

THE APOTHECARY

NEWSLETTER

FALL 2021 - nlpb.ca



IN THIS ISSUE:

- **MESSAGE FROM THE REGISTRAR** Taking Care this Holiday Season
- **BOARD MEETING** Update
- **DRUG SCHEDULING** in Canada
- **REGISTRATION AND LICENSING** Update
- **COMPLAINTS AND DISCIPLINE** Update
- **QUALITY ASSURANCE** Update
- **TARGET HARDENING** Preventing Robberies and Break-ins

The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.

*Welcome to the Fall 2021 edition of The Apothecary!
Please read all of the content in this issue. If you have any questions or comments please email inforx@nlpb.ca.*

MESSAGE FROM THE REGISTRAR

Taking Care this Holiday Season

As we approach the end of 2021, I would like to reflect on this past year and both the opportunities and challenges the pharmacy profession has faced. For many, 2020 will be remembered as the year of COVID-19, and 2021 will be known as the year of the vaccine. Pharmacies became instrumental in immunizing the population this year, with more than 144,000 influenza immunizations administered in pharmacies since the beginning of 2021 and nearly 80,000 COVID-19 vaccines dispensed since June, when pharmacies began participating in the vaccine rollout. Pharmacy professionals have always played an important role in managing public health, and the pandemic has served to both spotlight and strengthen that role. NLPB would like to recognize each of your invaluable contributions in managing the current public health crisis.

Pharmacy professionals you have also faced increased pressure over this past year, serving on the frontlines as an accessible gateway to the healthcare system while accessibility to many other healthcare professionals has decreased. As such, it is important that you recognize the dangers of exhaustion and burnout, take action to prevent it, and address it before it affects your ability to practice. In addition to the personal toll that burnout can take on the individual, for pharmacy professionals it can lead to negative patient outcomes. During this busy holiday season, it is important that you take the time to check in on your health and practice self-care to ensure you are taking care of your own wellness needs so you can provide quality care for others.

As pharmacy professionals you have also faced increased pressure over this past year, serving on the frontlines as an accessible gateway to the healthcare system while accessibility to many other healthcare professionals has decreased. As such, it is important that you recognize the dangers of exhaustion and burnout, take action to prevent it, and address it before it affects your ability to practice. In addition to the personal toll that burnout can take on the individual, for pharmacy professionals it can lead to negative patient outcomes. During this busy holiday season, it is important that you take the time to check in on your health and practice self-care to ensure you are taking care of your own wellness needs so you can provide quality care for others.

On behalf of the NLPB board and staff, we wish you a very happy holiday season.

Seasons Greetings,

Margot Liddle




Seasons Greetings
 from the board members and staff of the
 Newfoundland and Labrador Pharmacy Board

May your holidays be merry and bright

 NEWFOUNDLAND & LABRADOR
 PHARMACY BOARD



BOARD MEMBERS

BOARD UPDATES

The NLPB Board of Directors met on November 26 for their final board meeting of 2021. The next meeting of the board will take place in March 2022, along with a strategic planning session to re-evaluate the 2020-2022 Strategic Plan.

EXECUTIVE COMMITTEE

CHAIR

Taggart Norris

VICE CHAIR

Henry White

EXECUTIVE MEMBER

Jason Ryan

PAST CHAIR

Gerri Thompson

ELECTED MEMBERS

ZONE 1 PHARMACIST

Amy Randell

ZONE 2 PHARMACIST

Jason Ryan

ZONE 3 PHARMACIST

Jennifer Godsell

ZONE 4 PHARMACIST

Henry White

ZONE 5 HOSPITAL PHARMACIST

Nicole MacDonald

ZONE 6 PHARMACY TECHNICIAN

Jillian Thorne

ZONE 7 AT-LARGE PHARMACISTS

Timothy Buchanan

Taggart Norris

PUBLIC REPRESENTATIVES

BOARD-APPOINTED

Shirlene Murphy

Mark Sheppard

GOVERNMENT-APPOINTED

Gerri Thompson

DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden



Follow NLPB's LinkedIn page for updates and resources relevant to pharmacy professionals in NL.



BOARD MEETING UPDATE

Bylaw Amendment

At the November 2021 meeting, NLPB board members approved the addition of the following subsection to section 85 of the NLPB Bylaws, Professional Misconduct Defined:

Breach of a federal, provincial, municipal, or other law, bylaw, order, or provision applicable to the practice or profession of pharmacy or to the operation of pharmacies.

