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Introduction

1.1 Context

The aim of this policy is both ensure that the safety of employees carrying out key-holding duties is maintained and the pharmacy complies with PSI guidance in relation to the supervision of medicines, including guidance when the pharmacy is bring cleaned or merchandised found at http://www.thepsi.ie/Libraries/Practice_Guidance/A_I_5_2_PSI_PolicySafekeeping_during_cleaning_and_merchandising.sflb.ashx

The policy covers pharmacy opening and closing routines and also covers what to do in the event of an alarm call out by your monitoring company.

Keys for the pharmacy should only be held be designated key holders for the store.

Keys should never be given to other third parties.

A pharmacist should always be the primary key holder for the pharmacy, and nobody can enter the pharmacy unless there is a pharmacist present.

1.2 Purpose

The personal safety of staff members is always the priority with regards to key-holding and as such all key-holders must be adequately training and provided with the relevant information required.

1.3 Scope

This policy applies to all pharmacy staff and all key-holders must be aware of their responsibilities.

It is the responsibility of all pharmacy managers and pharmacists to ensure this policy is implemented and adhered to.

Under no circumstances may Keys to be given to other third parties without the prior knowledge of the security auditor Martin Rowe 087-6600561.

Procedure

2.1 Closing Procedures

The following steps must be covered when closing the pharmacy at the end of each day;

1. Pharmacist (company employee or locum) must be present while the pharmacy is closing, the pharmacist may not leave the pharmacy is fully closed and secured.
2. When the last customer leaves the store, obtain any keys required to secure the pharmacy
3. Ensure daily task listing is complete and carry over any necessary tasks.
4. Switch off all lights and nominated appliances including air conditioning units and water heaters.
5. Secure the window shutters if applicable.
6. Perform suspended cash counts and empty cash from tills as appropriate, securing all monies in the pharmacy safe.
7. Sign off all tills and log out of TMS system.
8. Check all windows / sky-lights are secure.
9. Lock / secure all internal doors as the building is searched to ensure all staff / customers have left the premises and no FIRE hazards or trip hazards exist.
10. Check the correct closure of all fire exits and position drop-bars / padlocks if applicable.
11. Secure all trading keys (e.g. cosmetic cabinets) and CD keys within the key-box/safe if applicable.
12. Approach the final exit door and check store door / shutter keys are in hand.
13. Turn the intruder alarm on.
14. Close the shutters at the final exit door and secure.
15. A second member of staff must remain with the key-holder at all times the closing operation. Where applicable and issued key-holders are to take with the store keys a "clip on the belt" panic alarm.
16. Only the keys for the final exit door and shutter controls are to be removed from store by the key-holder.
17. Keys for stores have only to be given to designated key holders for the store no keys have to be left in corner shops or given to other members who are not key holders or third parties.
18. If store has problems getting keys to other people covering the store they should inform Martin Rowe Security auditor 087-6600561. Martin will arrange for Synergy security to open and close the store if needed.

2.2 Opening Procedures

As the key-holder approaches the store be mindful of any suspicious persons loitering in the area.

Do not enter the store if you have suspicions, walk away and return after a few minutes. A minimum of two members of staff are to enter the store in high risk geographic locations.

1. Pharmacist (company employee or locum) must be present while the pharmacy is opening, staff may only enter the pharmacy in the presence of a pharmacist.
2. Run through in your mind the alarm code / opening procedure.
3. Open the store door/shutter (this starts the opening timer for the intruder alarm).
4. Unlock the internal shutters if applicable.
5. Raise the internal shutters if applicable.

6. Deactivate the intruder alarm. (Do not delay as this may cause the alarm system to signal activation).
7. Secure the door as appropriate.
8. Remove all drop-bars / padlocks on FIRE exits.
9. Place coats, bags and other personal belongings in a secure designated area which should be away from the shop floor and dispensary were possible.
10. Open the staff entrance only when staff presence has been confirmed.
11. Remove all locks/padlock from stock/drug window shutters.
12. Secure all padlocks and keys in the key-box/safe.
13. Log onto tills and TMS system.
14. Ensure movement of cash required to tills is performed prior to trade.
15. Turn on all relevant appliances including air conditioning and water heaters.
16. Ensure housekeeping and uniform procedures are adhered to.
17. Ensure daily task listing is in place for the trading day.
18. Open doors for the customers at the appropriate time.

