

Document Code:	DPOTMH-J-P27
Effective Date:	09-01-2022
Document Type: Policy	
Page Number:	1 of 3
Department/Section: Pharmacy Division	
Document Title: PHARMACY SAFETY AND SECURI	

#### **PURPOSE:**

- 1. To prevent the pilferage of medications and hospital supplies and make a reasonable effort to provide security to all the staff working in the pharmacy.
- 2. To establish procedures for the control of pharmacy areas, drug inventories, and keys or card access to secure them.

#### LEVEL:

All the Pharmacy Division Staff of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

#### **POLICY:**

- Access to pharmacy areas shall be limited to all pharmacy staff only. All
  pharmacy areas, as well as drug inventories and operations, shall be under the
  supervision of a registered pharmacist. The Pharmacy staff may permit others (e.g.
  staff nurses, doctors) in the area if observed or accompanied.
- 2. All pharmacy staff shall wear their identification card according to the hospital policy anytime they are on the premises.
- 3. All pharmacy staff is encouraged to leave their valuables at home or locked up in their respective lockers.
- Controlled and Narcotic room key is limited to the pharmacist-in-charge who has been certified by the FDA to distribute controlled and narcotic substances and/or the Inpatient Pharmacy Manager.
  - 4.1. During holidays, vacation and leave (e.g sick leave) the pharmacist-incharge shall inform the Pharmacy Manager who will delegate a pharmacist to cover the period.
- 5. Pharmacy doors shall be kept locked at all times.



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- 6. Non-pharmacy staff entering in the pharmacy premises to performs services shall be required to show an identification card.
- 7. Report or notify Security of possible or any medication theft/pilferage incidents.
- 8. All doors in the pharmacy department shall be locked with a poster "For Authorized Personnel Only."

#### **DOCUMENTATION:**

**New Policy** 

#### **DISSEMINATION:**

- 1. RMCI Hospital Communicator
- 2. Conducting hospital wide continuing education to all healthcare professionals.

#### **REFERENCES:**

- 1. Accreditation Canada Qmentum International Standards
- 2. ASHP Pharmacy Guidelines.
- 3. University of Kentucy/UK Health Care Policy and Procedure, PH 16-04.



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Document Type:	Standard Operating Procedure
Effective Date:	09-01-2022
Document Code:	DPOTMH-J-P27-S01

#### **PURPOSE:**

- 1. To prevent and detect fraud and theft, and to assign responsibilities for implementing appropriate controls.
- To establish appropriate reporting mechanisms to be used for notification of known or suspected fraud and theft, and establish the consequences for fraud and theft by employees.

### SCOPE:

Applies to all Pharmacy Division Staff of Dr. Pablo O. Torre Memorial Hospital.

#### PERSON RESPONSIBLE:

All Pharmacists and Pharmacy Technicians of Dr. Pablo O. Torre Memorial Hospital

#### **GENERAL GUIDELINE:**

 This applies to any known and suspected fraud or theft involving employees, customers, vendors, contractors, consultants, or other parties related to the hospital.

#### PROCEDURE:

- 1. No medication shall be left unattended at all times. Medications shall not be placed in the dispensing window in a manner allowing non-pharmacy staff access.
- 2. Surveillance camera shall be available for monitoring all pharmacy areas.
- 3. Transactions concerning medical representatives and deliveries are directed to the Pharmacy Inventory which is open Mondays through Fridays, from 8:00 AM until 5:00 PM.
- The pharmacy staff shall not allow any unauthorized personnel to enter the premises.



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- 5. During holidays, vacation, and leave (e.g. sick leave), the Pharmacist-in-charge shall inform the Pharmacy Manager who will delegate a pharmacist to cover the period.
- 6. In the event of any incident that endangers the security of the pharmacy or other medication storage site, the following procedures shall be followed:
  - 6.1. Security shall be notified immediately.
  - 6.2. The Head of the Pharmacy shall be notified.
  - 6.3. Inspection of medication storage sites shall be immediately conducted to determine losses, if any.
- 7. Any occurrence of a security problem shall be fully documented in the Incident Report Form.



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