This subsection will now be designated as subsection b).

Changes to Provincial Drug Scheduling

On November 26, 2021, NLPB board members approved a motion in relation to the Newfoundland and Labrador Provincial Drug Schedules to schedule by reference. As such, NLPB board of directors will no longer be required to approve drug changes made to the NAPRA National Drug Schedules (NDS). Once a change to the NDS has been approved by the NAPRA board of directors, it will be considered in effect in Newfoundland and Labrador immediately.

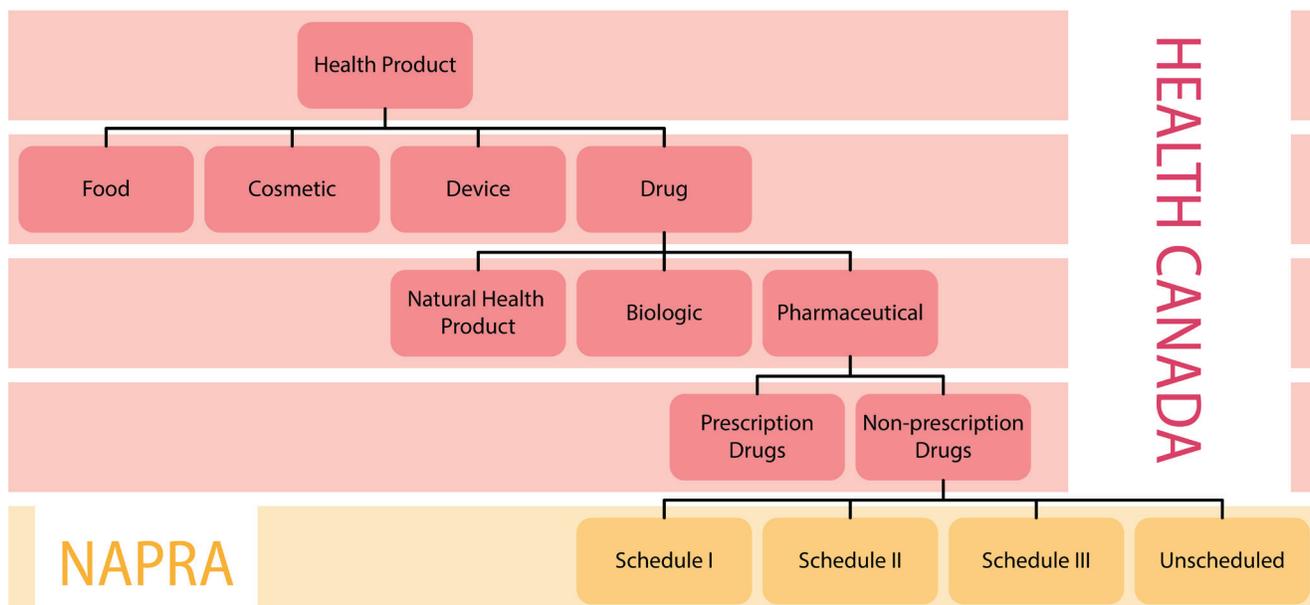
DRUG SCHEDULING IN CANADA

Health Canada and the National Association of Pharmacy Regulatory Authorities (NAPRA) both have roles related to drug scheduling in Canada. These roles are separate and distinct, with each organization performing specific functions within the drug scheduling process.

Health Canada has the authority and responsibility to authorize health products for sale in Canada, including the responsibility to evaluate the safety, efficacy, and quality of health products. When reviewing health products, Health Canada classifies the product into one of several product types and further classifies drug products into additional categories.

NAPRA only reviews products that have not been classified as requiring a prescription by Health Canada under the National Drug Schedules (NDS) program. The NDS program consists of three schedules and four categories of drugs.

The chart below outlines the classification system used by Health Canada and NAPRA.



Visit nlpb.ca/pharmacy-practice/provincial-drug-schedules for more information and links to the NAPRA NDS.

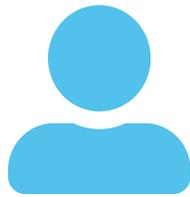


REGISTRATION AND LICENSING UPDATE

2022 Annual Registration and Licensing Renewal



727
Pharmacists



223
Pharmacy
Technicians



219
Pharmacies

NLPB's annual renewal period ended on November 30, 2021. At this time, 727 pharmacists and 223 pharmacy technicians have renewed their registration and 219 pharmacies have renewed their licence. All registrants must be registered and all fees must be paid prior to working in 2022. It is the pharmacist-in-charge's responsibility to ensure the pharmacy licence has been renewed and that all regulated staff are registered to practice in 2022 before the end of the year.

