## University Hospitals of Leicester **NHS**
### NHS Trust

# Pharmacy Department

# Security Policy

| Approved By: | Clinical Support & Imaging CMG Quality and Safety Board |
|---|---|
| Date of original Approval: | 16th November 2016 |
| Trust Reference: | C277/2016 |
| Version: | V3 |
| Supersedes: | V2 |
| Trust Lead : | Claire Ellwood, Chief Pharmacist |
| Lead Board Director: | Medical Director |
| Date of Latest approval: | 12th April 2022 |
| Next Review Date | 12th May 2025 |

# CONTENTS

**Review Dates and details of changes made**

V2 Jan 2019: changes to format, minor changes in content.

**Key Words**

Pharmacy, security, lone working, alarms

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 2 of 11**
Next Review: May 2025

**NB: Paper copies of this document may not be most recent version.  The definitive version is held on INsite Documents**

# 1    INTRODUCTION

This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for Pharmacy Department Security.  Pharmacy Department Procedures are designed to work with and supplement the University Hospitals of Leicester NHS Trust Security Policy, (A14/2002), and Lone Worker Policy (B27/2008) at local departmental level.  Some elements of this document are direct quotes from this document, (printed in italics); others are related to local issues.

Medicines are stored in Pharmacy departments and Satellite Pharmacies across the Trust.  Access to these areas is restricted to UHL Pharmacy Staff to ensure the standards of safety and security are met as required by the General Pharmaceutical Council.

The aim of the Policy is:

- *To provide a secure environment for the delivery of quality pharmacy services.*

- *The protection of the Trust and personal property against theft, fraud and damage.*

- *The physical security of confidential information.*

- *The promotion of crime prevention awareness amongst staff and other site users.*

- *To Clearly define roles and responsibilities.*

- *Compliance with national and where applicable EU regulations relating to the storage and security of pharmaceutical goods, including but not limited to controlled drug regulations and regulations relating to Investigative Medicinal Products, and regulations imposed by the Medicines and Healthcare Regulatory Authority (MHRA).*

# 2    POLICY SCOPE

The policy applies to all registered pharmacists, pharmacy technicians and pharmacy support staff employed by UHL and any temporary agency / bank staff.  This policy should be applied at all times including normal working hours, on-call, weekend and bank holiday working.

# 3    DEFINITIONS

**Out of hours** – this is defined as the time when the department main hatch is closed to receive work.

# 4    ROLES AND RESPONSIBILITIES

4.1    **The Executive Board Director** is the medical director who delegates responsibility for oversight and implementation of this policy to the Chief Pharmacist.

4.2    **Pharmacy General Manager** shall be responsible for the following:

- Carrying out Risk Assessments - Risk assessments should be carried out by the responsible manager for each pharmacy area/department, and wherever possible risk should be eliminated.  If this cannot be achieved then systems and procedures should be put into place to minimise risk.  Where the need for capital investment is identified, general managers shall be responsible for development, presentation of business cases to the RIC (Revenue and investment committee) Estates Capital Sub-Group in conjunction with the Chief Pharmacist.

  Risk assessments must be aimed at ensuring the objectives of these guidelines and the UHL Trusts Security Policy (A14/2002) Objectives are met.

- Developing and implementing local security procedures.

- Creating and maintaining a security culture within the department.
- responsible for communicating updates to this policy to all current staff

### 4.3 Pharmacy Line Managers are responsible

- for ensuring this policy is fully explained and demonstrated to new members of staff as part of induction.

### 4.4 Responsibilities of individuals

Everyone working in the Pharmacy has a personal responsibility to:

- Be vigilant at all times reporting anything suspicious, in good time, to the security department, their line manager or other senior member of staff.
- To act within the policies and procedures laid down by the Trust at a local and corporate level.
- To wear identification badges at all times.
- To act on the concerns of patients and visitors.
- To raise any concern they may have regarding security with their line manager or the Local Security Management System.
- Co-operate with any investigation into security incidents or suspected breaches.

## 5 POLICY STATEMENTS AND PROCEDURES

### 5.1 Identification badge

- The Trust provides photo Identity badges, (ID) for all staff, including bank and agency staff. These MUST be worn at all times. Managers shall be responsible for ensuring compliance.
- Managers are responsible for ensuring that ID badges are recovered from staff leaving the organisation and destroyed appropriately.
- Loss of identification badges must be reported immediately to the line manager and the site security department.
- A temporary badge will be given from the site officer manager to the individual until a new badge can be obtained either the following day or when the office is next open depending on site.

