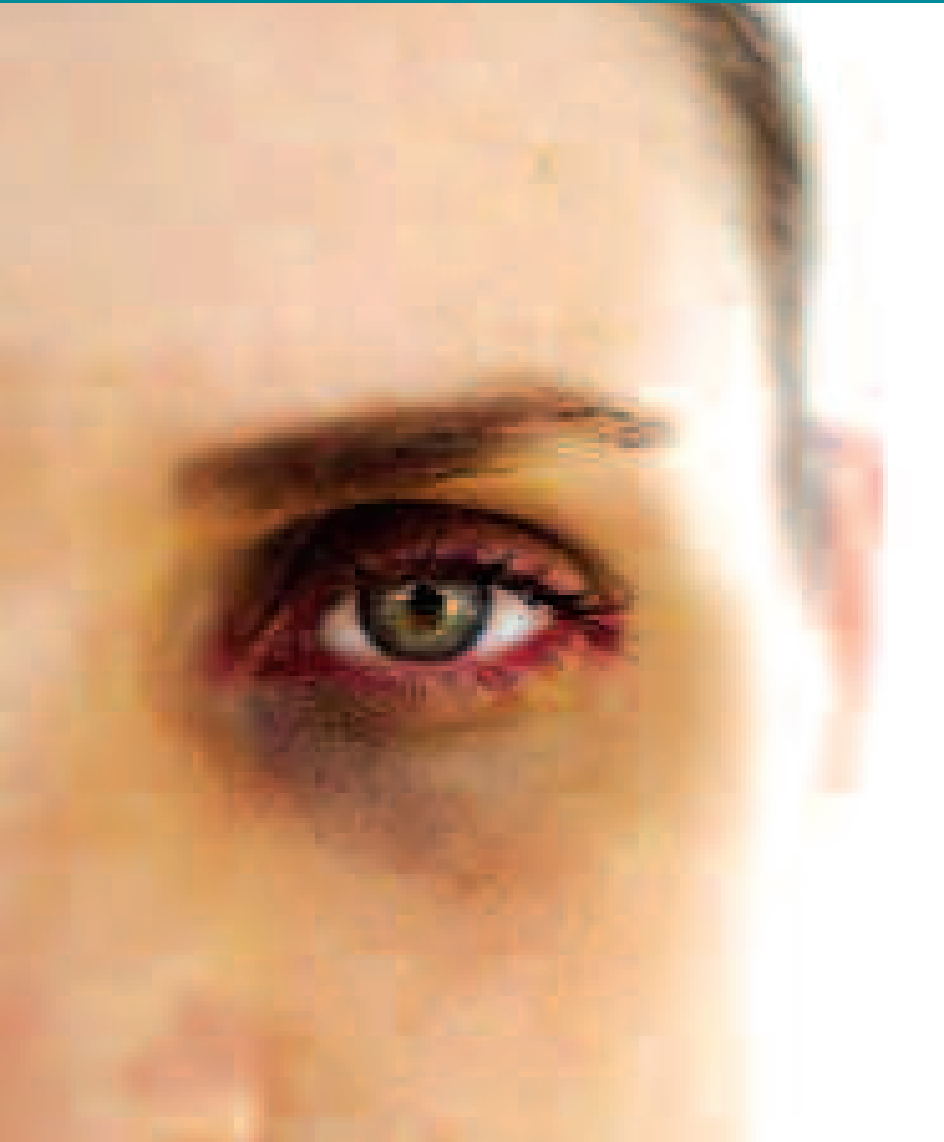


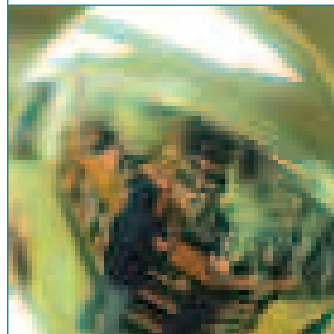
STOPPING violence in pharmacy

The policy of the
Pharmacists'
Defence
Association.



February 2005

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STOPPING VIOLENCE IN THE PHARMACY

The policy of the Pharmacists' Defence Association

A Summary...