2.3 Key-Holders

- A list of at least 3 key-holders must be completed and forwarded to Head office F.A.O Martin Rowe Security Auditor
- This must be reviewed annually or after a key-holder has left employment with the pharmacy.
- The 1st Key-holder should be the pharmacist as requested by the PSI.
- All key holders must be permanent employees who have completed their probationary period of employment.
- A key-holder ideally should not live further than a 20 minute journey the pharmacy and should be contactable outside of trading hours.
- In the event of an incident, and a key-holder is not contactable or is unavailable the next key-holder on the list will be contacted.
- Keys for store have not to be left in other shops, supermarkets or given to other third parties. Please contact your TM or Martin Rowe Security auditor if you have difficulty with keys.
- If service providers need keys to check locks I.E employees or contractors from Aramark maintenance then please contact Martin Rowe or your T.M to inform them.
- A key-holder must never respond to an alarm under the influence of alcohol.

2.4 Key-Holders Response Process

- When called out by alarm monitoring station, using your own list of contacts ring back to ensure the call out is genuine. (**Do not** use any number provided to you by the caller, in case it is fictitious). In most cases the monitoring station will ask you for your password.
- Synergy security who are our key holding company see next section will arrange a safe place to meet you at the pharmacy. Synergy security officer will be in Synergy uniform and their patrol vehicle will have synergy's name on it.
- The key holder will then proceed to the pharmacy and await the arrival of the key holding officer (from Synergy). A key-holder must not enter the pharmacy alone.

- On arrival if a break-in/fire is suspected the key holder/key holder services provider must remain in their vehicle or retreat to a safe distance and contact the Garda/Fire Services.
- Upon entering the pharmacy if a break-in/fire is discovered the key holder/Key holding service provider must leave and lock the pharmacy and await the arrival of the Garda/Fire Services.
- If no break-in/fire is suspected the key holder may enter the pharmacy accompanied by the key holding provider.
- The area of activation will be shown on the alarm panel, this must be investigated to identify the reason for the activation.
- If the activation has been caused by a fault the maintenance helpline must be notified. The maintenance company may be in a position to fix the fault over the phone. If not the key holder must remain on site and await a service engineer. You must confirm the engineers ID before allowing them into the pharmacy.
- If no reason has been found for the alarm activation the premises must be secured and alarmed before leaving and your TM notified of the activation the following morning.
- If other areas of the pharmacy have been damaged during the process of a break in/fire the maintenance helpline must be notified with the details of the areas to be addressed

In the case of a confirmed break-in/fire your TM and Martin Rowe must be notified immediately and an Incident Report to be completed in your occurrence book or folder.

See incident template attached.

2.5 Key holding company response.

- A key holding service is in place for all Allcare owned stores which is operated by Synergy security.
- The service provides a uniformed warden to either respond to alarms independently or escort the Pharmacy key holder when called to an out of hours alarm activation.
- Key holding company will operate as follows to an out hours alarm call out
- Following an alarm activation the Alarm Monitoring Station will contact the key holding company Synergy.
- Once at the pharmacy the key-holding Officer will proceed into the pharmacy to determine the cause of the activation
- In the event of a false alarm the key-holding officer will secure the pharmacy and leave the premises. A certificate of attendance will be left in the pharmacy for the pharmacy manager's attention. You can review CCTV if you are not happy with the call out, Martin Rowe is also notified of all call outs.
- In the event of an incident the Key-holding Centre will contact the managing pharmacist/ pharmacy key holder/ holders to request an attendance to the pharmacy. Where possible the pharmacist must attend the call out.
- Key holding company will arrange a meeting point with the key holder and arrange an estimate time of arrival by the key holder.

- Once at the meeting point, the Key-holding Officer will accompany the key holder into the pharmacy. Ideally this should be the Managing Pharmacist but is not always possible.
- The Key-holding Officers will be in a clearly marked vehicle and will always be in uniform. They will also carry identification cards, which must be checked by the key holder upon arrival at the pre-arranged meeting point.
- The Key-holding Officer will enter the premises and assess the cause and source of the activation.
- Any remedial action that is required shall be arranged by the key holder – the Key-holding Officer shall stay in-situ until the property is secure.
- Your TM, Martin Rowe and the guards need to be notified straight away if any damaged has be done.
- The Key-holding Officer will produce an Attendance Certificate detailing the duties performed, a copy of which will be left with the key holder.

