



STOPPING VIOLENCE IN THE PHARMACY

May 2017

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1. INTRODUCTION

Personal safety should be a matter that concerns everyone in today's environment. It is a top priority for the Pharmacists' Defence Association (PDA) and we work tirelessly to make sure employers, regulators and others also treat your safety as their priority too.

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.

One attack is one attack too many. Previous surveys undertaken by the PDA and the Chemist and Druggist showed that violence in pharmacy is understandably a significant concern for Pharmacy staff.

Background

The government first announced a zero-tolerance approach within primary and secondary care in the NHS and provided guidance for GP surgeries in March 2003. 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.

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.

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.

Regretfully our members tell us that they feel some community pharmacist employers tend to trivialise verbal abuse and are slow to prohibit or ban patients/ customers from their stores. They don't feel that staff are fully supported by employers.

This can lead to a normalisation of aggressive and intimidating behaviour. We even hear reports that patients/ customers who have been abusive to Pharmacists have been sent vouchers or gift baskets to appease them despite the pharmacist following the legal, ethical and correct procedures to report abuse.

1.1 The Pharmacists' Defence Association Policy on Violence in Pharmacy

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;

- A zero tolerance policy for violence towards staff working in a pharmacy, including verbal, sectarian or racist abuse directed towards pharmacists and pharmacy staff.
- 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.
- Measures appropriate to the situation, as identified by a risk assessment, are implemented to reduce the risks of violence.
- Funding for security measures from the government to assist pharmacy contractors with their implementation.
- Regulatory standards which place more robust requirements on pharmacy owners, superintendents, chief pharmacists and managers to ensure the safety of staff.

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

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 obligations and pharmacy regulation.

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.

3. Risk Assessment:

A technique, designed specifically for pharmacy, to determine the true nature of risk in individual environments.

4. Managing the Risk

A practical guide to risk reduction following risk assessment.

5. Achieving Change:

Notes and guidance for locums and employees.

6. What to do in the event of a potential attack:

Guidance on how to deal with situations that have the potential to be dangerous.

7. Post-incident Issues:

Dealing with victims, compensation and legal matters.

8. Further Information:

Information about available resources.

Appendices:

The PDA risk assessment form and examples of communications

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

The physical location of a pharmacy appears as the most significant factor in determining the risk of violence. While no location will be entirely safe our research showed factors to consider include:

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 reported violence.

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. Statistics for localities and neighbourhoods can be found on each individual police authorities' websites.

2.2 Workplace

The location of a pharmacy is fixed and the locational risks can rarely be influenced by the pharmacy. However, the workplace environment itself however is an inherent risk which can be managed. 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 smooth running pharmacy 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.

2.3 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 to life. 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 remove risk but inappropriate attire can affect patient/customer reaction to Pharmacists, for example whether or not they are viewed as an authority figure or official.

2.4 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 represents 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

3.1 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.

3.2 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, the existing risk management measures must meet at least 70% of the risk discovered to achieve an “adequate” grade.

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 pharmacy regulation

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.

3.3 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 them. In consultation with your employer, you should decide a specific action plan that is to be followed. The PDA can assist members with such conversations with employers.

3.4 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 (e.g. 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 be explicit that access to those services and even the pharmacy itself will be withdrawn where a patient's or

customer's 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 locating 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 high risk locations.
- 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
- An Understanding of 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 (e.g. 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 person who has greater likelihood of becoming confused, angry or violent. 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. The NHS, local authority and/or police service 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 your local networks such as the Health Board, or Clinical Commissioning Group, Integrated Care Partnerships or Local Pharmaceutical Committees 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.

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- 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 (e.g. 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 A POTENTIAL ATTACK

A useful approach is to ensure the aggressor knows that there is back up on site. It is also important to keep calm. If required, indirectly seek the attention of other employees or customers. Never turn your back on a potential assailant but back away to a place of safety.

Prioritise the safety of yourself, colleagues and other patients/customers. No medication and no amount of money is worth more than your safety.