### 5.2 Visitor and contractors

- All visitors to pharmacy MUST sign in, details to be recorded include, printed name, where from, reason for visit, date/time in, date/time out, who has signed them in
- Contractors must include all of this information, it is not appropriate or acceptable for contractors to sign in as company name and number of personnel on site, all names must be recorded with signature.
- Contractors should report to facilities/security on site prior to commencing any work, to obtain work/site permits and identity badge. (Safety Policy for Contractors B24/2004 )
- Non UHL Pharmacy Staff MUST NOT be allowed into any department unescorted. Pharmacy staff MUST be present.
- Exemptions to access standards are only permissible in EMERGENCY situations, to include emergency access to security and emergency services.

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 4 of 11**
Next Review: May 2025

**NB: Paper copies of this document may not be most recent version.  The definitive version is held on INsite Documents**

- Children MUST NOT be allowed into the pharmacy department. The pharmacy department poses exceptional risks to children by nature of the products stored within. If circumstances occur where a child is to be inside the department, the child/children must be accompanied at all times. Failure to follow this procedure could result in disciplinary proceedings.

    Exceptions:
    - Very occasional emergency or special situations, and this MUST be agreed with the General Manager/Principal Pharmacy Technician FIRST.
    - Short visits with staff members on parental leave, long term sickness absence or other periods of extended leave who must supervise child at all times and only visit in tea rooms or offices when meeting to discuss return of work.

- Pharmacy staff MUST challenge any strangers in the department, to justify business/purpose and ID and pharmacy contact name.

## 5.3 Incident reporting

- Any incident regarding security must be reported immediately to security at the relevant site and to the Pharmacy General Manager(s).

- This includes, all crimes , any incident of physical or verbal violence , any suspicious or untoward incident relating to Security, any non accidental damage or interference with equipment or services, any loss of Hospital property (no matter how small).

    Security officers exist at each site and can be contacted on or through switchboard:

    LRI ext 16767 Bleep 4237

    LGH ext 14292 Bleep 4201

    GH ext 12999 Bleep 2585

- Complete a UHL Incident Report form (DATIX) within 24 hours of the incident, follow the link on Insite or use this link: Datix: UHL Incident Report Form

## 5.4 Personal Property

- UHL Pharmacy staff that take possession of patient's medication, compliance aids and medication record cards will exercise care in the handling of such goods, in accordance with Management of Patient Property – Policy and Procedure B24/2007

- *UHL Trust does not accept liability for any loss or damage to patient property or monies, unless they are given for the safe keeping of the Trust in accordance with laid down procedures relating to the handling and keeping of patient property, or unless any liability in law arises.*

- Staff are advised to leave items of high value at home. Some staff lockers are available in each Pharmacy Department please liaise with your site Office Manager to check for availability.

## 5.5 Violence and aggression

- All pharmacy staff .need to complete the conflict resolution training This can be accessed through HELM and should be undertaken in accordance with their role, through a risk assessment process or identified by the individual.

- All staff are responsible for familiarising themselves with the Management of Violence, Aggression and Disruptive Behaviour Policy, B11/2005

- Staff will be aware that patients and their relatives within the Trust and in the community may be under considerable stress. In these situations, people often react out of character or differently from usual. It is, therefore, each employee's responsibility to

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 5 of 11**
Next Review: May 2025

**NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents**

treat patients and relatives with sympathy and understanding and most importantly, to use techniques to avoid escalation of a situation which could expose someone to acts of violence.

In summary

**STEP 1**

Ask the individual / group to stop the behaviour and explain actions
Keep calm
Establish the facts and address any relevant factors
Try to diffuse the situation and reach a solution

**STEP 2**

Inform individual / group that behaviour is unacceptable and call a senior staff member for support (Responsible Pharmacist, General Manager, Principal Pharmacy Technician or other Senior Manager)

**STEP 3**

If at any point you feel threatened or unable to control the situation, call for help from UHL colleagues in the vicinity and ask for security to be called on 16767 (LRI), 14292 (LGH), 12999 (GH) or activate the nearest panic alarm.