Website Update

If you haven't already, visit nlpb.ca to explore the updated Registration and Licensing section of the NLPB website. The section has been expanded into multiple pages in order to facilitate a more seamless experience for registrants. The updated navigation structure, with content customized to each type of pharmacy professional that NLPB regulates, will help registrants find the information they need without having to sift through content that is not relevant to them. Keep an eye out in the new year for more updates to the NLPB website.

IMPORTANT REMINDERS

COMPOUNDING STANDARDS IMPLEMENTATION DEADLINE

As per the [Implementation Schedule for Non-Sterile Compounding Standards](#) and the [Implementation Schedule for Sterile Compounding Standards](#) the **deadline to complete Phase II of both schedules is December 31, 2021**. For more information on Compounding Standards and their implementation, visit NLPB's website at: <https://nlpb.ca/pharmacy-practice/standards-guidelines-policies/#nonsterile>.

COVID-19 VACCINE REGULATIONS

As of Friday, December 17, 2021, the COVID-19 Vaccine Regulations are in force. As per the regulations and the Amendment dated December 14, 2021, any individual who is employed or provides services to an area, part, department or division of a business where members of a provincially or federally regulated health profession, such as pharmacists or pharmacy technicians, provide services in their capacity as a health professional, is required to be fully vaccinated.

NLPB is providing this information as a courtesy to registrants but is not involved in the development or administration of the legislation. As such, questions pertaining to the application of the regulations should be directed to the provincial government's Business Response Team at: businessresponseteam@gov.nl.ca.

NLPB OFFICES – COVID-19 VACCINE REQUIREMENTS

Any person visiting NLPB offices are now required to provide proof of vaccination or proof of an approved medical exemption upon entering the office.



COMPLAINTS AND DISCIPLINE UPDATE

Methadone dosing error and insufficient aftercare provided

An allegation was filed by a Complainant alleging that she was provided an incorrect dose of methadone, and after ingesting some of the drink was not given appropriate aftercare or treated with due respect. In responding to the allegation, the pharmacist acknowledged the error, expressed remorse, and explained steps she had taken to review the incident and make changes in the pharmacy. Upon reviewing the matter, the Complaints Authorization Committee agreed that there were significant differences between the parties in their perceptions of how and what symptoms of the Complainant were communicated and of the aftercare that was received by the patient. Ultimately, the Committee determined that there were reasonable grounds to believe that the pharmacist had breached the following provisions:

Newfoundland and Labrador Pharmacy Board Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment (“OAMT Standards”)

8.3 a) *Prior to releasing methadone doses to the patient, the pharmacist must:*

iv) *If it is safe to provide the witnessed dose, the pharmacist must:*

- *Ask the patient to confirm their prescribed dose and their name on the dose bottle;*
- *Directly observe the patient ingesting the medication;*
- *Engage the patient in brief conversation to ensure the entire dose has been swallowed.*

11 e) *Administration Errors. In the event of a confirmed or suspected medication dosing error, the pharmacist must take appropriate and necessary action to minimize harm to the patient, ensuring transparency throughout the*

entire process. This includes prompt consultation with the patient’s other health care provider(s) to determine appropriate actions to be taken. Following the incident, a root-cause analysis should be performed to determine any risks associated with the pharmacy workflow that may have contributed to the error, and process improvements should be made to prevent future errors.

Newfoundland and Labrador Pharmacy Board Code of Ethics

1.2 *Registrants provide appropriate treatment and care.*

2.2 *Registrants treat all those they serve with courtesy and respect.*

3.1 *Registrants recognize and respect that each patient has different needs, beliefs, values, experiences, and preferences that will influence their attitudes towards health care and their desired health goals.*

The Complaints Authorization Committee agreed that the incident was indicative of a lack of focus on the part of the pharmacist and that, although the pharmacist did provide some aftercare and showed a level of compassion for the Complainant, there was likely more that could have been done on the part of the pharmacist to ensure that she and the Complainant understood each other in terms of the risks to the Complainant and the experience of the Complainant in the aftermath of the incident.

