



Pharmaceutical
Society
Northern Ireland

THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND'S STANDARDS FOR REGISTERED PHARMACY PREMISES

(COMMUNITY)

PUBLISHED JANUARY 2010 and REVISED 1 MARCH 2016

THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND'S STANDARDS FOR REGISTERED PHARMACY PREMISES

(COMMUNITY)

The Pharmaceutical Society of Northern Ireland is responsible for the registration of pharmacy premises under Section 75 of the Medicines Act, 1968. In the interests of public safety and protection, the Society must ensure that every registered pharmacy premises meets minimum acceptable standards.

All registered pharmacy premises need to strike the right balance among:

- creating a professional image;
- meeting patient and public needs and expectations; and,
- managing pharmacist requirements to offer professional services and provide extended roles.

The standards for premises outlined in this document are designed to ensure that pharmaceutical services of the highest quality are provided in a safe and secure environment which is 'fit-for-purpose'. These standards are drawn from best practice and advice received from representative pharmacy bodies and pharmacists across Northern Ireland, and are primarily aimed at pharmacy owners, pharmacy superintendents and pharmacists involved in:

- planning of new or refitting existing registered pharmacy premises;
- carrying out audits of registered pharmacy premises;
- provision of pre-registration pharmacist training.

These standards will be used by:

1. Pharmacist practitioners as a 'self-audit tool' to measure the quality of the premises from which they operate and their compliance with the standards; and,
2. Pharmacy Inspectors as a guide to the 'essential' and 'desirable' standards for all registered pharmacy premises during inspections.

Each Standard is elucidated by a series of Indicators which are classified as either:

- Essential: mandatory standards for all registered pharmacy premises; or
- Desirable: good practice standards which should be followed in all normal circumstances.

Pharmacists may assess their compliance with the standards and mark these boxes with a tick, cross or N/A.



Indicates compliance with the requirement to meet standard.



Indicates non-compliance with the requirement to meet standard.



Indicates this requirement is not applicable to a particular pharmacy.

A checklist is available at the end of the document for quick, easy reference.

Any short-falls identified following the 'self-audit' should be rectified and incorporated within a practice improvement plan.

The Pharmaceutical Society NI advises that an audit of registered pharmacy premises should take place at least annually, when a change takes place in pharmacy practice or in the wake of a significant incident (where appropriate).

The Pharmacy Inspectors may ask to see evidence of activities embarked upon after 'self-audit' particularly where standards are deemed unacceptable and/or are consistently poor over a number of visits.

Please note: where the registered pharmacy premises are hospital or non-contracted Health Service pharmacies, some criteria may not be applicable.

PREMISES STANDARDS

Purpose

All registered Pharmacy Premises must provide an environment which facilitates the adherence by pharmacists to Principle 1 of the Code (2016), which states that a pharmacist must, *"Always Put the Patient First."*

All pharmacists are obliged to provide pharmaceutical services in a safe and secure environment in accordance with all legal and professional requirements and present an image which enhances the pharmacy and the profession.

Pharmacy Premises Standards define requirements to ensure that professional activities within a pharmacy environment are carried out to an agreed and acceptable level.

Rationale

Pharmacy premises standards will ensure that all registered premises:

- are conducive to pharmacists complying with the professional obligations outlined within the Code (2016) and supporting Professional Standards and Guidance: this is a requirement for registration with the Pharmaceutical Society of Northern Ireland;
- reflect the professional nature of pharmacy, inspiring patient/public confidence in the type of healthcare advice and professional care that can be expected from the individual pharmacy, and the profession in general;
- support quality professional pharmaceutical services, including dispensing and compounding activities, and should be perceived by patients and public as an appropriate professional environment for these functions;
- are suitable for pre-registration pharmacist training and provide an environment conducive to learning for the student;
- are well maintained, safe and easily accessible to the public and people working there;
- are 'fit-for-purpose';
- prohibit public access to areas accessible ONLY to authorised persons;
- maintain appropriate security during and outside normal 'opening' hours.

