

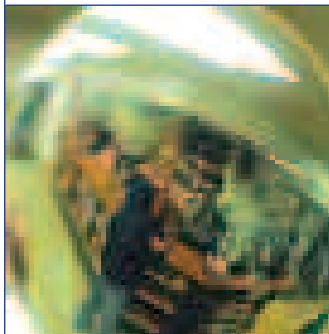
STOPPING violence in the pharmacy

Personal
Safety
**Resource
Pack**



February 2005

www.the-pda.org



| defending **your** reputation |

THE PHARMACISTS' DEFENCE ASSOCIATION PERSONAL SAFETY RESOURCE PACK

1 INTRODUCTION

Personal safety is a matter that concerns everyone in today's environment. Surveys show that workplace violence and the fear of it are increasing.

The front-line role of pharmacists and their co-workers leads to exposure to aggressive, abusive and violent behaviour because they are in regular and frequent contact with the public, often when the patients and customers are under some stress. Surveys undertaken in 2004 by the Pharmacists' Defence Association and the Chemist and Druggist have shown that violence in pharmacy is a growing concern.

In the past year:

- More than half the pharmacies in the UK were subject to violence, the threat of violence or the threat of violence or unacceptable abuse.
- One in every fifteen pharmacies suffered violence, two-thirds of the incidents being in the last six months.
- More than 60% of the perpetrators were not registered drug addicts.
- Half of all respondents can recall at least two incidents where they suffered.
- Almost half of those asked said that subsequent actions taken to minimise the effect of future violence were insufficient

A review of the research projects undertaken is to be found at Appendix 4.

There has been a focus on violence within primary and secondary care since March 2003, when the government first announced a zero tolerance approach within the NHS and provided guidance for GP surgeries. The Departments of Health for England and Wales based the approach on the Health & Safety Executive's definition of work-related violence as:

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

This definition clearly covers the circumstances in which pharmacists find themselves, whether they are owner operators, employees in hospital or community settings or contracted as self-employed locums.

Health and Safety legislation places responsibility on employers, employees and contractors to develop a safer working environment. The Pharmacy Code of Ethics requires pharmacists and employers in particular to comply with the legislation.

1.1 The Pharmacists' Defence Association Policy on Violence in Pharmacy

In January 2005, after detailed consultation PDA published a document to express its support for enhancing the personal safety of people working in pharmacies.

These are the main components of the policy:

The PDA will work towards securing;

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

The full policy is available on the Association's website at www.the-pda.org.uk.

1.2 The PDA Personal Safety Resource Pack

This pack is for owners and employers, employees and locums. It provides information on how to reduce and manage the risk of violence in pharmacy in the first place – as well as what to do in the event of a violent attack occurring.

It underpins PDA policy and helps pharmacists comply with their legal (Health and Safety legislation) and ethical (Code of Ethics) obligations.

Most importantly, by outlining and encouraging the implementation of appropriate risk management measures, the pack can contribute significantly to personal safety.

The pack is not an academic study of the economic and social causes and effects of violence, it guides readers through practical issues and remedies.

1.3 Pack Contents

2	The Risk Factors	A background to aggression, abusive behaviour and violence.	Page 3
3	Risk Assessment	A technique, designed specifically for pharmacy, to determine the true nature of risk in individual environments	Page 5
4	Managing the Risk	A practical guide to risk reduction following risk assessment.	Page 6
5	Achieving Change	Notes and guidance for locums and employees.	Page 11
6	Post-incident Issues	Dealing with victims, compensation and legal matters	Page 12
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2 THE RISK FACTORS

The factors that make exposure to violence in pharmacy more or less likely have been categorised under four simple headings. In reality of course, the factors are inextricably interlinked.

2.1 Location

In the study and other research undertaken by PDA, the physical location of a pharmacy appears as the most significant factor in determining the risk of violence

The neighbourhood Although there is long and continuing debate about cause and effect, criminal behaviour and social deprivation are linked. Although not a direct indicator, the prevalence of social deprivation correlates to above-average tendencies to violence.

A reasonable estimate of social deprivation can be obtained from ACORN geo-demographic data. You will find details of how to access ACORN in the Further Information section.

Street environment The appearance of the area surrounding a pharmacy's site can give a fair guide to the level of risk likely to be encountered.