The Committee cautioned the pharmacist that she must guard against becoming so comfortable in her OAMT practice that it becomes rote. She was further cautioned to remember that each case is different and deserves individual care, and to avoid distractions while working in the pharmacy. The Committee also counselled the pharmacist to review all NLPB standards relevant to OAMT and the Code of Ethics, and to conduct a root-cause analysis and provide a copy to the Complainant.

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COMPLAINTS AND DISCIPLINE UPDATE

LESSONS LEARNED

Independent double-checks should be performed for all steps of the methadone dispensing process. The patient's verification of the dose prior to ingestion represents an additional check to ensure that they are receiving the correct medication and dosage.

A pharmacy's policy and procedure for providing methadone doses must align with the steps outlined in section 8.3 of the OAMT Standards, and the process must be followed for every patient, every time. Failure to do so increases the risk of error.

If an error occurs, the patient's well-being is the priority. Particularly in cases of methadone dosing errors, the prescriber must be consulted promptly regarding an action plan for managing the incident. Pharmacists should identify and address patient's concerns about the potential health impacts of the incident and follow-up to monitor the effects of the error on the patient. After immediate health concerns are addressed, the pharmacy should complete a root cause analysis of the incident and, when appropriate, share information with the patient about how the pharmacy will improve processes to prevent recurrence.

Medication error and privacy infringement – patients who share same last name

An allegation was filed by a Complainant alleging that her prescription had been mixed up with another patient's medication who shared her last name, resulting in both a medication error and a privacy infringement. The pharmacist acknowledged the error, expressed remorse, and took appropriate steps to address the error. The pharmacist indicated that she had been working as a relief pharmacist in a national chain at the time of the incident and had not been comfortable with the system in place at the pharmacy for checking prescriptions as it was different from her home pharmacy.

Upon reviewing the matter, the Complaints Authorization Committee found that there were reasonable grounds to believe that the pharmacist

had engaged in conduct deserving of sanction and counseled the pharmacist to ensure that if she is not comfortable with a system to correct it beforehand and to ensure that she is comfortable in her work environment. In its decision, the Committee also directed that a copy of the decision be provided to the pharmacist in charge and recommended that the pharmacist in charge take advantage of all safety protocols that are built into her system and available for use at her pharmacy.

LESSONS LEARNED

Pharmacies should have prescription pick-up processes in place that respect patient confidentiality but also ensure that the right patient is receiving the right prescription.

While the bulk of responsibility for how a pharmacy operates belongs to the pharmacist in charge, in accordance with the Code of Ethics, individual registrants are also responsible for practicing in a manner that provides patients with quality care and are expected to take all reasonable steps to resolve situations where management policies and professional obligations are in conflict.

Practicing without registration/failure of PIC to ensure all regulated pharmacy staff practicing at pharmacy are registered

In January 2021 the NLPB discovered that a pharmacist who had been actively working between January 1, 2021 and January 25, 2021 had failed to renew his registration and therefore had been practicing pharmacy during that time without being registered with the NLPB. The Registrar filed an allegation against the pharmacist who had not renewed and against the pharmacist-in-charge, who has the responsibility of ensuring all registrants practicing at the pharmacy are registered with the NLPB.

Both pharmacists entered into Settlement Agreements with the NLPB, acknowledging that their failure to ensure registration amounted to conduct deserving of sanction. The pharmacist who had not renewed was reprimanded and paid a fine of \$1000. The

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COMPLAINTS AND DISCIPLINE UPDATE

pharmacist in charge was reprimanded and paid a fine of \$500. Both pharmacists also paid a contribution towards the costs of the NLPB's involvement with the allegation.

LESSONS LEARNED

Registrants are responsible for ensuring they are duly registered with NLPB prior to practicing pharmacy in NL. This includes ensuring that they have completed the registration renewal process each year. NLPB regularly communicates regarding registration renewal starting in October of each year and the process must be completed by November 30th.

Pharmacists-in-charge have a separate responsibility under the *Pharmacy Regulations, 2014*, to ensure that regulated pharmacy professionals employed by the pharmacy are registered with the board. Again, the pharmacist-in-charge should have processes in place to meet this requirement upon hiring staff and in conjunction with annual registration renewal.