**LRI**

➢ Panic alarms are situated under the main desk in reception and under the desk in the stores office.
➢ There are two red buttons side by side and both buttons must be pressed simultaneously to activate a silent alarm.
➢ The call goes through the alarm company who will then call the the on site security team who will attend the department
➢ If necessary the Police will be called.
➢ To cancel the call the alarm, the company will require a password. If the password is not given the Police and Security will be called

**GH**

The panic alarm is under the desk in main reception, there is a single black button that must be pressed. This will activate a silent alarm to the Glenfield Security Team who will respond to the department immediately to deal with the situation and call the Police if necessary.

**LGH**

There are two panic alarms at the LGH Pharmacy there is an alarm in the Controlled Drug cupboard and one under the hatch in the Pharmacy. Press the button to activate and a silent alarm will go through to the General Security Team who will respond to the department immediately to deal with the situation and call the Police if necessary.

**STEP 5**

Report the incident to security immediately. There are Security Oficers on each site

Within 24 hours complete a UHL Incident Report form (DATIX),follow the link on Insite or use this link http://uhlsrv13/datix/live/index.php

## 5.6    Key Holding in Pharmacy departments

### 5.6.1   Location of Keys to departments:

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 6 of 11**
Next Review: May 2025

**NB: Paper copies of this document may not be most recent version.  The definitive version is held on INsite Documents**

- The main keys to the department will be kept by Security. At Glenfield this is in the electronic storage cabinet

  - Pharmacy departments are only opened up by band 5 or above pharmacy technician, pharmacist, medicines management nurse General Manager or Service Manager

  - Security hold a list of names of staff authorised to collect the keys and open up the department at the LRI & LGH, GH operate a Fob system

  - Someone meeting above criteria must remain in pharmacy thereafter until another member of authorised staff arrives to handover. If this is not possible the department must be locked and alarm set with staff asked to wait outside until somebody meeting the criteria arrives to take over. This is for everyone's protection and toensure there is adequate senior support in case of any event or emergency

- The main keys will have a master key to the 'departmental key cupboard' where other keys are stored.

- The person opening the department in the morning must open the key cupboard and remove the 'spare' key cupboard key, signing for them, the master set of keys must then be returned to security.

- The key cupboard key should be handed to (and signed over to) the most Senior Pharmacy Technician/ Trouble Shooter at the start of the shift. They are responsible for signing out the CD keys (and any other relevant keys)

- If leaving the department they would need to be signed over to the Trouble Shooter taking over for that shift

The Security team at the LRI hold a numbered sealed bag which contains an alarm fob (Fob 1) along with spare keys for all locked doors. In addition the security department on each site holdfloor plans to assist with navigating around the departments in the event of an emergency.

### 5.6.2 Access to the department:

- Each Pharmacy department/area will have an authorised key holding list of personnel who require "key-holding" privileges in order for them to carry out their individual duties.

- In general the list will include band 5 and above Pharmacy Technicians and Pharmacists. This list will be compiled following risk assessment of the security issues concerned with the particular area/department. This list will be maintained at site level by General Managers and will be reviewed at 6 monthly intervals.

- The authorised list will be held on file within each department, and a copy will be lodged with individual site security teams. The list will also be held on the Pharmacy Management Drive, password protected with access granted to all members of the Senior Management Team.

- Any member of staff granted temporary key-holding privileges will be required to sign in and out on each and every occasion that they gain access to the department.

- Any member of staff with key-holding privileges, who identifies that any of their keys are missing, MUST report the fact IMMEDIATELY to the General Manager, Principal Pharmacy Technician Responsible Pharmacist or other Senior member of staff. In turn the issue MUST be reported to the Site Security Team. A risk assessment will then be carried out to determine further actions. Where it is suspected that an unauthorised individual has gained copies of departmental keys or electronic access codes, this should be reported in the same way.

- It is the responsibility of the last person leaving a department to ensure that all steps have been taken to ensure that the department concerned is secure. Where a number

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 7 of 11**
Next Review: May 2025

**NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents**

of staff is leaving at the same time, the most senior person present MUST assume this responsibility, although it may be delegated to an appropriate person.

- On opening or closing the department, key holders must ensure the alarm system is deactivated or activated accordingly. In the event the alarm system cannot be set, the On Call Senior Pharmacist must be informed before the department is left without the alarm being activated and the local Security Officer informed that the department is unalarmed and request the area is regularly patrolled.

