Security access to hospital pharmacies in emergencies

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If the security staff at Baycrest Health Sciences suddenly has to enter the pharmacy during an emergency, it will not be delayed by lack of certainty about the proper process to use. A protocol is in place and understood by the team.

Recently in one of the IAHSS website forums, an association member posed a question regarding emergency access to a hospital pharmacy. The question focused on balancing the need for access during an emergency with the need to ensure that security staff members are not placed in a situation in which they could be accused of wrongdoing. This is a common concern and one that I have dealt with over the years in a variety of facilities where I have worked or consulted.

STANDARD PROCEDURES

Typically, there are very strict and stringent laws in place at the federal, provincial, or state level aimed at protecting controlled substances and narcotics.

For example, in Canada, the standards established by Accreditation Canada (the self-regulatory body for healthcare facilities) state that facilities shall have security process in place for con-

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trolled substances, including,

monitoring withdrawals, wastage, and administration of controlled substances to identify signs of abuse and diversion, as well as analyzing, documenting, and reporting such situations.

Additionally, there may be regulations and standards that have been established by the various pharmacist colleges and other regulatory bodies that are designed to prevent unauthorized and unrestricted access to narcotics and other controlled substances. These regulations, laws, and standards are applied not only in the main pharmacy but also in nursing units and clinics located throughout the healthcare facility (HCF). According to *Hospital and Healthcare Security,* Sixth Edition, by Tony W. York and Don MacAllister (2015),

The pharmacy work area should be secured so unauthorized personnel cannot gain unrestricted access. All entrances should be fitted with good locks, and be kept locked at all times. To enhance department security, the designated employee entrances should incorporate dual access control technology: card and code, code

and biometric reader, etc.

In accordance with the IAHSS *Healthcare Security Industry Guidelines*—specifically, "Pharmacy Security (07.02)" and "Security Sensitive Areas (07.01)"—security professionals (working in conjunction with the director of pharmacy) should *conduct a regular and periodic security vulnerability assessment,* and *review past security breaches and incident reports directly affecting department operations.*

The guideline also states that:

- *The HCF should control and monitor physical access to all pharmacy entrances, exits and transaction windows to prevent unauthorized access.*

- *The HCF should limit and restrict access to the pharmacy to only those personnel assigned to the department or [who] have been specifically authorized access by the pharmacy director or their designee. An additional layer of restricted access should be established to the narcotics vault or other areas where controlled substances are stored.*

Additionally, the IAHSS *Secu-*

rity Design Guidelines for Healthcare Facilities ("Pharmacies, 02.04") recommend that:

The design and construction of the pharmacy space and security systems should include identification of regulatory and institutional requirements and expectations. Procedures or systems that address access, audit, security and the internal operations should be carefully and cooperatively planned by all those who will be involved in the operation and protection of pharmacy personnel, materials and space.

To further complicate this issue, many healthcare facilities are also having to deal with the issue of additional security requirements for the secure and safe transport of the various COVID-19 vaccinations that are now available, especially as hospital pharmacies become "warehouse" points for the distribution of the vaccines to other healthcare facilities.

Most hospital pharmacies are not staffed 24/7. Although there may be on-call staff, they are rarely on site after hours, overnight, or on weekends. How can we as healthcare security professionals control access yet permit access in times of an emergency that occurs after hours? When there is a fire alarm, flood, gas leak, bomb threat or other similar emergency, valuable time can be lost and the risk to staff and public safety would increase if we were forced to wait for the pharmacist on call to arrive with a set of keys.

THE BAYCREST APPROACH TO EMERGENCIES

The main entrance to the pharmacy (and any areas that are related to the storage of narcotics and other controlled substances) is usually not included in the building master key system. Security staff and facilities staff do not normally carry keys to the pharmacy (due either to facility policy or regulatory authorities). Even in my role at my facility as manager of security and as the primary incident manager for emergency situations, I do not have keys to this area. In collaboration with our director of pharmacy, I established a rather simple policy and procedure that ensures that our pharmacy is secure and yet at the same time accessible. The policy clearly outlines what is considered an emergen-

cy and what is not.

This policy establishes the guidelines for all Baycrest Security staff to enter the Pharmacy in the event of an Emergency (i.e., Fire Alarm Response, Flood, or other related emergency situation).

A drug related emergency requires a pharmacist to open the Pharmacy Department. ***Security cannot access the pharmacy for the purposes of obtaining medication even in an emergency.***

An emergency key to the pharmacy is kept secured in a central location (security office, switchboard or other similar location). The key is kept in a locked box that can be opened in an emergency (typically referred to as a "break-away" or "break" box). The box is also in view of our CCTV system and is recorded. These boxes are readily available from locksmith supply shops or hardware stores.

As per policy, should my security staff feel a situation warrants them to enter the pharmacy in response to an emergency, they will:

- Access the emergency key in the secured key holder.

- Request that the communications attendant page the pharmacist on call and the manager, security, telecommunications, and emergency preparedness and advise them of the situation.

- Attend the pharmacy with the other security guard or the operator on duty.

- Gain access to the pharmacy via the main door utilizing the emergency key.

- Investigate the area and situation, and

  - secure the door,

  - wait for the emergency response team (such as the fire department),

  - wait for pharmacist on call to arrive, and

  - turn off the alarm.

- Document names of all persons that enter the pharmacy.

- Complete a security incident report providing full details.

- Give the pharmacy key to the pharmacist on call when the pharmacist arrives on scene.

It is imperative that security staff complete a thorough and detailed security incident report at the earliest possible moment following access. This report should include the obvious de-

tails (such as time and date) but also include:

- reason for entry,
- names and titles of all who entered (including fire department or other emergency service personnel that responded),
- the notification process (who contacted whom and when),
- actions taken during emergency access (items that were moved, damaged, or destroyed),
- photographs that were taken
- CCTV recording, and
- the time that pharmacy personnel arrived (including name and title).

Instances such as this tend to be rare, but often hospital pharmacies are located in the basement, and floods and leaks can and do occur. Healthcare security professionals need to ensure that a workable solution enables quick and easy access. And, more importantly, security staff must be properly trained on the process.