Dispensing an expired prescription

An allegation was filed by a Complainant veterinarian alleging that a pharmacy had filled a prescription for a patient of hers on three occasions beyond the expiry date that she had written on the prescription. It was determined that there were two pharmacists, one of whom was the pharmacist in charge, and two pharmacy technicians who were involved with the three refills that were dispensed after the expiry date. Allegations were forwarded to each of the four registrants. All four registrants acknowledged the errors and indicated that they had met as a staff to discuss the issue. The Complaints Authorization Committee determined that there were reasonable grounds to believe that the four registrants had each engaged in conduct deserving of sanction.

The Complaints Authorization Committee issued a caution to two of the registrants and a counsel to the two others, as two of the registrants had a prior disciplinary history that the Committee felt warranted a stronger warning. All four registrants

were cautioned/counselled that it is important to pay attention to detail and to carefully consider all information on a prescription at the time of data entry as well as at the verification stage. The pharmacist in charge was also cautioned to ensure that staff are advised of the importance of carefully reviewing the original prescription at the verification stage and to make sure that all staff are up to date in their understanding of all policies related to data entry and to checking prescriptions.

LESSONS LEARNED

While typically prescriptions are considered "valid" for one year from the date on which the prescription was written, registrants should ensure that if a specific "stop date" is indicated by the prescriber, it is documented appropriately and honored.

Failure to designate a replacement PIC upon extended leave

On February 15, 2021, the Registrar filed an allegation against a pharmacist ("Respondent") pursuant to section 37 of the *Pharmacy Act, 2012*. In the allegation, the Registrar alleged that the Respondent had left his position as pharmacist in charge for greater than 45 days without designating a replacement.

In his response to the allegation, the Respondent acknowledged being away from his position as pharmacist in charge while on medical leave for a period of longer than 45 days without designating a replacement. Following his response to the allegation, the Respondent agreed to participate in Alternative Dispute Resolution with the Registrar to attempt to resolve the matter.

The Respondent acknowledged that his actions constituted conduct deserving of sanction. In particular, he acknowledged that his actions were in violation of:

(i) *Pharmacy Act, 2012*

28. (1) The pharmacist in charge of a pharmacy operating under this Act shall ensure that that pharmacy is



COMPLAINTS AND DISCIPLINE UPDATE

operated in compliance with this Act and failure to do so constitutes conduct deserving of sanction.

- (2) A person other than a pharmacist in charge shall not direct, control or manage a pharmacy.

(ii) *Pharmacy Regulations, 2014*

12. In addition to the responsibilities prescribed in the Act, a pharmacist in charge shall be responsible for the following:

- (a) actively directing, controlling or managing the pharmacy;

- (d) ensuring that another pharmacist is designated as a pharmacist in charge when he or she is away from the pharmacy for more than 45 days.

The Respondent and the Registrar agreed to the following disposition of the allegation:

- 1) The Respondent is reprimanded for his admitted conduct deserving of sanction.

- 2) The Respondent will pay a contribution towards the costs of the Board's involvement in the allegation.
- 3) The Respondent will be restricted from acting as pharmacist in charge for a minimum period of two years from the date of this Settlement Agreement.
- 4) A copy of this Settlement Agreement will be placed in the Respondent's file and will be noted on any requests for a Letter of Standing from the Board.
- 5) This summary will be posted in the next issue of the Apothecary and may be published on the Board's website.

LESSONS LEARNED

Pharmacies in NL are not permitted to operate without a designated pharmacist in charge (PIC). Whether the current PIC is leaving the pharmacy permanently or will be away temporarily for more than 45 days, it is their responsibility to ensure a new PIC is in place prior to leaving. If a PIC is unable to facilitate transition to a new PIC within a timely manner, the PIC is responsible to initiate pharmacy closure procedures.

UPDATE TO HEALTH CANADA SUBSECTION 56(1) CLASS EXEMPTION

The [Health Canada Subsection 56\(1\) Class Exemption](#) for Pharmacists Prescribing and Providing Controlled Substances in Canada was updated in November 2021 to permit inter-provincial prescription transfers.

Pharmacists can now transfer a prescription for a controlled substance to another pharmacist within Canada for the duration of the Health Canada exemption.

Please note that only pharmacists who are authorized to prescribe by NLPB can continue prescriptions for controlled substances under the exemption.