Crime in the area There is a link between aggressive, abusive and violent behaviour and higher crime figures. Broad pictures of the relative occurrence of theft, violence and robbery (theft involving violence) on a postcode by postcode basis are available through www.the-pda.org. Broader information for administrative districts and police authorities is available through www.upmystreet.com. Statistics for localities and neighbourhoods can be found on the individual police authorities' websites. Look at the Further Information section.

Workplace

The location of a pharmacy is fixed and the locational risks can rarely be influenced by the pharmacy. The workplace environment itself however is an inherent risk but once the component parts of the workplace are examined, strategies to manage the risk can be recognised even though the location may be high risk.

History Previous occurrences of abuse, threats and violence are primary indicators of high risk.

Staffing Staff numbers have an important bearing on personal safety. Single-handed working always represents an unacceptable risk.

Training Properly trained staff, in terms of job skills, personal safety, and procedures for dealing with violence reduce the risk.

Services	Risk is related to the products and services available. A well organised, and process smooth running pharmacy and process reduces the likelihood of aggression from frustrated patients.
Clientele	Risk is related to the actual customer profile and this is strongly influenced by the services available. For a community pharmacy, the general customer profile is a product of the location. This is less so for a hospital pharmacy setting where a broader mix of patients will be encountered.
Design and appearance	Well-designed premises, particularly where worker safety has been considered, and well-maintained premises reduce risk.

2.2 Personal behaviour

The manner in which an incident is handled can either reduce or exacerbate a confrontation escalating to violence.

Demeanour,	Everyday behaviour is important in all aspects of a pharmacist's professional manner and attitude. This is reinforced by the RPSGB Code of Ethics: "Pharmacists must ... ensure that they behave with integrity and probity [and] adhere to accepted standards of personal and professional conduct"
Cultural awareness	Views on personal space, body language, gestures and gender differ between cultures. An appreciation of these differences can help reduce risk.
Appearance	Attire influences perception. Appropriate attire may not reduce risk but inappropriate attire can offend.

2.3 Management

The attitude of the owners, directors and senior managers materially affect the personal safety of all personnel.

Policies	Dealing with the risk of violent and abusive behaviour should be a major part of the policies and procedures of the pharmacy. This is particularly important where practices are taken for granted and often unwritten. It is a requirement of the Health and Safety at Work regulations that assessments be undertaken, acted on and reviewed regularly. Appropriate policies and procedures will considerably reduce risk.
Consultation, feedback and review	Risk assessment includes a review of actions taken. Soliciting suggestions from members of staff is not only of great value but represent best practice from a Health and Safety perspective.
Post-incident support	Members of staff are entitled to expect employers to provide reasonable support if they become a victim of violent or abusive behaviour.

3 RISK ASSESSMENT AND RISK MANAGEMENT

The PDA Risk Assessment and Risk Management Tool

The form which can be used to perform these exercises can be found at Appendix 2 and has been designed to meet most needs. It is divided into two sections.

The first section (Risk Assessment) enables the user to define the risks to personal safety that are inherent in a pharmacy. These are primarily locational but also include consideration of the services offered at the premises. On this basis a pharmacist can grade a particular pharmacy as a **LOW, MEDIUM or HIGH** risk operation. At all times, it is the pharmacist's reasonable assessment that is important.

The second section (Risk Management) examines the measures which are already in place to combat the risk of aggression, violence and abusive behaviour. It then superimposes the risk assessment exercise with the risk management exercise. The result is that it produces a good estimate as to whether the balance of risk vs risk management is Adequate, Unsatisfactory or Seriously Deficient.

Consequently it becomes possible to establish whether more risk management measures need to be installed. Should this be the case then a menu of additional measures can be considered and a plan for future risk mitigation can be developed by the user. Ideas for additional measures are provided in section 4, but these are not an exhaustive list.

Instructions on how to complete the risk assessment form are included on the form itself.

The completion exercise should be undertaken periodically. This routine re-assessment of the risk of violence in the workplace forms the cornerstone of Health and Safety legislation. PDA recommends that it should be undertaken at least once a year or sooner if local circumstances change (the provision of a new, higher risk service from the premises) or if a violent attack occurs.

3.1 Evaluating the Risk Assessment vs Risk Management Outcomes

For each section and for the assessment overall, the outcome is classed as adequate, unsatisfactory or seriously deficient.

Outcome – Adequate

The Adequate grade indicates that either there is insignificant innate risk or that existing risk has been minimised by suitable preventative and avoidance measures. The grade is applied to environments where to achieve this grade, the existing risk management measures must meet at least 70% of the risk discovered.

