Guideline on Pharmacy Department access

1. Background

Although the need for medicines within hospitals is continuous, hospital pharmacy departments do not usually operate 24 hours a day.

The MP 0139/20 *Medicines Handling Policy* includes a requirement for public health service facilities to have a policy detailing when unsupervised access to the Pharmacy Department by non- pharmacy staff is authorised and that after-hours access to the Pharmacy Department is recorded and audited.

This guideline is intended to assist in the development of policies about access to the Pharmacy Department, during normal working hours and after hours.

This Guideline is intended to be read in conjunction with MP 0139/20 *Medicines Handling Policy*. The Guideline is not intended to be used as a substitute for compliance with legislation, Policy Frameworks or the policies and procedures of health service providers (HSP).

Note: unless otherwise indicated, the term medicines means any scheduled medicine. If the Pharmacy Department is responsible for purchase and distribution of other unscheduled medicines, then the information in this Guideline would also be applicable to those medicines.

2. General principles

- The Chief Pharmacist (or equivalent position) is responsible for determining who is allowed access to the Pharmacy Department, both during normal opening hours and outside normal opening hours.
- Routine access to the Pharmacy Department by non-pharmacy staff should not be permitted.
- Wherever possible, medications should be ordered and supplied during normal Pharmacy Department opening hours.
- There should be clear methods for obtaining medicines necessary for patient care when the Pharmacy Department is not open, with an 'on-call' pharmacist service wherever possible.
- After hours access to S8 medicines stored within the Pharmacy Department should be limited to pharmacists who require access to supply a S8 medicine to a patient care area urgently, outside the usual operating hours of the Pharmacy Department and senior Pharmacy Department staff such as the Chief Pharmacist and Deputy Chief Pharmacist (or equivalent positions), who may require access in an emergency situation (such as during a disaster response).

3. Security features and design considerations

Where possible, the Pharmacy Department should be designed so areas where medicines are stored are not routinely visible to the public, including patients.

If possible, a two door entry approach should be used: entries for the public and other hospital staff should be separate to door(s) for the entry of pharmacy staff into the Pharmacy Department.

Doors to loading docks must be secure and the area should be monitored by continuous closed circuit television (CCTV). A mechanism which can be used to enhance loading dock security is use of a two door system with a void between, where only one door can be opened at a time.

Ideally, the design of the Pharmacy Department should accommodate activities such as collection of medicines or visits for administrative purposes (such as mail delivery or similar) without access to areas where medicines are handled such as storage areas, outpatient or inpatient dispensaries or compounding/clean room areas.

Best practice is for all external entries into the Pharmacy Department to be linked to an access system that identifies the person entering and records the date and time of their entry. Usually swipe cards/proximity cards will be used but systems using biometric identifiers or personal identification numbers (PIN) may also be suitable, provided they can identify individual staff.

If a standard door code is used for access (rather than an access system linked to individual staff members), the code should be changed regularly to reduce the risk of it becoming known to non-pharmacy staff.

If the access system does not allow tracking of the identity of staff entering the Pharmacy Department, including retrospective review, other systems will need to be instituted to compensate. An alternative system would be manual methods of recording entry and exit with concurrent strategic placement of CCTV.

External doors should be:
- kept closed and locked to restrict entry;
- fitted with self-closing devices;
- connected to an intruder alarm, which is activated when the Pharmacy Department is not open.

The intruder alarm system should meet Australian Standard AS 2201. Where a risk assessment indicates it is warranted, alarm systems should incorporate duress alarms to enable staff to activate an alarm in the event of an emergency.

The ability to activate or deactivate intruder alarms must be restricted to authorised personnel, who should be determined by the Chief Pharmacist (or equivalent position). Where this involves a code used by all authorised personnel, the code must be changed regularly.

4. Keys, codes and swipe cards

The Chief Pharmacist (or equivalent position) should be the principal key holder for the Pharmacy Department. The Chief Pharmacist is responsible for nominating other key holders.

If another department of the public health service facility, such as the Engineering Department or Facilities Management physically manages keys throughout the facility, keys associated with the Pharmacy Department are to only be issued with the permission of the Chief Pharmacist (or equivalent position).

The principal key holder (or their delegate) should keep a register of all keys.

It is appropriate for Pharmacy Department keys to be of the type that require permission before the key can be replicated.

There should be a standard process for dealing with spare keys, including secure storage of spare keys. Any keys kept outside the Pharmacy Department, to allow emergency access, should be held under maximum security, preferably within the hospital's security department.