The PDA will work towards securing;

1. A zero tolerance policy for violence towards staff working in a pharmacy.
2. A requirement placed on every pharmacy to undertake a risk assessment and publish a clearly defined statement on the risk of violence.
3. Measures appropriate to the situation as identified by a risk assessment are implemented so as to reduce the risks of violence.
4. Funding for security measures from the government to assist pharmacy contractors with their implementation.
5. An amended Code of Ethics, which places a more robust requirement on pharmacist owners, superintendents and managers in hospitals to ensure the safety of staff.

Introduction

The Pharmacists' Defence Association has many thousands of members who are predominantly employees or locums who are daily coming into contact with large numbers of the public. It is also the case that many thousands of owner pharmacists are working in identical situations. Because of this and also because of the nature of pharmacy work, these pharmacists often face abusive, aggressive and violent behaviour. Despite discussions held between pharmacy bodies and the government, research undertaken by PDA and others has shown that violent attacks and aggression in the pharmacy continue to increase. Consequently, the purpose of this PDA initiative is threefold:

1. To raise awareness of the issues, highlighting the problems and possible solutions.
2. To generate policy which is then used to lobby on behalf of employee and locum pharmacists.
3. To provide a resource pack which will enable all pharmacists to pro-actively manage the risks associated with violence in the pharmacy.

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HOW DO WE DEFINE VIOLENCE IN THE WORKPLACE?

The Health and Safety Executive (HSE) define work-related violence as:

“Any incident in which a person is abused, threatened or assaulted in circumstances related to their work”

Evidence of violence in the workplace.

A series of surveys have shown that violence in the workplace affects a very significant proportion of workers who come into direct contact with the public. Whilst this problem will affect many sectors, those working in healthcare face special problems. A Commission for Health improvement survey of over 200,000 staff across the NHS showed that 37% have been harassed, bullied or abused at work in the previous 12 months with the majority of these incidents being caused by patients or their relatives. Almost one sixth had actually experienced physical violence, alarmingly, many of those attacked had not reported it. According to a survey of doctors undertaken by the British Medical Association, the violence was encountered equally by doctors in Secondary care and by those working in a Primary care setting.

Although the research shows that the most common types of incidents are verbal abuse and physical threats, the prevalence of actual physical attacks on pharmacists is unacceptably high. According to the HSE, NHS workers, those working alone and also those undertaking home visits are particularly at risk. Whilst most pharmacists work in a general healthcare setting, from time to time many will also work alone and will undertake domiciliary visits and consequently, they will clearly fall into the high-risk category.

In pharmacy, in recent years a number of researchers have explored the incidence of violence in the pharmacy. During 2004 a series of surveys undertaken by the Chemist and Druggist and more recently by the Pharmacists' Defence Association saw the completion of both qualitative and quantitative surveys which showed that this problem is not only widespread in pharmacy, but that it is also getting steadily worse.

As a result, the PDA has undertaken research, has developed this policy and has also produced a resource pack to help pharmacists risk manage and hence minimise the chances of being a victim of violence in the pharmacy.

The Legal Position

Health and Safety Legislation places a legal duty on both employers and employees to ensure safety in the workplace. However, in reality, it will be the employer who will primarily be in a position to ensure that all reasonable measures are put in place so that their employees work in a healthy and safe environment and that their welfare is considered in any work activity. Under the Health and Safety legislation, the employer has an obligation to ensure that any potential risk of violence is eliminated or controlled. Specifically, employers are required to have a clearly defined statement on any potential risks to include those from violence. The employers statement must spell out what action the employer proposes to take to reduce any inherent risks. Employers are required to undertake a risk assessment to protect employees from exposure to reasonably foreseeable violence, such a risk assessment could also be undertaken by employees, but they must formally bring any findings to the attention of the employer. Based on the risk assessment, the employer must then decide whether there is enough protection for employees. Under Health and Safety regulations, employers must also recognise either a union representative or any member of staff elected by his fellow work colleagues to make representations to the employer on matters affecting the Health and Safety of those present.

Under RIDDOR legislation (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) the employer is required to report to the relevant authorities, any violent incident which requires the victim to take more than three days off work. This involves time off not only for the physical effects of violence, but also for the psychological effects which may lead to an absence.