In the case of a confirmed break-in/fire your TM and Martin Rowe must be notified immediately and an Incident Report to be completed and noted in your occurrence book or folder.

See incident template attached.

2.6 Personal Safety for Key-Holders

- When called out by the alarm monitoring station, using your own list of contacts ring back to ensure the call out is genuine. (**do not** use any number provided to you by the caller, in case it is fictitious),
- Approach the store carefully and identify the safest place to park and route to the store.
- Confirm your meeting point with key holding company Synergy security.
- Avoid danger spots such as poorly lit car parks, waste ground, laneways etc.
- Be aware of any area on the premises where your mobile phone will not work
- On arrival at the store, walk past first and have a good look around to ensure there is nobody loitering about to give cause for concern.

2.7 Entering the Premises Alone

Do not enter the pharmacy alone if you receive an alarm call out.


You must await the arrival of Synergy key holding officer or the Guards to enter the premises.

- Do not assume that because there are no signs of a break-in, one has not occurred.
- Do not enter premises if you suspect that there may be an unauthorised person(s) inside.
- Do not compromise your personal safety.

2.8 Additional Support

Additional support for managers and employees is available through the following:

- TM'S
- Martin Rowe (087) 6600561

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- Maintenance Helpline Aramark (01) 8941220
- Synergy security (01) 2945044

2.9 Declaration

I confirm that I comply with all key holding policies. I understand that if I have any doubts about correct procedure, that full guidance is available from the Key holding Policy, my TM and Martin Rowe Security auditor support office.

<u>Signature</u>	<u>Print name</u>	<u>Position</u>	<u>Date</u>

A copy of this declaration must be forwarded to Martin Rowe and HR

Incident & Accident Report template

To be completed for all accidents and incidents

Section 1

Pharmacy Name Click here to enter text.

Incident Type Choose an item.

Date of Incident/Accident Click here to enter a date.

Time of Incident/Accident Click here to enter text.

Person Completing Report Click here to enter text.

Location of Incident/Accident Click here to enter text.

Persons Notified of Incident/Accident Click here to enter text.

Persons Involved

Name	Type	Contact Details
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Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.

Please also complete the following relevant section within this report.

Injury Due to Accident, Incident or Near Miss [Section 2](#)

Criminal Incidents [Section 3](#)

Other Serious Incidents (Fire, Flood etc.) [Section 4](#)

Additional Notes & Closure [Section 5](#)

All incidents and accidents must be reported to Allcare Retail Pharmacy Operations. This report must be completed immediately after an Incident or Accident has occurred and sent to Allcare Retail Pharmacy Operations.

Incident & Accident Report

Section 2 – To be completed in the event of injury due to an accident or injury.

Accident Details

Provide description of accident or near miss in as much detail as possible.

Include where it occurred, when it occurred, how it occurred, why it occurred, who was involved, what actions were taken and what was said.

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Incident & Accident Report

Section 2 – To be completed in the event of injury due to an accident or injury.

Describe the injuries sustained.

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Were any tools or equipment involved in the accident or near miss? If so please give full details

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Incident & Accident Report

Section 2 – To be completed in the event of injury due to an accident or injury.

Was first aid administered? Yes No

Provide details of any first aid Administered by the Pharmacy, Emergency Services or Others.

Include who administered the first aid, where it was administered and the Details of what was performed. If Emergency Services

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Provide details of follow-up contact with injured persons

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Incident & Accident Report

Section 2 – To be completed in the event of injury due to an accident or injury.

If the Injured Party was an Employee:

When did the employee cease working? [Click here to enter a date.](#)

When did the employee return to work? [Click here to enter a date.](#)

Was a medical certificate provided? Yes No

Did the employee return to normal working duties? Yes No

If not please provide details:

What actions were taken to minimise the risk of a similar accident or incident happening?

Incident & Accident Report

Section 2 – To be completed in the event of injury due to an accident or injury.

Is there CCTV footage of the incident available? Yes No

Is there photographic evidence available? Yes No

Have witness statements been obtained? Yes No

Please list the names of witnesses who have provided statements (including injured parties).

