



# STOPPING VIOLENCE IN THE PHARMACY

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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, including verbal, sectarian or racist abuse directed towards pharmacists and pharmacy staff.
2. A requirement for every pharmacy owner to undertake a risk assessment at individual premises level 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 to reduce the risks of violence.
4. Funding for security measures from the government to assist pharmacy contractors with their implementation.
5. Regulatory standards which place more robust requirements on pharmacy owners, superintendents, chief pharmacists and managers to ensure the safety of staff.

#### Introduction

The Pharmacists' Defence Association (PDA) has many thousands of members who are predominantly employees or locums and who come into contact with many patients on a daily basis, as do many pharmacist business owners. Because of this and also because of the nature of pharmacy work, these pharmacists often face abusive, aggressive and violent behaviour. 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.

## HOW DO WE DEFINE VIOLENCE IN THE WORKPLACE?

The Health and Safety Executive (HSE) defines 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.

Research showed that violence in the workplace affected a very significant proportion of workers who come into direct contact with the public. Whilst this problem will affect many industries, those working in healthcare face special problems. A Commission for Health Improvement survey of over 200,000 staff across the NHS showed that 37% had 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 and alarmingly, many of those attacked had not reported it. According to a survey of doctors undertaken by the British Medical Association, violence was encountered equally by doctors working in both primary and secondary care settings.

Although the research showed 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 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. Consequently, they will clearly fall into the high-risk category. Incidents can include serious physical assault. For example, during an incident in a Belfast community pharmacy in April 2017, two pharmacists were stabbed by a person trying to obtain tramadol.

A number of researchers have explored the incidence of violence in pharmacy. Previous surveys undertaken by the Chemist and Druggist and the PDA saw the completion of both qualitative and quantitative surveys which showed that this problem is not only widespread in pharmacy, but that it was also getting steadily worse.

As a result, the PDA 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 is 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 health and safety legislation, employers have 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 employer's statement must spell out what action it 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.

Employers have a legal duty under RIDDOR regulations (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) to make a formal report to the Incident Contact Centre if any of their staff experience a physically violent incident which results in death, major injury or absence from work for seven days or more. Instances of violence and crime should also be reported to the police. The police use this data to identify hot spots and their interventions.

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

The NHS says that NHS staff should be able to come to work without fear of violence, abuse or harassment from patients or patients' relatives. In most cases, patients and their relatives will be appreciative towards those who treat them but a minority of people are abusive or violent towards staff. The NHS is committed to dealing with this problem.

The NHS has had a 'zero tolerance' attitude towards violence since 1999 and there has been a significant increase in the numbers of offenders being prosecuted since 2003, when the Counter Fraud and Security Management Service (CFSMS) was set up. The NHS CFSMS split its responsibilities early in 2009 and the NHS Security Management Service (NHS SMS) took responsibility for the security of people and property across the NHS in England. Responsibilities in Wales, England, Northern Ireland and Scotland are subject to each NHS restructure.

NHS guidance is clear that staff members who are the victims of an assault may sue their employers for compensation. In one case, a healthcare assistant sued after she was attacked by a psychiatric patient while she delivered coffee to colleagues in a seclusion suite. The court heard that the risk to her could have been lessened by not letting the man out of his room.

## The Professional Position

There are numerous references contained in pharmacy regulatory standards which relate to appropriate environmental conditions in a pharmacy. Some of these professional requirements relate specifically to the owner, superintendent or body corporate 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 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. assess the risks in the care they provide and do everything they can to keep these risks as low as possible. Other requirements are of a more general nature e.g. premises must be safe for the public. All statutory requirements must be complied with, e.g. those relating to health and safety.

As a consequence of this last point, it may be concluded that failure to observe the requirements of health and safety legislation could be deemed to be a breach of pharmacy regulatory standards.

## THE POSITION OF THE PDA

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 PDA's position is that it is the employer who is primarily responsible for ensuring that risk reduction measures are employed. Failure to do so could leave the employer liable in the event of harm caused to employees; this is especially so in the event that these measures have been previously suggested by employees. 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 employee's prior concerns have been ignored by an employer, then the employer becomes significantly more liable. In a 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, the PDA will robustly pursue the employer on behalf of the member to seek prosecution under health and safety legislation, damages through civil action and referral of the case to the regulator for disciplinary action through a breach of regulatory standards.