### 5.6.3 Controlled Drug (CD) Keys

- Controlled drug keys are to be stored in the Pharmacy key cupboard when not in use and signed out on removal from the cupboard to provide a record of controlled drug room/cupboard access.

- The senior/most senior technician is responsible for the Controlled Drug Keys and delegates that responsibility temporarily to other members of pharmacy staff.

- The CD cupboard/room should be kept locked at all times when not in use and the CD keys must not be left unattended.

- The CD key must be locked away in the key cupboard prior to the last person leaving and setting the department alarm.

- Any loss of Controlled Drug Cupboard Keys must be reported to the Trust's Accountable Officer for Controlled Drugs. At the time of writing, this is the Chief Pharmacist.

### 5.7    Satellite security

- The CMG Lead /Principal Pharmacist is responsible for the security and access to CMG Pharmacy Satellite and Clinical Trial satellites

- During opening hours access to the Satellite Pharmacies must be by coded key pad The code will be changed every 3 months or sooner if a member of staff leaves the Trust. The code must only be known to UHL Pharmacy staff.  .

- At the end of opening hours the Satellite Pharmacy must be locked by a key lock. The key returned to the main site Pharmacy Department, signed back into the key cupboard.

- Any spare keys to the Pharmacy Satellite must be stored in the main site Pharmacy Department key cupboard.

- A log of non-pharmacy UHL staff and visitors to the Pharmacy Satellite must be recorded and access must not be given to without identification.

- A security risk assessment must be completed periodically for the Pharmacy Satellite area and security incidents reviewed regularly to ensure actions have been implemented.

- Where Controlled drugs (CDs) are stored in a satellite they must be kept in a locked cupboard and stock levels checked every day in accordance with the CD SOP 907 (Standard Operating Procedure).

Not all satellites are alarmed. Check with the CMG lead pharmacist prior to entry if unsure of procedures

### 5.8    Pharmacy Out Patient provider services

- The Out Patient services provider is responsible for the security and access into the Out-Patient Pharmacies.

- UHL staff must not access this area without prior agreement or the knowledge of Out Patient Provider Pharmacy services staff.

- In an emergency such as a fire then the on-call Senior Pharmacist or General Manager can be called to advise on access procedures if deemed appropriate.

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 8 of 11**
Next Review: May 2025

**NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents**

### 5.9 Lone working

- Any member of staff who is working alone in any Pharmacy Department MUST notify security of the fact. When notifying security, they should indicate an approximate time, when they expect to leave, and therefore will be required to advise security when they leave.

- This procedure is predominantly for the safety and security of the staff member concerned. If the security team do not receive a call within 60 minutes of the anticipated time of departure, security will check on the department to ensure that they are OK. It is of course equally important that, if having notified security of an approximate time of departure, that an individual is delayed, then this must also be communicated to the security team.

- All staff who work alone are responsible for familiarising themselves with the Lone Working Policy B27/ 2008. Lone workers coming into UHL or leaving UHL at unsociable hours can call security to request chaperoning to or from their vehicle to Pharmacy.

- When coming in to deal with an out of hours call between the hours of 11pm and 8am at the LRI pharmacists can park in the "20 minute wait bay" which is opposite Materials Handling when coming on to the LRI site through Gate 9 Havelock Street. At the Glenfield parking is available in the drop off zone at the front of the Glenfield Hospital main entrance and at the LGH drive round the back of the hospital to the ambulance drop off point and park next to the Porters lodge. Please report to security on arrival.

### 5.10 Security alarm maintenance

- All security systems/alarms fitted to UHL pharmacy departments including satellites MUST be tested quarterly, the responsibility for ensuring that this is done will rest with the General Manager, or for areas that are not managed by a General Manager, this will be the responsibility of the Head of Department. Faults MUST also be recorded in the logbook, along with actions taken and rectification dates.

- Security Alarm tests will cover the full process of the system, i.e. to include ensuring that wherever the system is designed to remotely notify other departments (e.g. switchboard/security). Where remote notification is built in to the system, it is important that this is tested and any faults reported and rectified as soon as possible.

- Security alarm maintenance should cover all types and MUST be recorded in a security log book, which will be held on each site.

### 5.11 Out of hours security and fire alarms

### 5.11.1 Security alarms for UHL Pharmacy Departments and Satellites

- Out of hours and when a department is closed, local arrangements exist for the monitoring of alarms. Where alarms are installed these may or may not be remotely monitored. When an alarm is activated, security/switchboard will notify the On Call Senior Pharmacist, who will attend the appropriate site to assist the security team.