Please note: the Departmental Pharmacy Inspectors do not check that registered pharmacy premises are compliant with Health and Safety legislation. Nevertheless, it is important to be aware that Health and Safety legislation places significant responsibilities on business proprietors and superintendent pharmacists. Failure to comply can leave you exposed to prosecution. Even with the best of care accidents will happen, but being able to show evidence of effective Health and Safety systems may be a mitigating factor should litigation ensue.

SCOPE

- External appearance of the pharmacy
- General sales area
- Professional area
- Dispensing area
- Dispensing equipment
- Resource materials
- Storage areas
- Staff
- Staff facilities
- Security
- Pre-registration Training
- Health and Safety
- Procedures for the safe and effective running of the pharmacy

Action required

P1. The pharmacy is maintained in a manner which enhances the image of the pharmacy and the profession and which ensures that the general public or people accessing pharmacy are informed of arrangements for accessing pharmaceutical services.

P2. The sales area is maintained in a way which enhances the image of the pharmacy and the profession.

P3. The pharmacy maintains a professional service area where the pharmacist can attend to professional duties and responsibilities, free from the distractions of the general trading area.

P4. The dispensing area is located within the professional service area, is appropriately constructed and maintained and facilitates quality dispensing and compounding activities.

P5. The pharmacy contains an appropriate range of dispensing equipment which is adequately maintained.

P6. The pharmacy has an appropriate range of reference materials to promote the informed use of prescription and non-prescription medicines.

P7. Goods are unpacked in an appropriate designated area and stored securely, safely and hygienically.

P8. Pharmacists and staff present themselves in a manner that clearly identifies their role and function and enhances the image of the pharmacy and the profession.

P9. The pharmacy provides adequate facilities for staff and ensures that hygiene standards are maintained.

P10. The pharmacy takes all reasonable precautions to prevent fire, burglary, vandalism and criminal damage ensuring that staff have received the necessary training and are aware of safety and security issues.

P11. A pharmacy approved for pre-registration training must provide an appropriate learning environment for the student. Adequate resources must be provided.

P12. The pharmacy takes appropriate steps to fulfil Health and Safety obligations and ensures that staff has received the necessary training and are aware of the safety issues.

P13. The pharmacy takes appropriate steps to fulfil the requirements for pharmacy procedures and signage as detailed in the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 and the supporting Standards and Guidance on the Responsible Pharmacist regulations (2016).

PREMISES EXTERNAL APPEARANCE SUMMARY SHEET

P1 External Appearance Criterion:

The pharmacy is maintained in a professional manner which enhances the image of the pharmacy and the profession and which ensures that the general public or service users are informed of arrangements for accessing pharmaceutical services.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
External appearance		Yes No N/A		
P1.1 The name of the pharmacy is clearly displayed near public entrances ¹	Essential			
P1.2 Opening hours and rota arrangements are prominently displayed ²	Essential			
P1.3 Entrance is accessible to people with disabilities, including wheelchair users, and pushchairs ³	Essential			
P1.4 Windows reflect a professional image ⁴	Desirable			
P1.5 The exterior of the premises is maintained in a good state of repair and decoration ⁵	Desirable			

1 Clearly display the name of the pharmacy on a sign near all public entrances to the pharmacy, so as to be visible from the street or other public access thoroughfares.

2 The opening hours must be in accordance with contractual arrangements and must be clearly visible from the exterior of the premises. Rota arrangements, where practicable, should be conspicuously displayed and professionally produced. Refer to the NPA for advice on the use of external mounts for external use.

3 In October 2004, Section 21 of "The Disability Discrimination Act 1995" came into force. This section relates primarily to access to services. Pharmacists are required to anticipate the needs of their patients/clients e.g. communication, format of information booklets and access. Pharmacies may have to consider making 'reasonable adjustments' such as making aisles wider to accommodate wheelchair users or provide personal shoppers for clients with mobility difficulties. Further areas which may be considered for action include: provision of a deaf aid induction loop at customer counter area for use with hearing aid users and adequate training provided to staff in use of same.