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Please use the below section to provide any additional information

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Incident & Accident Report

Section 3 – To be completed in the event of injury due to a criminal incident.

To be completed for all incidents of shoplifting, robbery, burglary, assault, verbal abuse, bomb threat or attempted criminal incidents. If any injuries were sustained please also complete [section 2](#) of this report.

Offender 1 Details

Name [Click here to enter text.](#)

Address [Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Date of Birth [Click here to enter text.](#)

Description

Hair, Height, Build, Accent, Tattoos, Clothing, Jewellery, Weapons, Bags, etc.

Incident & Accident Report

Section 3 – To be completed in the event of injury due to a criminal incident.

Offender 2 Details

Name [Click here to enter text.](#)

Address [Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Date of Birth [Click here to enter text.](#)

Description

Hair, Height, Build, Accent, Tattoos, Clothing, Jewellery, Weapons, Bags etc.

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Garda Details

Name

Garda Number

Station

Click here to enter text.

Click here to enter text.

Click here to enter text.

Incident & Accident Report

Section 3 – To be completed in the event of injury due to a criminal incident.

List stock taken from pharmacy including retail value.

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Total value of cash taken

Click here to enter text.

Overall value of stock & cash taken

Click here to enter text.

Value of stock & cash returned to pharmacy

Click here to enter text.

Incident & Accident Report

Section 3 – To be completed in the event of injury due to a criminal incident.

Provide description of incident in as much detail as possible.

Include where it occurred, when it occurred, how it occurred, why it occurred, who was involved, what actions were taken and what was said.

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Incident & Accident Report

Section 3 – To be completed in the event of injury due to a criminal incident.

Was there any suspicious activity noted prior to the incident?

Yes No

If yes please provide details

<p> </p>

Provide details of any damage caused to the pharmacy during the incident.

<p> </p>

Are actions required to prevent a re-occurrence of this incident?

Yes No

If yes please provide details

<p> </p>

Incident & Accident Report

Section 3 – To be completed in the event of injury due to a criminal incident.

Is there CCTV footage of the incident available? Yes No

Is there photographic evidence available? Yes No

Have witness statements been obtained? Yes No

Please list the names of witnesses who have provided statements (including injured parties).

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

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Incident & Accident Report

Section 4 – To be completed in the event of any other serious incident.

To be completed in the event of a fire, flood, power failure or any other incident which effects trade.
If any injuries were sustained please also complete [section 2](#) of this report.

Please provide details of the incident with as much detail as possible.

Include where it occurred, when it occurred, how it occurred, why it occurred, who was involved, what actions were taken and what was said.

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Incident & Accident Report

Section 4 – To be completed in the event of any other serious incident.

Did the pharmacy have to close? Yes No

How long was the pharmacy closed? [Click here to enter text.](#)

Details of contingency requirements and actions to maintain trading.

E.g. trade from local pharmacy within the chain, transfer of scripts, storage of refrigerated medicines, and communication to employees and customers etc.

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Incident & Accident Report

Section 4 – To be completed in the event of any other serious incident.

Are maintenance works required following the incident?

Yes No

If so have these been communicated to the maintenance helpdesk?

Yes No

Provide details of works required.

Details of emergency services attending

Please provide details of Fire Services, Garda, Paramedic attendance including stations and contact names if possible.

Are actions required to prevent a re-occurrence of this incident?

Yes No

Incident & Accident Report

Section 4 – To be completed in the event of any other serious incident.

Is there CCTV footage of the incident available? Yes No

Is there photographic evidence available? Yes No

Have witness statements been obtained? Yes No

Please list the names of witnesses who have provided statements (including injured parties).

[Click here to enter text.](#)

[Click here to enter text.](#)

Incident & Accident Report

Section 5 – Additional Notes and Closure of Report

Please use this section to provide any additional notes or information required.

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Incident & Accident Report

Section 5 – Additional Notes and Closure of Report

Please list any additional documentation attached to this report.

E.g. witness statements, photographs, legal correspondence, insurance correspondence etc.

Report Closed

Date Incident & Accident Report Closed

[Click here to enter a date.](#)

Date Incident & Accident Report Sent to Allcare

[Click here to enter a date.](#)

Name of Person Sending

[Click here to enter text.](#)