No matter how good the preparations are or your response to a potential attack, an actual violent attack may still occur. It is never easy to how you will respond when an incident is occurring as each circumstance will be uniquely different.

However, putting exceptional circumstances to one side, guidance provided by Police and Home Office is that a violent response to abusive behaviour is never acceptable unless it is necessary for self-defence purposes.

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 maybe 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. If in doubt, escalate.

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.

One of the PDA's aims is to lobby for improvements in members' professional lives and want to hear about incidents so that we can 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 are encouraged to 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/Victim Support Northern Ireland 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 must take 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 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.

8. FURTHER INFORMATION

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

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.

Victim Support

www.victimsupport.org.uk

www.victimsupportni.co.uk



STOPPING VIOLENCE IN THE PHARMACY

- A1. Sample letter to employer
- A2. PDA Risk Assessment tools
- A3. Sample template to employer
- A4. Sample template statement

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A1. Sample letter to employer

Dear *[Manager or superintendent Pharmacist name]*

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

A2. PDA 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	
Periodic Assessment	
Assessment following an incident	

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

Statement	Score
The post code or area has above average figures for violence and robbery (Use local knowledge, local authority websites etc)	4
The area is socially deprived (use local knowledge)	3
The atmosphere in the local community gives rise to tensions and crime (use local knowledge)	2
There is a preponderance of non-essential retail outlets (off-licences, loan shops, non-branded fast food etc) in the immediate locality (use local knowledge)	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
The clientele of the pharmacy are more likely to be under financial pressure in order to manage their daily lives, such as reliance on benefits and foodbanks.	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

Statement	Score
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
Total of the values you have circled in this section	B:

Section C

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

Select **ONE** only

Statement	Score
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
Total of the values you have circled in this section	C:

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

Management Status	Low Risk Pharmacies	Medium Risk Pharmacies	Low 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	Score
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Total of 24 or less - There are **SERIOUS DEFICIENCIES** in staffing and training.

Total between 25 and 33 - Staffing and training are **UNSATISFACTORY**

Total of 34 or over - Staffing and training are **ADEQUATE** at the time of assessment

Section B: Resources

Management Status	Low Risk Pharmacies	Medium Risk Pharmacies	Low 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	+24	+12	+0

Total Score for Resources	Score
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Total of 24 or less - There are **SERIOUS DEFICIENCIES** in resources for personal safety

Total between 25 and 33 - Personal safety resources are **UNSATISFACTORY**

Total of 34 or over - Personal safety resources are **ADEQUATE** at the time of assessment

Section C: Policies & Procedures

Personal security is reviewed at least once a year in the following areas:	Low Risk Pharmacies	Medium Risk Pharmacies	Low Risk Pharmacies
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 weighted risk rating	+24	+12	+0

Total Score for Policies & Procedures	Score
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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

Management Status	Low Risk Pharmacies	Medium Risk Pharmacies	Low 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 weighted risk rating	+24	+12	+0

Total Score for Pharmacy Management	Score
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Total of 24 or less - There are **SERIOUS DEFICIENCIES** in management at the premises

Total between 25 and 33 - Management at the premises is **UNSATISFACTORY**

Total of 34 or over - Management at the premises is **ADEQUATE** at the time of assessment

SECTION E: OVERALL PERSONAL SAFETY

Total Risk Management Assessment Score			
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Total of up to 104 - There are **SERIOUS DEFICIENCIES** in the management of personal safety

Total between 104 and 133 - Risk to personal safety at the premises is **UNSATISFACTORY**

Total of over 134 - Risk to personal safety is **ADEQUATE** at the time of assessment

A3. Sample template to employer

Dear *[Manager or superintendent Pharmacist name]*

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

A4. 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 2016*.

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 2017*
- b) Internal security mirrors would be installed by *January 15th 2018*
- b) Opening and closing *procedures would be reviewed and any enhancements identified and implemented by November 30th 2017.*

The next Risk Assessment is due to be carried out in November 2017.

Signed

The Management



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

ABOUT THE PDA

The Pharmacists' Defence Association (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

CONTACT THE PDA

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