4 Cluttered displays, dead insects and dust present an unprofessional image.

5 Fascia and paintwork etc to be kept clean and in good order. The exterior of the premises must present a professional image. Public entrances to the pharmacy must be clear and accessible at all times.

FACILITIES GENERAL SALES AREA SUMMARY SHEET

F2 General Sales Area Criterion:

The sales area is maintained in a way, which enhances the image of the pharmacy and the profession.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
General Sales Area		Yes No N/A		
P2.1 A comfortable working environment is provided ⁶	Essential			
P2.2 Front shop area is maintained in a good state of repair and decoration ⁷	Desirable			
P2.3 Regular cleaning schedules are maintained ⁸	Desirable			
P2.4 Stock is effectively managed and reflects a professional image ⁹	Desirable			
P2.5 Shop area is clean, tidy and uncluttered ¹⁰	Desirable			

6 All parts of the premises must have suitable and effective means of heating, lighting and ventilation. A comfortable working environment is achieved at between 16-24°C but preferably at a temperature of approximately 19- 20°C. Levels of heat, light noise, ventilation etc must exert no adverse effects on personnel. Background music should not be played at a volume to cause distraction.

7 Decoration should be to a good standard and floor coverings should be clean and in good order. Internal doors must be well fitting.

8 Regular cleaning schedules are necessary to assist work activities. Floors should be cleaned on a daily basis. Spillages, for example, should be dealt with immediately. Appropriate safety notices must be used to identify wet or slippery floors. Adequate shelving must be provided and regularly cleaned.

9 Schedules for date checking of stock are necessary. The pharmacy must ensure that stock is properly rotated and out of date goods are removed from sale. Stock management arrangements should ensure that adequate stocks are maintained. Goods must be well presented. Displays should be regularly changed. Products that require the advice of a pharmacist are unsuitable for promotional display. Lottery must not be promoted or sold within the premises.

10 The pharmacy should ensure that, as far as is practical, aisles are clear of obstacles.

FACILITIES PROFESSIONAL SERVICE AREA SUMMARY SHEET

F3 Professional Service Area Criterion:

The pharmacy maintains a professional service area where the pharmacist can attend to professional duties and responsibilities, free from the distractions of the general trading area.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Professional Service Area		Yes No N/A		
P3.1 The practice leaflet is accessible to customers ¹¹	Essential			
P3.2 Pharmacy medicines must not be accessible by self-service	Essential			
P3.3 Physical design allows pharmacist to intervene ¹²	Essential			
P3.4 All medicines are stored correctly under conditions not affected by moisture, temperature and light ¹³	Essential			
P3.5 Professional service area is clearly distinguishable from general trading area ¹⁴	Essential			
P3.6 The pharmacy has on public display the name of the Responsible Pharmacist in charge in accordance with the Responsible Pharmacist Regulations 2008 and the supporting Standards and Guidance on the Responsible Pharmacist (2016)				
P3.7 The pharmacy has an appropriate area for counselling patients ¹⁵	Desirable			
P3.8 All health related products are stored within the professional area ¹⁶	Desirable			

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Professional Service Area		Yes No N/A		
P3.9 The professional area does not contain any non-health related products ¹⁷	Desirable			
P3.10 Adequate seating available for customers	Desirable			

11 The pharmacy must publish a leaflet which will include a list of the pharmaceutical services for which the pharmacy is contracted. The hours of business, name, address and telephone number of the premises must be included. Any emergency or arrangements to access services outside these hours must be stated. The practice leaflet must include the procedure by which comment or complaints on pharmaceutical services are to be made. The leaflet must be freely accessible to all patients in the pharmacy by way of prominent display.

12 The layout should be such that the pharmacist is able to intervene, as necessary, in relation to requested medicines, therapeutic devices etc. For example, the pharmacist should be able to observe sales of medication from the dispensary in order to comply with medicines legislation in relation to personal control.