Outcome – Unsatisfactory

Where between 52% and 70% of the risks identified have been suitably managed, an Unsatisfactory grade is achieved. Some further action is necessary to reduce the risks to acceptable levels.

Outcome – Seriously deficient

Where precautions taken are assessed as meeting less than 52% of the potential risk, urgent action is needed to address the shortcomings. To continue working in a situation where there are inadequate precautions (or none at all)

may not only constitute a breach of the Health and Safety legislation and Code of Ethics but also results in pharmacists working in environments which put their personal safety and that of their work colleagues in danger.

An Adequate grade suggests that there is no need to make significant changes to the operation.

Unsatisfactory and Seriously Deficient grades demonstrate the need for additional risk management measures.

What to do in the event of an Unsatisfactory or Seriously deficient outcome.

The Risk Management Assessment tool will establish whether more risk management measures need to be installed. Should this be the case then a menu of additional measures can be considered and a plan for future risk mitigation can be developed by the user. Ideas for additional measures are provided in section 4, but these are not an exhaustive list.

If you are an employer, it is advisable at this stage to consult with your staff and involve them in the deployment of any additional measures.

If you are an employee, then you may consider organising a consultation with fellow employees to discuss what measures could be used so as to reduce the risk of violence. Give your employer a copy of your risk assessment and discuss your findings and concerns with him. In consultation with your employer, you should decide a specific action plan that is to be followed.

A Statement Upon the Risks of Violence

A natural component of Health and Safety philosophy is that whether the assessment indicates that current measures are satisfactory or not, the employer must produce a clearly defined statement on the risks of violence in that pharmacy and such a statement must be made available to all members of staff. This should outline the date and the findings of the most recent assessment and a list of the steps (if any are needed) that are to be taken together with an implementation timetable. For guidance a sample statement is provided in Appendix 3.

4 MANAGING THE RISK

4.1 Who Takes the Lead?

Health and Safety legislation places a burden on both employers and employees in ensuring that the workplace is made safe and that risks are reduced. The accepted norm is that it is the employer who will take a lead. However, the greatest risk is to the individuals who are in contact with the public and so employed pharmacists and locums may need to be the instigators of improvement – their self-interest coincides with the needs of those who employ them. Where a pharmacy is operated by its owner, there may be a lower awareness of personal risk and it may fall to a locum to push for changes.

4.2 Installing Appropriate Measures – Steps for Owners and Employers

There are three main groups:

- The design of the job (procedures)
- The design of the workplace (environmental measures)
- Training and awareness

A combination of steps from each of the groups is likely to be required to combat shortfalls in risk management.

In addition, there are a further two special categories which may be appropriate:

- Measures installed for staff who are working alone (eg home visits)
- Developing partnerships with others

4.2.1 The Design of the Job (procedures)

Establish clear procedures to reduce risk

- Rotate high risk jobs
- Do not allow lone-working in high risk situations (this may include banking cash, undertaking discussions in over-enclosed or isolated consultation areas)
- Include consideration of personal risk as well as cost issues when determining staff levels
- Establish procedures to enable staff to 'stop the job' in dangerous circumstances and that provide information on how to conduct themselves and who to contact.
- Include information on personal safety in staff induction materials and handbooks etc, making sure that staff formally acknowledge their understanding.
- Provide clearly worded signage to indicate services available (and possibly those unavailable) and that access to them and even the pharmacy itself will be withdrawn where a patient or customer behaviour is unacceptable.
- In high risk locations and workplaces, appoint and formally recognise a staff representative who can articulate the concerns of staff and suggest workplace enhancements relating to the fear of workplace violence.
- Develop a de-brief plan to learn lessons from any violent or near-violent episode
- Develop a support plan for staff to minimise the psychological impact of a violent incident

4.2.2 The Design Of The Workplace (environmental measures)

The layout of the workplace and its physical integrity are vital elements in reducing risk. Consider the following measures:

- Improve lighting and general visibility
- Eradicate areas in the pharmacy that can give potential attackers a place to hide from view.
- Ensure there is easy and well understood access to a secure location in the event of emergency at a counter, in the dispensary or from a consultation area.
- Consider not only the cash itself but also staff vulnerability when siting cash registers
- Ensure that the minimum amount of cash is kept in the tills at all times – move cash out of the tills discreetly and take it to secure zones whenever possible.
- Place high value goods out of easy customer reach.
- Provide signage which explains that a zero tolerance policy exists and that miscreants will be prosecuted.
- Ensure that the outside of the building is well lit and uncluttered.
- Install or reposition security mirrors.
- Install safety screens where staff are most at risk.
- Install CCTV security systems and customer-facing monitor screens.
- Provide personal attack alarms for high risk staff, particularly if they work off-site (banking, rubbish removal, home visits etc).
- Install panic alarms linked to the alarm company's control centre
- Employ security staff in serious situations.
- Review the opening hours
- Revise the services available and the times at which they are available.