For more information, check out NLPB's updated FAQ:

<https://nlpb.ca/media/NLPB-FAQ-on-Health-Canada-Exemption-Dec2021rev.pdf>

PRESCRIPTION MONITORING PROGRAM – NL

The Newfoundland and Labrador Centre for Health Information is once again looking for feedback on the Prescription Monitoring Program – NL. In 2020, we asked for your feedback on the Program, and we are interested in hearing from you once again to see if, and how, things have changed as a result of the PMP-NL. Please take this 5-minute online survey to help inform future changes to improve the Program:

https://www.surveymonkey.com/r/PMPNL_Dispenser_Year3



QUALITY ASSURANCE PROGRAM UPDATE

Community Pharmacy Practice Site Assessments Update

The ongoing COVID-19 pandemic continued to pose challenges to scheduling and conducting community practice site assessments throughout 2021. Recognizing that this trend may continue, a new “virtual” method of conducting assessments was developed. This process allows assessments to be completed remotely, adding flexibility to scheduling for pharmacists-in-charge and enabling NLPB to provide assessments to sites on a more frequent basis.

While methods continue to evolve in response to feedback received, presently, the program consists of a pre-assessment submission of materials by the pharmacist-in-charge followed by an assessment call. Materials to be submitted include a self-assessment form, sample documentation and photographs of the pharmacy. The self-assessment form, which is primarily focused on the Standards of Pharmacy Operation and Standards of Practice, helps pharmacists-in-charge identify any standards that are unmet and questions they may have about the application of standards and guidelines. These materials are reviewed by the site assessor prior to the assessment call, allowing for efficient use of time during the discussion.

Assessment calls occur on the Zoom platform, allowing for face-to-face video conferencing and the ability to simultaneously review documentation on screen. Where this technology is not available, assessments are moved to a traditional telephone call. Calls consist of a review of various standards and guidelines as well as a discussion of additional best practices on topics such as security, quality assurance, internal policies and procedures, and various other topics surrounding professional practice.

NLPB site assessors complete an assessment form and this, along with the pharmacist-in-charge’s self-assessment form and discussions during the assessment, informs the assessment report. Pharmacists-in-charge are required to respond to the report, including plans for addressing

any standards that are unmet and implementing recommendations.

To date, nine assessments have been completed using this method and it will continue to be used into 2022. Trends and key learning points that become evident through individual assessments will be identified and shared broadly for the benefit of all registrants.

Virtual Practice Site Assessment Process



Professional Development Update

There will no longer be an end-of-year blackout period for entering professional development activities into the NLPB online registrant portal. In the past, registrants have only been able to enter learning activities earned after November 30 into the portal in the following calendar year. Now, pharmacy professionals can start entering learning activities as soon as they are completed. If you have completed activities for the December 1, 2021-November 30, 2022 PD year you can start recording them in the portal now.



TARGET HARDENING – PREVENTING ROBBERIES AND BREAK-INS

It is important that pharmacy professionals are aware of the potential for robberies and break-ins, and the risks to both the pharmacy staff and the public when these events occur. While it is not possible to completely prevent a security incident, there are measures that pharmacists-in-charge (PICs), pharmacists, pharmacy technicians, and support staff can take to decrease the likelihood and to protect pharmacy staff and property. Pharmacy owners and PICs are encouraged to engage with community partners (e.g., police and security experts) to identify and implement strategies that deter perpetrators and enable successful investigations should an event occur.

Security Assessment

General considerations

- Are lighting levels sufficient, both inside and outside the premises?
- Is there always adequate staff on site (including evenings, weekends, holidays, etc.)?
- Are patrons required to limit the wearing of disguising clothing inside the pharmacy (hats, sunglasses, helmets, etc.)?
- Has the PIC connected with local police to discuss security and put the pharmacy on their radar?
- Is the pharmacy layout conducive to the use of a buzzer-entry system?
- Are windows and doors adequately protected? Are deadbolt locks used? Shatterproof glass? Are external bars or security gates needed to improve security?

Security system quality evaluation

- Is there a high definition (HD) closed-circuit television system (CCTV) in place that has date/time stamped data and archived storage? Is the camera system checked daily to make sure it is working? Is the location where data is stored unidentifiable and protected?

- Are key areas of the pharmacy covered by the CCTV? Is there a camera within the dispensary and/or at the public entrance that captures high quality close-up, eye-height images of individuals?
- Is there an alarm system that includes motion detectors, door alarms, and silent alarms? Is there a panic button or trigger code for the alarm?
- If the pharmacy is located within a larger retail space, does the dispensary have its own separate alarm zone?
- Is there clear and visible signage that indicates an alarm system and video surveillance are in place?