13 Medicines and therapeutic devices should not be stored in areas subject to extremes of temperature (e.g. out of direct sunlight). Ensure that the pharmacy temperature is never above 25°C. This is the usual upper limit for products to be stored at 'room temperature.' Medicines should be regularly checked for out of dates and stock properly rotated. Schedules for date checking are necessary.

14 The professional service area should be distinguished by signage, floor covering, lighting etc. Patients/clients entering the pharmacy should be readily able to locate the point where their prescription can be dispensed.

15 In all new premises or premises undergoing a refurbishment, consideration should be given to the provision of an area for private consultations. This area should be suitably located, within the professional service area, separate from the dispensary, so as to ensure that all consultations, between the pharmacist and the patient, can take place free from distraction and with sufficient privacy so that any conversation cannot be overheard. Furthermore, the patient should find the area comfortable, clean, adequately lit, heated and 'fit-for-purpose'.

16 All health related products are stored within the professional area except where products are displayed in windows or in other areas inaccessible to the public.

17 Toiletries, cosmetics etc. should not be displayed for sale within the professional area. Non-health related confectionery must not be placed at till points or at the medicines counter. Pharmacies are discouraged from selling non-health related confectionery and drinks since there is considerable evidence that their consumption, especially in children, contributes to dental caries.

PREMISES DISPENSING AREA SUMMARY SHEET

F4. Dispensing area criterion:

The dispensing area is located within the professional service area, is appropriately constructed and maintained and facilitates quality dispensing and compounding activities.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Dispensing Area		Yes No N/A		
P4.1 Access to the dispensing area is strictly controlled ¹⁸	Essential			
P4.2 The dispensing area, its fittings and equipment are adequate and suitable for the purpose of dispensing ¹⁹	Essential			
P4.3 Size and layout of dispensing area allows: • Effective communication, ²⁰ • Direct supervision of staff, and • Safe and efficient workflow.	Essential			
P4.4 Dispensing area maintained in a good state of repair and decoration ²¹	Essential			
P4.5 Dispensing area clean, tidy and uncluttered ²²	Desirable			

18 No person other than a pharmacist, or member of pharmacy staff, is permitted to:

- Enter or remain in the dispensing area, except under the supervision of the pharmacist
- Take any therapeutic product from the dispensing area without the express permission of the pharmacist.

If participating in supervised administration within a substitute prescribing programme, dosing does not take place in the dispensing area.

19 The surface of the dispensing bench must be at a comfortable height and in a state of cleanliness and good repair. Walls, work surfaces and shelves must be smooth, washable and impervious to moisture. The surfaces should be intact: chipped or flaking surfaces should be properly repaired or replaced. The work surface must have a minimum number of joints which must be sealed to prevent ingress of moisture or liquids. It must be of a size suitable for the preparation and dispensing of medicines. All dispensary stock should be stored within easy reach. Shelves/ benches must not be overloaded. Preparations should be stored alphabetically, where practicable, and in a tidy, orderly fashion. The dispensing area must have adequate lighting and ventilation. A stainless steel sink with an impervious surround and supplied with hot and cold running water must be present. The sink must be undamaged, clean and have a plumbed waste pipe. A source of potable water must be provided in the dispensing area. All waste receptacles must be covered.

20 The size and organisation of the dispensary must be reflective of the volume and flow of work within the dispensing area, and also, facilitate effective communication and supervision of staff. A total area of 15 square metres should be allocated as a minimum for all new premises and those premises undergoing renovation or substantial refitting.

21 Decoration within the pharmacy (the walls, ceilings and all paintwork) should be adequately maintained. The floor must be sound with clean covering and maintained in such a way that it does not present any hazard to patients/clients/members of the public. The dispensing area should be perceived by patients/clients/members of the public as an appropriately professional environment for these functions.

22 The pharmacy should have written cleaning schedules in place for equipment and surfaces within the dispensing area. Cleaning materials must be provided and cleaning procedures carried out regularly with dates and times recorded in writing. Items, which are not immediately required for dispensing or compounding, should not be stored on benches or surrounds so that all operational areas are maintained in an orderly and hygienic condition. Pharmacy/shop orders should be tidied away as quickly as practicable. In addition, dispensed prescriptions awaiting collection by patients/carers should be filed away in an orderly fashion leaving the operational areas 'clutter-free'. Refer to www.npsa.nhs.uk/nrls/improvingpatientsafety/design/ for further information.

PREMISES DISPENSING EQUIPMENT SUMMARY SHEET

P5 Dispensing Equipment Criterion:

The pharmacy contains an appropriate range of dispensing equipment, which is adequately maintained.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Dispensing Equipment		Yes No N/A		
P5.1 A suitable and hygienic means of counting tablets and capsules ²³ is provided	Essential			
P5.2 An electronic tablet/capsule counter must be regularly checked for accuracy ²⁴	Essential			
P5.3 A range of graduated stamped glass measures is provided	Essential			
P5.4 A dispensing balance must be regularly checked ²⁵ for accuracy	Essential			
P5.5 A suitable range of British Standard containers and closures, hygienically stored ²⁶ , are provided	Essential			
P5.6 The dispensing equipment must include: • a mortar and pestle, • an ointment tile, • a range of sizes of spatulae	Essential			
P5.7 There are containers for the safe and secure disposal of medicines and sharps	Essential			
P5.8 There is a written cleaning procedure for all dispensing equipment	Desirable			

23 Tablet/capsule electronic or manual counters should be regularly cleaned to prevent cross contamination, particularly when counting uncoated tablets, and an appropriate record maintained. Procedures should also detail that the dispensing of medicines should avoid 'physical handling' of the tablet or capsule.

24 The electronic tablet/capsule counter should be checked in accordance with manufacturer's guidance and a record maintained.

25 The balance is maintained and calibrated in accordance with the manufacturer's guidance and a record maintained. The accuracy of equipment for the purpose of weighing must be tested and stamped (where appropriate) by a notified body. This is regulated under the 'Weights and Measures (Northern Ireland) Order 1981 and 'Non automatic Weighing Instruments Regulations 2000' No 3236.

26 Containers must be capped when transferred into the dispensing area. All containers in the store area must be protected from contaminants such as dust or insects. Apply a 'cap' to all containers that cannot be protected by effectively resealing the outer.

PREMISES REFERENCE RESOURCES SUMMARY SHEET

P6 Reference resources criterion:

The pharmacy has an appropriate range of reference materials to promote the informed use of prescription and non-prescription medicines.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Reference Resources		Yes No N/A		
P6.1 Current editions of essential reference books are available in the dispensing area accessible in paper or electronic format ²⁷	Essential			
P6.2 Contact procedures and information on specialist palliative care pharmacies is readily accessible ²⁸	Essential			
P6.3 Telephone numbers for the Regional and Local Medicines Information Departments are readily accessible ²⁹	Desirable			

27 British National Formulary (current edition); Martindale; the Code (2016) and supplementary Professional Standards and Guidance; Drug Tariff; Prescription Code Book;
www.emc.medicines.org.uk;
www.patient.co.uk;
www.UKMi.co.uk;
 NPA offers a comprehensive information service to community pharmacy members using the IRIS database. This is available by telephone or through the member's website.

28 All palliative care patients must be supported to use their pharmacy of choice, where practicable.

Service users should be referred to a specialist palliative care pharmacy service when:

- the patient's pharmacy of choice is unable to provide the 'full service'
- supply of the palliative care medicine cannot be made within the timescale required from the normal 'supplying' pharmacy; and/or when,
- specialist information and advice is required.

Each pharmacy should have a written procedure/protocol, on how service users can access a specialist palliative care pharmacy service and it should include the following information:

- a contact list of local pharmacies providing a specialist palliative care service;
- a list of all the medicines stocked by these pharmacies and their quantities; and,
- information on how to access the specialist palliative care pharmacy services during and outside normal working hours.

Information about each pharmacy must be kept securely bearing in mind issues of confidentiality. Arrangements within the pharmacy must ensure that locum pharmacists can readily access all such information.

29 Refer to:

- www.UKMi.co.uk
- Inside cover of BNF has an up to date list of Regional Medicines Information Services

PREMISES STORAGE AREAS SUMMARY SHEET

P7. Storage Areas Criterion:

Goods are unpacked in an appropriate designated area and stored securely, safely and hygienically.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Storage Areas		Yes No N/A		
P7.1 Goods must be unpacked in an appropriate area ³⁰	Essential			
P7.2 Adequate storage facilities are available so that no goods are stored on floors, stairs, passageways or toilets.	Essential			
P7.3 Storage area is maintained in a good state of repair and decoration.	Desirable			

³⁰ All goods must be held within the confines of the shop premises. Goods should not be unpacked in the professional service area and must be secure from unrestricted public access.

PREMISES STAFF/PERSONNEL SUMMARY SHEET

P8 Staff appearance and credentials criterion:

Pharmacists and staff present themselves in a manner that clearly identifies their role and function, and enhances the image of the pharmacy and the profession.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Staff		Yes No N/A		
P8.1 Employer's Liability Insurance current and clearly displayed ³¹	Essential			
P8.2 The name of the Responsible Pharmacist for the pharmacy premises and their registration number must be prominently displayed ³²	Essential			
P8.3 The name(s) of the pharmacist(s) who is (are) on duty, or their registration certificates, are prominently displayed in the professional area ³³	Desirable			

31 Under the "Employers' Liability (Defective Equipment and Compulsory Insurance) (Northern Ireland) Order 1972", the "Employers' Liability (Compulsory Insurance) General Regulations (Northern Ireland) 1975", and the "Employers' Liability (Compulsory Insurance) Regulations (Northern Ireland) 1999", a duty is placed on an employer to take out and maintain approved insurance policies with authorised insurers against the liability for bodily injury or disease sustained by their employees in the course of their employment. "Employer's Liability (Compulsory Insurance) Regulations (Amendment) 2008, amends the 1998 regulations. Under new provisions, the requirement to display the certificate will be satisfied if the certificate is made available in electronic form and is reasonably accessible to the relevant employees. The amendment also removes the requirement for certificates to be kept for 40 years. However, contrary to this, the Association of British Insurers, advise that it is best practise to archive certificates for this period of time.

Failure to display or show an electronic version of the certificate, when requested, may lead to a fine.

Indemnity insurance must be appropriate to the tasks undertaken by staff. Employee and locum pharmacists must ensure that all activities they undertake are covered by professional indemnity arrangements.

32 From 1 October 2009, Responsible Pharmacist regulations have been introduced which necessitate the name and registration of the 'Responsible Pharmacist' being prominently displayed within the pharmacy premises. A written record detailing the name and registration number of the 'Responsible Pharmacist' must be accurately maintained and be available for inspection on the pharmacy premises. These regulations require the 'Responsible Pharmacist' to secure the safe and effective running of the pharmacy at all times. Refer to www.psnl.org.uk/responsiblepharmacist for more detail.

33 Clearly display in the professional service area the name of the Pharmacist-In-Charge and any other pharmacist(s) on duty. Indicate clearly which pharmacist is in charge.

PREMISES STAFF/PERSONNEL SUMMARY SHEET

P9 Staff Facilities Criterion:

The pharmacy provides adequate facilities for staff and ensures that hygiene standards are maintained.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Staff Facilities		Yes No N/A		
P9.1 Adequate toilet facilities are available and are clean and in good order ³⁴	Essential			
P9.2 Staff are not permitted to eat in the dispensing area or front shop ³⁵	Desirable			
P9.3 A separate area is provided for staff to eat. ³⁶	Desirable			

³⁴ A vented lobby must be provided for entrance to a toilet. Toilets must not in any case open directly into the dispensing area. Hand-washing facilities must be provided in toilet areas. Running hot and cold water, soap and clean towels to be provided. A conspicuous notice must be displayed requesting users to wash their hands. Toilet areas must not be used for storage or as a source of water for dispensing.

³⁵ Pharmacy staff should endeavour not to eat whilst working in the dispensary, except in exceptional circumstances.

³⁶ In the refurbishment of existing pharmacy premises or when building new pharmacy premises, consideration should be given to the provision of a separate area for staff to eat.

PREMISES SECURITY SUMMARY SHEET

P10 Security Criterion:

The pharmacy takes all reasonable precautions to prevent fire, burglary, vandalism and criminal damage and ensures that staff have received the necessary training and are aware of safety and security issues.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Security		Yes No N/A		
P10.1 Fire exits and escape routes are kept clear and appropriate signage is used ³⁷	Essential			
P10.2 A fire risk assessment, fire certificate (where appropriate), and a record of regular fire alarm and extinguisher checks ³⁸ are available.	Essential			
P10.3 The pharmacy has taken all reasonable precautions to prevent fire, burglary, vandalism and criminal damage ³⁹ using: • Locks • Alarm systems⁴⁰	Essential			
P10.4 The pharmacy has taken all reasonable precautions to prevent fire, burglary, vandalism and criminal damage using: • Shutters⁴¹ • CCTV⁴²	Desirable			
P10.5 Policy for appropriate security arrangements in place	Desirable			

³⁷ Ensure that there are enough fire exits for everyone to escape quickly. Keep fire doors and escape routes unobstructed and clearly marked. Where directional fire exit signage is used, the signs must be of the approved pictogram style. Ensure all staff is aware of the evacuation procedure. Display a sign giving information on what to do in the event of a fire. Ensure all combustible waste, packaging etc is stored in a safe place either inside or alternatively stored securely away from the building.

³⁸ The Fire Precautions (Workplace) Regulations came into effect in Northern Ireland on 1 December 2001. Please note these regulations are currently under review and will be amended with the introduction of new regulations made under Regulatory Reform Order (RRO) in late 2009/early 2010. Please refer to www.nifrs.org for latest information. Every employer has an absolute duty imposed by the Regulations to carry out a FIRE RISK ASSESSMENT. The risk assessment assesses work activities and the workplace itself, to identify hazards and allow the employer to judge if existing precautions are satisfactory or if he needs to do more to reduce the risk posed by the hazard, or take action to mitigate it. A competent person should carry out the assessment. If you employ FIVE OR MORE people, then the RISK ASSESSMENT must be recorded either by making a written copy or storing on a computer.

Regular fire drills and staff fire safety training is required. The frequency of drills and training is to be determined at the assessment stage. A record of fire drills should be maintained. The fire alarm system, where provided, should comply with and be tested in accordance with BS5839 pf1 (2002). Alarms should be tested weekly to ensure that they can be heard throughout the building over background noise. Sufficient fire extinguishers must be correctly maintained and the date of the most recent check recorded. Fire extinguishers must be correctly maintained and the date of the most recent check recorded.

Advice and information available, include:

- "Fire Safety - An Employer's Guide", published by the Home Office/ DOE (Northern Ireland), available from the Stationery Office Bookshops or HSE Bookshops (ISBN 0-11-341229-0) or at www.archive.official-documents.co.uk/document/fire/
- "Fire Risk Management in the Workplace, a Guide for Employers", book and video from the Fire Protection Association (020 7902 5314)

39 The pharmacy should be fitted with appropriate internal and external security. All equipment and fittings must be in good working order. Security arrangements should be regularly reviewed and may, from time to time, need to be revised in response to advice given by Police Service of Northern Ireland, Department of Health and Social Services and Public Safety and insurance companies.

40 The pharmacy should be fitted with appropriate internal and external security, such as intruder and panic attack alarms, preferably linked to a central monitoring station. Alarms must be fitted by an approved supplier with NACOSS accreditation and regular maintenance carried out and recorded.