## THE POLICY OF THE PDA ON VIOLENCE IN PHARMACY

The PDA will work towards securing:

### 1. A zero tolerance policy for violence towards staff working in a pharmacy, including verbal, sectarian or racist abuse directed towards pharmacists and pharmacy staff.

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. The 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, prosecuted where appropriate and pursued civilly for damages in compensation.

Furthermore, it will seek to ensure that the other pharmacies in the locality are also warned of such conduct. The PDA will 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. In fact, we hear reports that patients/customers who have been abusive to pharmacists may be sent vouchers or gift baskets to appease them, despite the pharmacist following the correct legal and ethical procedures to report abuse.

Prosecution under health and safety legislation may be supported by the PDA on behalf of PDA members, followed by a referral of the pharmacy owner to the regulator for a breach of regulatory standards where appropriate. Ultimately in appropriate cases, the employer will also be pursued civilly for damages in compensation.

### 2. A requirement for every pharmacy owner to undertake a risk assessment at individual premises level and publish a clearly-defined statement on the risk of violence.

Building upon the foundations of legislation, professional codes and 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 increase the risk of violence e.g. the operation of substance dependency services, cashing up and closing the pharmacy. When instigating improvements an employer should consult the accident book and consult with staff.



- Identify any employees at higher risk. 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 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 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. Measures appropriate to the situation, as identified by a risk assessment, are implemented 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 will be 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 employ 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, with 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 employed 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.**

The PDA will bring the need for funding support to the attention of the relevant government bodies in Westminster, Northern Ireland, Scotland and Wales and will also support organisations who negotiate funding with the government to secure the funds that may be needed to employ any changes required.

While we want to work with pharmacy employers and others to secure financial support from government, this in no way lessens the obligation for employers to make their workplaces safe in the meantime.

## **5. Regulatory standards which place more robust requirements on pharmacy owners, superintendents, chief pharmacists and managers to ensure the safety of staff.**

Regulatory standards make it very clear that pharmacist employers need to ensure the safety of patients. However, they deal with the safety of staff only indirectly by requiring pharmacist owners and superintendents to comply with health and safety legislation. The PDA will lobby regulators to ensure that standards are introduced which place 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 position commensurate with its position on the safety of patients.

## References & Further Information

1. The Health and Safety at Work Act 1974
2. The Management of Health and Safety at work Regulations 1999
3. Safety Representatives and Safety Committees Regulations 1977
4. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
5. Working Together; Securing a quality workforce for the NHS (1998) NHS Executive.
6. Safer Working in the Community (1998) NHS Executive and RCN.
7. Commission for Health Improvement NHS Staff survey ; March 2004
8. The Victim's Charter, a home office publication.
9. Victims of crime, a police authorities publication.
10. Violence – Victim support
11. Statement on the treatment of victims and witnesses – Crown Prosecution Service.
12. Violent Times, TUC Health and Safety Unit.
13. Tackling Violence at Work – GMB Union
14. Violence at work : The 2002/2003 British Crime survey; Home Office Report
15. Violence at Work – A Guide for Employers; Health and Safety Executive
16. No Place for violence in the work place; TSSA Bulletin April 2001
17. Violence at Work the experience of UK doctors; BMA Health Policy and Economic Research Unit
18. A safer place to work; National Audit Commission, 2003
19. Working well a call to employers ; Royal College of Nursing 2002
20. BBC News 15th October - 2004
21. BBC Harassment policy - 2004
22. Threatening and violent incidents in community pharmacies. Int J Pharm Pract 1996; 4: 136-44.
23. Commons Written Answer on Security in Pharmacies – 3rd March 2004
24. Violence stopped in its tracks in Northern Ireland; Chemist and Druggist - 20th March 2004



| defending **your** reputation | | representing **your** interests |

## ABOUT THE PDA

The PDA is a not-for profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 26,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- 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

Provide insurance cover to safeguard and defend the reputation of the individual pharmacist

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