Legislation also deals with any individuals who threaten, abuse or engage in violent attacks. The Police and Crown Prosecution Service have sweeping powers to instigate a wide range of criminal prosecutions against those who engage in violent behaviour. Furthermore, private criminal prosecutions are also a possibility and are currently being used against assailants.

The Civil position

Understandably, the burden of proof required to prosecute a criminal action is higher than that required to prosecute a civil action. Consequently cases where an individual has been harmed by an assailant can be pursued through the civil courts. Successful civil actions can result in damages in the form of compensation which are paid to the victim. However, in many cases it is unlikely that the financial sanctions imposed by a civil court would ever end up being paid by an assailant.

The NHS Position

Commencing in the late 90's a series of government initiatives were launched by the then Health Secretary Frank Dobson who was concerned that one in seven of all reported injuries at work in NHS trusts were due to physical assaults by patients and visitors. During the years that followed, a considerable number of initiatives, poster campaigns and papers were launched periodically by the NHS which have been supported by the government and all designed to reduce the incidence of violence in the NHS. The official policy is that there should be a zero tolerance of violence in the NHS. The NHS approach was initially to take a preventative approach to violence in the workplace. In January 2005, the NHS Security Management Service launched a new poster campaign entitled SE(CURE). The new campaign takes on a much more pro-active stance and makes it clear that those who assault NHS staff will face criminal prosecution. This initiative sees the establishment of an NHS Security Management Service (SMS) Legal Protection unit which is staffed by legal experts and whose role will be to ensure that those who assault staff are prosecuted.

In June 2004, the NHS SMS successfully applied for its first Anti-Social Behavioural Order (ASBO) to prevent a problematic individual entering NHS premises without prior permission. In September 2004, it instigated its first ever private criminal prosecution, with a trial date of January 2005.

The Professional Position

There are numerous references contained in the Pharmacy Code of Ethics which relate to appropriate environmental conditions in a pharmacy. Some of these professional requirements relate specifically to the owner, superintendent or hospital manager e.g. the need to ensure that the working conditions enable the provision of services to professionally accepted standards; the need to ensure that adequate support staff are provided and the requirement not to seek to impose conditions on pharmacists which may adversely affect their ability to work properly.

Some requirements are placed more specifically on the individual employee or locum e.g. they should not work in conditions which do not enable them to comply with the key responsibilities of a pharmacist. Other requirements are of a more general nature e.g. Premises must be safe for the public and people working there. All Statutory requirements must be complied with, e.g. Health and Safety etc.

As a consequence of this last point, it may be concluded that failure to observe the requirements of the Health and Safety legislation could be deemed to be a breach in the Code of Ethics.

THE POSITION OF THE PHARMACISTS' DEFENCE ASSOCIATION

The philosophy behind the Health and Safety legislation recognises that both employees and employers will have a role in ensuring that a safe working environment exists. Operationally however, the majority of the physical changes and/or security systems that may be required to reduce the risks of violence can only be made by employers and not employees or locums, consequently the burden of the responsibility will always fall on the shoulders of the employer. The Pharmacists' Defence Associations position is that it is the employer who is primarily responsible for ensuring that risk reduction measures are installed. Failure to do so could leave the employer liable in the event of harm caused to employees and this is especially so in the event that these measures have been previously suggested by employees. Recent test case law shows that the penalties for employers who disregard the concerns of their employees are extremely severe. In the event that an employee is injured at work, particularly in circumstances where it can be shown that the employees prior concerns have been ignored by an employer, then the employer becomes significantly more liable. In a recent landmark case (Simmons vs British Steel PLC House of Lords April 29th 2004) where an employer refused to act on the concerns of an employee about safety issues, the employee sustained an injury and psychological trauma. The employee was awarded nearly £500,000 in compensation. This case has clear implications for pharmacy employers.

In the event that a PDA member is injured in a violent attack and it can be shown that risk management suggestions made by employees have been disregarded by the employer, then the PDA will robustly pursue the employer on behalf of the PDA member to seek a prosecution under Health and Safety legislation, damages through civil action as well as referring the case to the RPSGB for disciplinary action through a breach in the Code of Ethics.