- Dependent on the situation faced by security on site and the length of time that it may take for the On Call Senior Pharmacist to arrive, security may be given permission to enter the department.

- Once on site, the On Call Senior Pharmacist will assess the situation and then take appropriate action. Advice can be sought from the site security team, but any obvious break-in MUST be reported to the police, the site security team and a DATIX form completed.

### 5.11.2 Fire Alarms for UHL Pharmacy Departments and Satellites

- Out of hours and when a department is closed, local arrangements exist for the monitoring of alarms. When an alarm is activated, security/switchboard will notify the On Call Senior Pharmacist, who will attend the appropriate site to assist the Fire Response Team.

- Dependent on the situation faced by security on site and the fire service, the On Call Senior Pharmacist may have to give consideration to allowing security to enter the department prior to his/her arrival. In appropriate circumstances, the fire response team will enter the department anyway.

### 5.11.3 Security and Fire Alarms for Out Patient Provider Services in UHL

- Out of hours and when a department is closed, local arrangements exist for the monitoring of alarms. When an alarm is activated, security/switchboard will notify the Provider Services On Call Manager, who will attend to assist the Fire Response Team.

- Dependent on the situation faced by security on site and the fire service, the On Call Manager may have to give consideration to allowing security to enter the department prior to his/her arrival. In appropriate circumstances, the fire response team will enter the department anyway.

- Advice can be sought from the site security team, but any obvious break-in MUST be reported to the police, the site security team and a DATIX form completed

## 6    EDUCATION AND TRAINING REQUIREMENTS

- As part of the induction process line managers are responsible for ensuring this policy is fully explained and demonstrated to new members of staff.

- General Managers/ Principal Pharmacy Technicians are responsible for communicating updates to this policy to all current staff.

- *All employees shall receive security training that is commensurate with risks in their work area.*

- *The Trust will provide security awareness to all staff via the general induction programme, undertaken by the Trust on a UHL-wide basis. During the induction process new members of staff will be given a copy of the Staff Handbook – Chapter 4 covers Hospital Security + Personal Safety. 'Copy available on INsite.'*

- All pharmacy staff will receive departmental induction when starting employment in any new area. They will be made aware of the local policy/procedures and given specific site induction, and will be made aware of this document, and given a copy.

- Copies of this document will be available on INsite.

- All staff must complete violence and aggression training and personal Safety Awareness Training to ensure safety and security standards are met.

## 7    PROCESS FOR MONITORING COMPLIANCE

### Key performance indicators / audit standards

| Element to be monitored | Lead | Tool | Frequency | Reporting arrangement |
|---|---|---|---|---|
| Security breaches- theft, | Chief | Datix incident | | Reported at |

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 10 of 11**
Next Review: May 2025

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

| unauthorised access, policy deviations. | Pharmacy Technician Quality & Safety | reporting system | Monthly | Pharmacy Quality and safety Board. |
|---|---|---|---|---|

## 8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

UHL Security Policy (Trust Ref A14/2002)

UHL Lone Worker Policy (Trust Ref B27/2008)

UHL Safety Policy for Contractors (Trust Ref B24/2004)

UHL Management of Patient Property – Policy and Procedure (Trust Ref B24/2007)

UHL Management of Violence, Aggression and Disruptive Behaviour Policy (Trust Ref B11/2005)

SOP 907: Checking Controlled Drug balances in Pharmacy Departments

## 10 DOCUMENT CONTROL, ARCHIVING AND REVIEW OF THE DOCUMENT

This policy will be reviewed and updated every 3 years in line with Trust Policies and Guidelines. The document will be reviewed by the Pharmacy General Managers and Principal Technician and sent to the Pharmacy Quality and Safety Board for consultation and agreement.

The Policy will then be sent to the Clinical Support & Imaging (CSI) Quality & Safety Board for approval. The updated version of the Policy will be uploaded and available through INsite Documents and the Trust's externally accessible Freedom of Information publication schemes. It will be archived through the Trusts PAGL system.

Pharmacy Security Policy
V3 Approved by CSI CMG Quality and Safety Board on 13th April 2022. Trust Ref: C277/2016

**Page 11 of 11**
Next Review: May 2025

**NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents**