the building as a whole.

The following link will take you to the Secured by Design website where you will find advice and guidance on all these aspects of the security process:

https://www.securedbydesign.com/images/downloads/SBD_Commercial_2015_V2.pdf

In addition, please note the following pharmacy-specific advice:

- The pharmacy is a vulnerable part of the building, which can attract all forms of drug dependent people. It should have a separate alarm zone within the main alarm system.
- The pharmacy should not form any part of the external structure, but be located within easy reach of the main entrance. The pharmacy walls should be masonry in construction and be built up to the underside of the floor above.
- If the pharmacy does form part of the shell, expanded metal should be fitted interstitially and against the brickwork.

- The staff entrance should have access controlled and be located from an area inaccessible to the public.
- The counter should be high and wide to prevent staff from coming into direct contact with customers. The floor behind the counter may be raised. Any screen should use minimum 7.5mm laminated glass. A personal attack alarm should be fitted behind the counter.
- The pharmacy counter should benefit from both natural surveillance and CCTV coverage. In addition no toilets should be located in or near pharmacy areas.
- Controlled drugs should be secured in a BS 2881 storage cabinet. Regular drug audit trails should take place together with secure deliveries to other departments.

Further Advice and Guidance:

For further advice on the subjects covered in this Guidance Note please visit the following websites:

The Home Office at:

<https://www.gov.uk/government/publications/general-security-guidance-for-controlled-drug-suppliers>

Here you will find advice for Controlled drug Licensees.

NHS England at www.england.nhs.uk here you will find information on Compliance with Statutory Legislation, and you can also visit the COVID-19 advice page for Health and Care Workers.

The Greater Manchester Police at www.gmp.police.uk here you will find our general crime prevention advice for businesses, plus our latest COVID-19 related crime prevention advice. This includes:

- Warehouses and Distribution Centres
- Security of Empty Premises
- Security of Delivery Drivers
- Dealing with Workplace Violence

Secured by Design at www.securedbydesign.com here you will find recommended Design Guides and Security Standards.

The Health and Safety Executive at www.hse.gov.uk here you will find legislation and advice on violence and aggression in the workplace.

The Master Locksmiths Association at www.locksmiths.co.uk here you will find security advice and details of locksmiths in your area.