Managing controlled substances

- Is the controlled substances inventory kept to a minimum? (i.e., “minimum” based on the next available delivery and on pharmacy needs).
- Are physical inventory counts, reconciliations, and audits regularly performed?
- Are narcotics and controlled drugs stored in a high-quality, secure safe?

Policies, procedures, and staff training

- Does the pharmacy have written policies and procedures for pharmacy security and security incident prevention?
- Are pharmacy staff aware that they should not discuss pharmacy security procedures with anyone outside the pharmacy?
- Are staff trained yearly on robbery or break-in prevention and what to do if an event occurs? Is there a step-by-step guide?
- Are staff trained to be alert and aware of suspicious behaviour?
- Do staff know what to do if a robbery or break-in occurs?

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TARGET HARDENING – PREVENTING ROBBERIES AND BREAK-INS

Response to Security Incidents

In the event of a robbery

The fundamental objective should be to maximize safety for staff and patrons.

- Try to remain calm and methodical.
- Comply with the individual – do as told, nothing more and nothing less.
- Utilize non-threatening body language; maintain personal space as much as possible and limit eye contact if possible.
- Attempt to remember as much as possible about the offender(s) (voice, language, clothing, mannerisms, physical description, and distinguishing features).
- Stay out of danger if not directly involved.
- Consider activation of a silent alarm, if safe to do so.
- Ensure that the offender's escape route remains clear.

Immediately following a robbery

- Make a note of how the perpetrator exits the area. Consider factors such as movement direction and use of a vehicle (including license plate number, make, model, colour, etc.).
- Immediately close the pharmacy, secure the premises and lock all entrances.
- If the police have not already been alerted by a silent alarm, call the police as soon as it is safe to do so.
- Maintain the integrity of the site to maximize collection of evidence and the likelihood of apprehending the perpetrator. This could include: avoid touching anything that the offender came into contact with, as this may be able to provide forensic evidence; ask witnesses to remain at the scene until the police can interview them – collect contact details where possible; and ask all witnesses to independently complete a description.
- Once police arrive, give full statements, and comply with their requests.

Next steps

- Provide critical stress debriefing and stress counselling as soon as possible, and support staff wellness, including time off for affected individuals.
- Contact NLPB and provide details about what happened.
- Report any loss or theft of controlled substances to Health Canada using a Loss or Theft Report Form within 10 days. A copy of this form should be sent to the NLPB and retained in the pharmacy.
- Attempt to prevent repeat victimization by reviewing details surrounding the security incident and conducting a pharmacy security evaluation to identify areas of risk and improvements.

Reference Documents:

Guidelines for Addressing Pharmacy Robbery, Apothecary, Winter 2015

Preventing Violence, Robbery and Theft: A Guide for Retail Owners, Managers, and Workers. Available at: <https://www.worksafefbc.com/en/resources/health-safety/books-guides/preventing-violence-robbery-and-theft?lang=en>)

Safety and Security for Pharmacies: Preventing Robberies. Pharmacy Connection, 2018. Available at: <https://pharmacyconnection.ca/safety-and-security-for-pharmacies-winter-2018/>)

Recommended guidance for community pharmacists in the areas of security, inventory reconciliation, and record keeping. Health Canada. (2019) Available at: https://napra.ca/sites/default/files/2019-04/CS-GD-022%20Recommended%20guidance%20for%20community%20pharmacists_EN.pdf



NLPB OFFICE CONTACT INFORMATION

<u>Address</u>	<u>Phone/Fax</u>
Suite 201 145 Kelsey Drive St. John's, NL A1B 0L2	Phone: 709-753-5877 Toll-Free: 877-453-5877 Fax: 709-753-8615
General Information	inforx@nlpb.ca
Sonya Doran Administrative Support	sdoran@nlpb.ca
Meghan Handrigan Office Administrator	mhandrigan@nlpb.ca
Melanie Healey Associate Registrar – Professional Practice	mhealey@nlpb.ca
Gayle Johnson Complaints and Discipline Administrator	gjohnson@nlpb.ca
Aileen O’Keefe Registration Administrator	aokeefe@nlpb.ca
Noelle Patten Associate Registrar – Quality Assurance	npatten@nlpb.ca
Natalie Payne General Counsel & Director of Complaints and Discipline	npayne@nlpb.ca
Margot Priddle Registrar	mpriddle@nlpb.ca
Julie Reddy Communications Specialist	jreddy@nlpb.ca
Russell White Practice Consultant/Practice Site Assessor	rwhite@nlpb.ca