Staff identified as no longer requiring access to the pharmacy department must have their access revoked immediately.

Note: Codes or swipe card/proximity cards used to access the pharmacy department are considered keys and should be managed with the same rigour as keys.

5. Access to the Pharmacy Department during normal working hours

The Pharmacy Department must be under the direct supervision of a pharmacist at all times while it is open. Although the *Medicines and Poisons Act 2014* allows non-pharmacist staff to be involved in handling medicines in the Pharmacy Department and participating in their distribution within the public health service facility, the expectation is that this work will be undertaken when overall pharmacist supervision is available.

Where logistics dictate non-pharmacist staff access is required outside times that overall pharmacist supervision is available, there should be documentation of which roles or individuals have been granted access, why access is required, any restrictions on access and which tasks can be undertaken during these periods.

Non-pharmacy staff of the public health service facility should only granted access to the Pharmacy Department after identification by a pharmacy staff member. Systems should preferably allow visual identification to be undertaken before entry is allowed.

Visitors to the Pharmacy Department (who will be entering areas other than medicines collection and office areas) should be asked to sign in and out of a log book and be accompanied by pharmacy staff at all times.

The only exceptions should be where an emergency code such as a fire or bomb threat has been activated.

If the Pharmacy Department has a main safe or vault (or automated equivalent) for Schedule 8 storage, with other safes/approved storage receptacles used for forward stock, access to the main safe or vault (or automated equivalent) should be limited to only those pharmacists with a requirement to access the main safe or vault (or automated equivalent) to undertake their day to day work as well as senior Pharmacy Department staff such as the Chief Pharmacist and Deputy Chief Pharmacist (or equivalent positions).

6. Access to the Pharmacy Department after hours

Wherever possible, after hours access to the Pharmacy Department should be limited to senior positions within the Pharmacy Department and those pharmacists who require access to supply medicines to patient care areas (such as an 'on call' pharmacist).

Ideally, access to S8 storage outside normal working hours of the Pharmacy Department should be limited to senior level pharmacists such as the Chief Pharmacist and Deputy Chief Pharmacist (or equivalent positions) and any pharmacists with a need to provide emergency stock to patient care areas outside normal working hours.

Depending on the configuration of the S8 storage in the Pharmacy Department, access by 'on-call' pharmacists should be limited to safes storing the medicines likely to be required rather than allowing access to the main safe or vault (or automated equivalents).

Note: See also Section 5.5 of the *Guideline on distribution of medicines*.

It is recognised that not all public health service facilities will be able to support a regular 'on call' pharmacist service. Where a routine 'on call' pharmacist service is not provided, there needs to be consideration of how urgently required medicines will be made available when the Pharmacy Department is closed.

Various methods can be used in lieu of allowing non-pharmacy staff to access the Pharmacy Department. For example:
- use of a separate locked after hours cabinet which holds a limited formulary of medicines
- having a formal system for acquiring medicines from another patient care area.

Allowing access to the Pharmacy Department by non-pharmacy staff to facilitate after hours supply of medicines for the urgent care of patients may be considered necessary but is not considered a best practice solution. Mechanisms that could be used to manage the risks of this access are:
- restricting the health professional accessing the Pharmacy Department for this purpose to the most senior nurse on duty
- requiring the health professional accessing the Pharmacy Department to call a nominated pharmacist for approval
- not allowing any after hours access to the Schedule 8 storage areas within the Pharmacy Department by anyone other than pharmacists
- tracking entry through swipe card use or other mechanisms that record the identity of the person entering and the time and date of entry
- using security mechanisms such as closed circuit television (CCTV) to monitor activity within the Pharmacy Department after hours.

Any removal of stock from the Pharmacy Department after hours should be recorded, including the:
- date and time;
- name, strength, form and quantity of the medication removed;
- name of the patient;
- name of the patient care area where the medication was to be used;
- name of the staff member removing the medication.

Regular reviews of the medicines that are being accessed after hours should be conducted, so medicines suitable for inclusion on imprest can be identified and/or quantities of individual imprested medicines adjusted.

In an emergency situation, unsupervised access to the Pharmacy Department by staff, who are neither pharmacy staff nor health professionals, may be required. Possible scenarios where other unsupervised access is acceptable should be identified and may include:

- Emergency Code activation. For example, where a Code Orange activation means the Pharmacy Department needs to be checked to ensure no staff remain within the Department
- Pharmacy alarm triggered/sounding.