4.2.3 Training and Awareness

A training programme designed to support personal safety and the prevention of violence must be implemented.

Employees must fully understand the procedures and policies which underpin the training.

Training should include

- Clear statements of policy on violence and personal safety
- Understanding the causes of violence
- Recognising and dealing with abusive, aggressive, anti-social, hostile and irrational behaviour

- Managing potentially aggressive situations, aiming to diffuse them through listening skills and remaining calm
- Procedures to follow in the aftermath of a violent attack (eg raising the alarm, finding a safe place etc as outlined under The Design of the Job).

4.2.4 Working Alone

Numerous situations in pharmacy exist where staff work either off the pharmacy premises (domiciliary visits etc, in fitting rooms or consultation areas) or alone in the pharmacy with no other staff available. Occasionally, there may be high risk scenarios such as a home visit to a high crime area at unsocial hours or a consultation with a drug addict or with a patient suffering from mental illness. In such situations, examine additional measures to ensure that the staff member can raise the alarm where necessary:

Different methods of communication should be assessed as part of a prevention strategy, these may include;

- Panic button alarm systems in places where staff may be isolated with patients
- Mobile phones for staff involved in any community based work.
- Provide transport for those staff who work alone.
- Covert distress messages whereby a member of staff who anticipates an incident can attract the attention of a colleague in a discreet manner.
- Procedures which inform other members of staff when a colleague is likely to be out, where they are likely to be and when they are expected to return. They should include the process to be followed in the event that a colleague does not return.

If a domiciliary visit cannot be avoided

- Ensure that the initial meeting with the patient is held in the pharmacy or other safe location.
- Provide a check list so that there can be a pre-visit risk assessment of the area, the patient and any other relevant factors. It should include a reminder of the safety aids to be taken on the trip, action to take in the event of an incident, consideration of an accompanying member of staff and a reminder of the report-to-base procedure.

4.2.5 Partnerships

If a pharmacy has suffered or suspects there may be a problem with violence, other shops in the vicinity are likely to have similar issues. In a hospital, a problem for the pharmacy may be similar to those found in other departments that deal with outpatients and visitors.

Fostering good relations with the community such as local traders' associations, local healthcare providers (surgeries etc) and the police crime prevention service will deliver positive benefits to the pharmacy regarding the likelihood of violence. Moreover, the local PCT may well have an operational policy of its own in the area and may well be able to provide further support or guidance:

- Check out or perhaps organise a local business safety committee, arrange meetings and place security and violence onto the agenda as a regular item.
- Combine with other retailers to share some of the costs of security such as hiring security personnel.
- Agree a zero tolerance policy with the local police.
- Aim for a frequent patrol arrangement with the local police station.
- Work with local schools to highlight the important role of the local pharmacy.
- Work with other hospital departments to enhance the overall hospital policy on the prevention of violence.
- Contact the Local LPC to establish whether they are aware of any worthwhile support initiatives in the area that they could specifically recommend.

4.3 Appropriate Steps for the Employed or Self-employed Pharmacist

It is easiest to alter personal behaviour when threatened by the behaviour of others if there is an understanding of aggression and violence.

Although underlying causes of aggression and violence are many and varied, they can usually be found because of;

- criminal and antisocial behaviour
- a perverse view of appropriate behaviour
- unrelated personal distress
- a belief that a person is being treated unfairly
- illness
- powerlessness and frustration
- fear

With that knowledge, be aware of the outward signs that commonly precede abuse, aggression and violence:

- a raised voice
- exaggerated movements such as pacing about
- clenched fists, not necessarily raised
- finger prodding and pointing
- staring
- a change towards incoherence
- invasion of personal space norms

In the pharmacy, some of the triggers which initiate unacceptable behaviour:

- being ignored
- queue jumping, particularly at prescription hand-out
- not being appropriately advised that a prescription item is unavailable
- inexperienced or un-trained personnel
- unsympathetic behaviour by staff
- responses that belittle

There are personal traits which are of benefit in handling aggressive and abusive behaviour. An awareness of what they are can be valuable.

- Self-confidence – timidity can attract an overbearing response.
- Calmness – appearing to be under pressure can be taken as a sign of uncertainty and weakness.
- Assertiveness – quite different to aggression, it demonstrates confidence and control that does not threaten.

Develop techniques to minimise risk:

- Use assured and non-aggressive body language (up to 90% of communication is non-verbal). Hands on hips, arms folded and finger-pointing are antagonistic stances that must be avoided.
- Maintain eye contact, if not constantly then frequently and fully.
- Respect personal space norms.
- Be prepared to explain who you are and the boundaries within which you can discuss and communicate.
- Avoid patronising, belittling or dismissive language and mannerisms.
- Use assertiveness to confront unacceptable verbal behaviour.

5 ACHIEVING CHANGE

In addition to understanding violence and aggression and how to behave to minimise the effects, undertaking a risk assessment at your workplace may reveal shortcomings that only the operator of the business can deal with. The process for engaging the operator will differ between an employed pharmacist and a self-employed one.

5.1 Employed Pharmacists

The first recourse for employees is usually to report concerns to the line manager. In the first instance it is usually more appropriate to do so verbally, in which case a note should be kept of the date of the discussion and the conversation. In addition to any personal note kept by an employee, a short entry in any official diary or memo book should be made.

In the event of a serious deficiency in the pharmacy, or where previous requests have been ignored, an employee may decide to address the issues in writing. In such an instance a dated and initialled copy should be retained

as a record as it may need to be relied upon subsequently should any legal or professional disciplinary action need to be taken. This is equally as important when e-mail is being used.

The employer organisation's standard procedure should be observed whenever possible and appropriate, particularly the sections on the protocols to be used in escalating an issue beyond line management and going straight to a senior level. Broadly speaking, ultimate responsibility for all aspects of a community pharmacy operation in a registered premises lies with the superintendent pharmacist, even though other executives may be involved (eg area managers and personnel departments etc). In hospital, line management structures extend to the director of pharmacy services, thereafter general management has to be involved.

5.2 Self-employed Pharmacists

Address their concerns to the owner of the business or the superintendent pharmacist. Circumstances will determine whether to do so verbally or in writing. Once again, a note of the date of the discussion should be kept. Any correspondence should be dated initialled and retained (letters and e-mails).

5.3 Written Communications

Actions that involve improving safety measures or proposing changes to the way a business is run have to involve the owner or operator. A written letter which deals with inadequacies can play an extremely important role in any Health and Safety enforcement action that may need to be considered in the event that an employer fails to take safety concerns seriously. For guidance a sample letter which can be used by employee's or locums is enclosed in Appendix 1. A letter of this type serves to put the employer on formal notice.

6 WHAT TO DO IN THE EVENT OF AN ATTACK

No matter how good the preparations are, an actual violent attack may still occur. It is never easy to agree an exact response prior to an incident occurring as each case will be uniquely different. Putting exceptional circumstances to one side, guidance provided by Police and Home Office is that a violent response to abusive behaviour is never contemplated unless it is necessary for self-defence purposes. The PDA would advocate a safety first approach and would urge pharmacists to follow the Home Office guidance.

7 POST-INCIDENT ISSUES

Whatever precautions are taken and however good the training and preparations, abusive behaviour can never be completely eradicated. In the event of a violent episode the importance of appropriate post incident action must not be underestimated.

7.1 Reporting

At the very least, a written record of the occurrence in a personal diary, a pharmacy diary or the appropriate record book provided should be made. This should include the name and other identifiers of the perpetrator, any

other staff involved or present and an account of what occurred. It is important to note that such details may be required to support a future prosecution, consequently the written record should be made as soon after the event has occurred as possible, whilst the recollection is still fresh.

Depending upon the severity and frequency the incident/s, make a judgement of whether to escalate the reporting to the owner or operator of the pharmacy.

The police should always be involved if there has been violence - and it is advisable to inform them if threats are made that you judge to be real.

PDA has set up a Violence and Abuse Log which can be found on www.the-pda.org. One of the PDA's aims is to lobby for improvements in members' professional lives and the Violence and Abuse Log will be used as a research tool to examine trends in personal safety and identify circumstances and locations which are of higher risk. Similarly where evidence identifies good practice, PDA will disseminate the information to encourage others to attain the same standards.

Members can report incidents in confidence, regardless of whether they are asking for help from PDA.

7.2 Supporting

Victims of violent crime or abuse may need support and the immediate support from colleagues is often invaluable. A culture where support is sought by victims and readily offered by others benefits the individuals and the organisation. Longer-term support should be expected from the owner or pharmacy operator and can also be relied upon from PDA.

The charity Victim Support can play an important role following a crime. They have an extensive local branch network throughout the UK and crimes involving violence are referred to them by the police. Statistics show that only half of recordable crime is reported to the police and Victim Support provides its services direct when the police are not involved. Details of how to contact this charity are found in the contact details section at the end of this resource pack.

7.3 Prosecution and Compensation

Most retailers operate a zero tolerance policy towards shoplifters and, as a deterrent, signs are often displayed in pharmacies indicating that this is the case.

A policy of zero tolerance towards violence takes the same approach.

Physical or psychological incapacity following threats or violence should result in prosecution and can also lead to an action for compensation being taken by the victim. Action for compensation can be taken against the attacker, but although it is conceivable that the victim can sue the attacker, it is rarely practical. However, all the home countries provide criminal injuries compensation schemes and details of how to contact the organisations can be found at the end of this resource pack.

Under health and safety legislation, the owner or operator may have civil and criminal liability if foreseeable risks have not been assessed or no action has been taken to minimise identified risks.

In the event of a work injury, where it can be shown that an employee's prior concerns have been ignored, the employer's liability increases significantly. In a recent landmark case (Simmons v British Steel PLC House of Lords April 29th 2004), an employer failed to act on the concerns of an employee about safety issues. Following subsequent physical injury and psychological trauma, the employee was awarded nearly £500,000 in compensation. This case has clear implications for pharmacy operators.

Membership of PDA entitles employees and locums to assistance with representation in an action against an employer or an engager in circumstances where they are injured and negligence can be shown.

FURTHER INFORMATION

ACORN

www.caci.co.uk/acorn/

ACORN is a leading geo-demographic tool used to identify and understand the UK population and the demand for products and services. It requires a registration procedure (no charge)

Home Office crime statistics

www.homeoffice.gov.uk/rds/

This page introduces the information on crime that is available from crime reported to the police and the more comprehensive British Crime Survey.

Suzy Lamplugh Trust

www.suzylamplugh.org

A charity whose aim is to minimise the damage caused to individuals and to society by aggression in all its forms. The Trust develops and supplies resources and materials for individuals and organisations.

The Pharmacists' Defence Association www.the-pda.org.uk

The Defence Association for individual pharmacists and the author of this resource pack. Members of PDA are automatically entitled to legal support in pursuit of compensation in the event that they are injured at work.

UpMyStreet

www.upmystreet.com

A consumer website for investigating local community information. It links to ACORN data, the British Crime Survey, Home Office statistics and police authority websites.

Victim Support

www.victimsupport.org.uk – for details of their services and local branches.

The contact numbers are 0845 30 30 900 for England, Wales and Northern Ireland and 0845 60 39213 for Scotland.

Although it is less busy after 6pm, it is a time when many of the methadone patients call and I believe that there should be more than one person on duty besides the pharmacist.

The cctv system does not cover all the vulnerable areas of the store and the rotation of the tapes is haphazard.

In view of recent threats and abuse suffered by several of the staff, the training and support available is far from sufficient. Inadequate training leads to irrational behaviour and a degree of panic when there is a confrontation with a patient.

I am drawing your attention to these issues because not only am I concerned for the safety of all who work here, but also because my understanding is that I have liabilities under health and safety legislation to take an active role in minimising risk.

I hope that you will be in a position to respond soon.

Yours

A Summary of Research Projects about Violence in Pharmacy

1. Chemist & Druggist Business Trends Survey 4th Quarter 2000

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 the 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

PHARMACISTS' DEFENCE ASSOCIATION

Risk Assessment and Risk Management Tool

Part One

RISK ASSESSMENT

This part of the form is used to establish whether the pharmacy is inherently LOW, MEDIUM or HIGH risk operation.

For each item listed, delete the boxed number box if the item described in the left hand column is not an issue in your pharmacy, alternatively, circle the box if the item is an issue.

Date _____ Site _____

Initial Assessment 0

Re-Assessment Periodic 0

or Following an Incident 0

Section A

Circle ALL the numbers where you believe the statement to be TRUE.

Make a decision for every statement, do not skip any of them

The post code or area has above average figures for violence and robbery

Use local knowledge, www.upmystreet.com, police authority websites etc 4

There is a significant predominance of local authority housing.

Use local knowledge and ACORN (further information on page 15) 3

The ethnicity balance in the area gives rise to tensions and crime.

Use local knowledge 2

There is a preponderance of non-essential retail outlets (off-licences, loan shops, video hire, non-branded fast food etc) in the immediate locality.

Use local knowledge and ACORN(further information page 15) 3

The surrounding streets are ill-lit and unkempt, the street furniture is poorly maintained. 2

There is an above average number of young adult males amongst the clientele of the pharmacy 1

There is a high dependence on social security and non-age-related welfare payments amongst the clientele of the pharmacy. 1

A needle exchange and/or a methadone dispensing service is provided. 2

There are high dispensing volumes, frequent long waits and queuing. 1

High value goods and branded fashionable items are on sale 1

Total of the values you have circled in this section

A:

Section B

Circle the number which is closest to your experience of the pharmacy.

Select ONE only

There has been one or more violent incident or threat of violence in the last six months.

10

There was at least one incident or threat between six months and a year ago.

8

There was a violent incident over a year ago

5

There have been no violent incidents at the pharmacy

0

Write the selected score for this section in the box

B:

Section C

Circle the number which is closest to your experience of the pharmacy.

Select ONE only

The pharmacy undertakes methadone etc instalment dispensing for over 20 clients	10
The pharmacy undertakes methadone etc instalment dispensing for 10 to 20 clients	8
The pharmacy undertakes methadone etc instalment dispensing for fewer than 10 clients	5
There is no addict dispensing service	0

Selected score for this section

C:

Total Risk Assessment Score (the sum of boxes A, B and C.)

Risk Assessment Score is over 37

The pharmacy is HIGH RISK

Risk Assessment Score is over 13 and less than 37

The pharmacy is MEDIUM RISK

Risk Assessment Score is below 13

The pharmacy is LOW RISK

Based on the risk assessment score above, use the appropriate column in Part 2 to determine the extent to which the risks are being managed

Part Two

RISK MANAGEMENT ASSESSMENT

This part of the assessment can be used to assess whether the RISK MANAGEMENT measures currently in place in the pharmacy are adequate, unsatisfactory or seriously deficient.

For each item listed, delete the boxed number box if the RISK MANAGEMENT measure described is not provided at the pharmacy (alternatively, circle the box if the item is provided). In each of the first four sections, add the score for the items which are provided and refer to the relevant score notes.

Finally, total the four sectional scores into to determine the overall score.

Using the same column throughout (the one headed with the risk status determined in Part 1), circle ALL the numbers where you believe the item specified is dealt with at an acceptable level.

Make a decision for every statement, do not skip any of them.

At the end of sections A to D, add the circled numbers and refer to the scoring key.

Finally, total the four sectional scores into the box at section E.

Section A Staffing and Training

Score column for

Current Risk Management Status	Low Risk Pharmacies	Medium Risk Pharmacies	High Risk Pharmacies
Training procedures and materials regarding violence issues available.	10	10	10
Staff adequately trained or undergoing training in the risk management of violence.	10	10	10
Lone locking-up is forbidden	7	7	7
Lone working forbidden	7	7	7
Levels enhanced during higher risk periods	7	7	7
Good balance of experience amongst workers	7	7	7

Add score for weighted risk rating

+24	+12	+0
-----	-----	----

Total Score for Personnel & Training

Total of 24 or less

Total between 25 and 33

Total of 34 or over

There are **SERIOUS DEFICIENCIES** in staffing and training.

Staffing and training are **UNSATISFACTORY**

Staffing and training are **ADEQUATE** at the time of assessment

Section B Resources

Score column for

Current Risk Management Status	Low Risk Pharmacies	Medium Risk Pharmacies	High Risk Pharmacies
Internal mirrors present and adequately sited	10	10	10
Cctv system present and includes recorder and customer-facing monitor	6	6	6
Cctv system functioning and providing adequate visual coverage	6	6	6
Burglar alarm which is set at exit point installed	4	4	4
Personal attack alarms provided for vulnerable staff on- and off-site	4	4	4
Panic buttons linked to perimeter alarm system present and functioning	6	6	6
Security staff on premises	8	8	8
Zero tolerance and service availability notices	4	4	4
Add score for weighted risk rating			