THE POLICY OF THE PHARMACISTS' DEFENCE ASSOCIATION ON VIOLENCE IN PHARMACY

The PDA will work towards securing ;

1. A zero tolerance policy for violence towards staff working in a pharmacy.

The PDA will work with pharmacy bodies, relevant organisations and also with pharmacy employers and employees to encourage a zero tolerance policy for violence towards staff working in a pharmacy. PDA will urge all pharmacies deemed to be high risk to prominently display decals in pharmacies that make it clear that violence will not be tolerated. The PDA will lobby the relevant employer organisations with the aim of ensuring that their policy becomes one which ensures that perpetrators of violent attacks on staff in pharmacies are barred from the pharmacy, are prosecuted where appropriate and are also pursued civilly for damages in compensation. Furthermore, that the other pharmacies in the locality are also warned of their conduct. The PDA will also extend the zero tolerance policy to the minority of employers who do not act on the concerns of their staff regarding their fear of violent attacks and who fail to act on issues of staff safety.

Research has shown that some employees feel that their employers do not take their concerns about the threat of violence seriously. Should this be the case and a violent attack subsequently occurs then a prosecution under Health and Safety legislation will be supported by the PDA on behalf of PDA members, followed by a referral to the RPSGB for a breach in the Code of Ethics. Ultimately in appropriate cases, the employer will also be pursued civilly for damages in compensation.

2. A requirement on every pharmacy to undertake a risk assessment and publish a clearly defined statement on the risk of violence.

Building upon the foundations of legislation, the professional codes and the available research, it is evident that in order to comply with these requirements, a risk assessment of each pharmacy would need to be undertaken and a corresponding clearly defined statement on the potential risks from violence would need to be produced and made available in the pharmacy. By producing a resource pack and distributing it, the PDA will encourage employees and employers to undertake such a risk assessment. The resource pack will enable both employees and employers to;

- Identify the risks. Consider whether any of the activities undertaken in the pharmacy may be especially vulnerable to violence e.g. the operation of methadone clinics, cashing up and closing the pharmacy. When instigating improvements an employer should consult the accident book and should consult with staff.
- Identify any especially at risk employees. The resource pack will help to identify the most vulnerable activities and will support the development of a specific policy on protecting the most vulnerable members of staff.
- Consider the findings of the risk assessment and instigate staff consultation so as to establish whether existing precautions are adequate or should be improved.
- Record measures that have been taken to combat violence in the workplace. This record of the measures must be communicated to all members of staff.
- Periodically review the findings of the risk assessment. The policy should be amended in light of any new developments.

3. That measures appropriate to the situation as identified by a risk assessment are implemented so as to reduce the risks of violence.

An appropriate assessment will need to identify whether the pharmacy in question is in a low, medium or high-risk category. Consequently, it is possible to identify and implement measures which are most appropriate to the situation. The PDA resource pack contains comprehensive lists of appropriate risk management steps which may be taken in response to an adverse risk assessment. By providing it, the PDA aims to encourage employers to focus on the issues of violence in pharmacy and to install the necessary risk management measures..

Managing the Risks

The factors that can have a great influence on the levels of violence in the pharmacy will broadly fall into three categories, furthermore there is one additional high risk issue which pertains specifically to pharmacists. By analysing each category it is possible to produce a checklist of practical options which may need to be installed so as to ensure that the risk of violence can be reduced to a minimum. Broadly, the four categories are:

- **The design of the job**
- **Putting into place appropriate environmental measures**
- **Training and awareness**
- **Working alone and domiciliary visits**

4. Funding for security measures from the government to assist pharmacy contractors with their implementation.

Statistics from Northern Ireland have shown that the incidence of violence in pharmacies dropped to virtually zero after visible security measures were installed in community pharmacies. PDA will bring the need for funding support to the attention of the government and will also support organisations who negotiate funding with the government so as to secure the funds that may be needed to install any changes required.

5. An amended Code of Ethics, which places a more robust requirement on pharmacist owners, superintendents and managers in hospitals to ensure the safety of staff.

The Code of Ethics makes it very clear that pharmacist employers need to ensure the safety of patients, however, it deals with the safety of staff only indirectly by requiring pharmacist owners, superintendents and managers in hospitals to comply with Health and Safety legislation. The PDA will lobby the RPSGB so as to ensure that the next Code of Ethics places a greater emphasis on the safety of all staff working in a pharmacy who may be at risk of being violently attacked by a patient. This would make the Code's position commensurate with its position on the safety of patients.