Add score for Premises Resources

+24	+12	+0
-----	-----	----

Total Score for Personnel & Training

Total of 24 or less

Total between 25 and 33

Total of 34 or over

There are SERIOUS DEFICIENCIES in resources for personal safety

Personal safety resources are UNSATISFACTORY

Personal safety resources are ADEQUATE at the time of assessment

Section C Policies & Procedures

Score column for

Current Risk Management Status	Low Risk Pharmacies	Medium Risk Pharmacies	High Risk Pharmacies
Personal security is reviewed at least once a year in the following areas:			
Staffing levels, opening hours and service provision	6	6	6
Opening and closing the premises	6	6	6
Unaccompanied off-site working (deliveries) banking, surgery visits, dealing with waste etc)	8	8	8
Security equipment regularly maintained	6	6	6
Till procedures	5	5	5
Cashing-up and banking procedures	5	5	5
Handling CDs	7	7	7
Prescription receipt and owings	5	5	5

Add score for Premises Resources

+24	+12	+0
-----	-----	----

Total Score for Personnel & Training

Total of 24 or less

There are SERIOUS DEFICIENCIES in policies and procedures

Total between 25 and 33

The policies and procedures are UNSATISFACTORY

Total of 34 or over

The policies and procedures are ADEQUATE at the time of assessment

Section D Pharmacy Management

Score column for

Current Risk Management Status	Low Risk Pharmacies	Medium Risk Pharmacies	High Risk Pharmacies
Adequate escape to external or more secure area available	7	7	7
Adequate lighting in public access areas	10	10	10
All external areas and shopfront clean, well maintained and illuminated	10	10	10
No unavoidable blind spots	7	7	7
Adequate lighting in staff and restricted areas	7	7	7
Cash registers positioned to provide low snatch risk	7	7	7

Add score for Premises Resources

+24	+12	+0
-----	-----	----

Total Score for Personnel & Training

Total of 24 or less

Total between 25 and 33

Total of 34 or over

There are **SERIOUS DEFICIENCIES** in management at the premises

Management at the premises is **UNSATISFACTORY**

Management at the premises is **ADEQUATE** at the time of assessment

Section E Overall Personal Safety

Risk Management Status

Score column for

	Low Risk Pharmacies	Medium Risk Pharmacies	High Risk Pharmacies
Total Score for Personnel & Training			

Total of up to 104

Total between 104 and 133

Total of over 134

There are **SERIOUS DEFICIENCIES** in the management of personal safety

Risk to personal safety at the premises is **UNSATISFACTORY**

Risk to personal safety is **ADEQUATE** at the time of assessment

Sample template

Your contact details

Date

Dear

I am writing to express my concern regarding health and safety at **PHARMACY DETAILS**.

I believe there are issues concerning my own safety and possibly that of others who work there.

ALTERNATIVE A: I have undertaken a personal safety risk assessment and, taking into account the existing measures in place, it seems to me that there are some shortcomings in practices, procedures or the premises itself. I would welcome the opportunity of sharing my findings with you and note the key issues here.

ALTERNATIVE B: I know we have already discussed these matters but it seems appropriate to summarise them below to help you in addressing them as soon as possible.

EXAMPLES OF ISSUES TO RAISE

Bearing in mind the time that we close at the end of the day, it is unsafe to allow just one person to be present.

Although it is less busy after 6pm, it is a time when many of the methadone patients call and I believe that there should be more than one person on duty besides the pharmacist.

The cctv system does not cover all the vulnerable areas of the store and the rotation of the tapes is haphazard.

In view of recent threats and abuse suffered by several of the staff, the training and support available appears far from sufficient. Inadequate training leads to irrational behaviour and a degree of panic when there is a confrontation with a patient.

I am drawing your attention to these issues because not only am I concerned for the safety of all who work here, but also because my understanding is that I have liabilities under health and safety legislation to take an active role in minimising risk.

I hope you will be in a position to respond soon.

Yours

Sample template

STATEMENT UPON THE RISKS OF VIOLENCE

A Violence in Pharmacy risk assessment was carried out in ABC pharmacy at 123 High Street on Monday November 3rd 2001.

Risk Assessment

The risk assessment established that the Pharmacy was in a MEDIUM RISK category.

Risk Management

The risk management assessment indicated that additional measures were required in the areas of a) Staff training

b) Resources

c) Procedures

Results of staff consultation

Consequently, after consultation with the staff, it was agreed that the following measures would be implemented;

a) A staff training initiative would be completed by 5th of December 2001

b) Internal security mirrors would be installed by January 15th 2002

c) Opening and closing procedures would be reviewed and any enhancements identified and implemented by November 30th 2001.

The next Risk Assessment is due to be carried out in November 2002.

Signed

The management

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

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