SURVEY FINDINGS

A number of recent surveys and research initiatives were used to support the policy work of the PDA and some of these are to be found in the references section at the end of the Policy document. The PDA commissioned additional studies, which were more specific to this report. Furthermore, the Chemist and Druggist magazine survey which was conducted in February of 2004 was also used to underpin the work of the PDA. The results of these three specific surveys are enclosed.

A Summary of Research Projects about Violence in Pharmacy

1. Chemist & Druggist Business Trends Survey 4th Quarter 2003

The C&D retail panel was mailed a questionnaire at the end of December 2003. 123 useable responses were received, their businesses being based as follows:

South East	28%
The Midlands	21%
North West	10%
Scotland	10%
South West	10%
Yorkshire/Humberside	7%
North East	5%
Wales	4%
East Anglia	3%
Northern Ireland	1%

Key Findings

Of all respondents:

- **20%** had a break-in over the previous two years
- **19%** were raided during daylight hours
- **28%** had customers who became threateningly abusive, either verbally or physically.

Of the respondents experiencing violent behaviour, 32% experienced assault by customers once in the two years, 17% twice or three times and 8% four times or more. 48% of those suffering daylight raids were targeted more than once.

2. Pharmacists' Defence Association Study into Violence in the Workplace

During May 2004, 51 pharmacists completed an on-line survey available through the PDA website.

55% were locum pharmacists

39% were community pharmacy employees

Key Findings

Of all respondents:

37% had personally suffered physical violence, with 47% of the incidents occurring within the previous two years

44% had been threatened, with 75% of the threats being in the previous two years

Of those experiencing violence

- there had been more than one incident in 50% of cases
- 77% of the perpetrators were not registered drug addicts

Of those suffering credible threats

- there had been more than one incident in 87% of cases
- 57% of the perpetrators were not registered drug addicts
- 40% of incidents happened in community/suburban locations and 26% in town centres or high streets
- 84% of assaulted respondents reported the incidents to their employers and 35% of them believed that the subsequent action taken was adequate or better.

Only 26% of threatened respondents reported the incidents.

3. Pharmacists' Defence Association Personal Safety Survey

From a list of registered premises, telephone calls were made to pharmacists. The list was segregated by geographical location and type of ownership. The telephone numbers were selected at random within the segregated groups and they were in proportion to the UK distribution of pharmacies within the groups. The successful calls (made over two days in early December 2004) were as follows

	North	Central (West)	Central (East)	South West	South East	Wales	Scotland	Northern Ireland	Totals
Private (Up to 9 pharmacies)	60	27	52	23	57	16	23	16	274
Smaller Chain (10 to 99 branches)	9	5	11	1	7	6	4	4	47
Large Chain (100+ branches)	39	13	28	22	17	8	16	1	144
Supermarket	5	3	6	3	4	3	4	1	29
Totals	113	48	97	49	85	33	47	22	494

Key Findings

- Abuse, credible threats or violence had been directed at 55% of respondents in the previous twelve months, 48% experiencing abuse or threats and 7% suffering violent attack.
- The incidence of violence or abuse was highest in the south east of England and lowest in the east central region.

Of those respondents suffering violence:

- **Over 95%** of incidents occurred in suburban, local community, high street or town centre pharmacies.
- **68%** of perpetrators were not registered drug abusers

Extrapolation of the successful calls (a weighted 4% of the total of UK pharmacies) suggests that

- Every day there are three violent attacks on pharmacists
- Every two hours of every day a pharmacist is subjected to violence, threats or abuse.

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CONTACT

The Pharmacists' Defence Association (PDA) has more than 10,000 pharmacists in its membership.

The primary aims of the PDA is to;

- Support pharmacists in their legal, practice and employment needs.
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist.
- Proactively seek to influence the professional, practice and employment agenda to support members.
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care.
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists.
- More information is available from the PDA at www.the-pda.org

The Pharmacists' Defence Association:

The Old Fire Station
69 Albion Street
Birmingham
B1 3EA
Tel 0121 233 0708
e mail: enquiries@the-pda.org