41 Windows must be lockable or have an alternative arrangement offering a similar level of security. Subject to planning permission, when refurbishing existing pharmacy premises or building new pharmacy premises, shutters should be fitted to windows and doors adjacent to a public thoroughfare and other areas accessed by the public.

42 Prominent warning signage about the pharmacy's security systems must be displayed (such as, monitored alarm system and/or CCTV monitoring system).

PREMISES PRE-REGISTRATION PHARMACIST TRAINING SUMMARY SHEET

P.11 Pre-Registration Pharmacist Training Criterion:

A pharmacy approved for pre-registration training must provide an appropriate learning environment for the student. Adequate resources must be provided.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Pre-registration Training		Yes No N/A		
P11.1 A comprehensive training programme allowing the trainee to fulfil the requirements of the Performance Standards programme and the examination syllabus must be in place ⁴³	Essential			
P11.2 All recommended reference sources for pre-registration training are available ⁴⁴	Essential			
P11.3 The Pharmacy has sufficient staffing levels to allow appropriate learning to occur ⁴⁵	Essential			
P11.4 All staff have an appropriate awareness of the aims and components of the pre-registration training programme ⁴⁶	Essential			
P11.5 A suitably qualified tutor ⁴⁷ is available to supervise the pre-registration trainee. When the tutor is not available satisfactory arrangements for supervision should be in place	Essential			
P11.6 The pre-registration trainee must have protected time to study and tailored to individual circumstances ⁴⁸	Essential			

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Pre-registration Training		Yes No N/A		
P11.7 A learning contract between pre-registration trainee and pre-registration tutor has been completed ⁴⁹	Desirable			

43 The pre-registration training programme must provide the trainee with experiential learning to allow him to fully cover all aspects of the Pharmaceutical Society of Northern Ireland's registration requirements: including, the Performance Standards Programme and the Examination Syllabus. The Performance Standards programme and Examination Syllabus can be viewed at www.psn.org.uk. If the trainee cannot gain the relevant experience within the training site, the tutor must organise experience elsewhere.

44 The recommended reference sources for pre-registration training are available at www.psn.org.uk. They are also available in the Pre-Registration Tutor Information manual and the Pre-Registration Trainee Information manual.

45 The pre-registration tutor must have sufficient time to meet formally with the pre-registration trainee — a minimum of 15-20 minutes every fortnight is required. The pre-registration trainee must be appropriately supervised in all their activities. Staffing levels within the pharmacy must allow the trainee to meet all the registration requirements of the Pharmaceutical Society of Northern Ireland including the Performance Standards Programme and the Examination Syllabus. Sufficient staff must be available to ensure that the Pharmaceutical Society of Northern Ireland appraisals and performance standards assessment summaries are completed on time and in an appropriate environment.

46 All pharmacy staff involved in pre-registration training should receive sufficient support from the pre-registration tutor. All staff who work alongside the pre-registration trainee should understand the workload requirements of registration with the Pharmaceutical Society of Northern Ireland including the Performance Standards Programme and Examination Syllabus. All relevant staff should be aware of the role of the pre-registration trainee within the pharmacy.

47 Pre-registration tutor requirements are described in the Standards for Pre-registration training available at www.psn.org.uk

48 A minimum, of the equivalent of 4 hours per working week, is recommended as Personal Protected Professional Development Time.

49 An example of a learning contract is available at www.psn.org.uk

PREMISES HEALTH AND SAFETY SUMMARY SHEET

P12. Health and Safety Criterion:

PLEASE NOTE: Pharmacy Inspectors will not inspect pharmacy premises under Health and Safety regulations; this is the role of the local Councils. However, it is important for all employers, including superintendent pharmacists, to be aware that compliance with these regulations is a statutory requirement for all registered pharmacy premises.

The pharmacy takes appropriate steps to fulfil Health and Safety obligations and ensures that staff has received the necessary training and are aware of the safety issues.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Health & Safety		Yes No N/A		
P12.1 Health and Safety at Work poster clearly displayed ⁵⁰	Essential			
P12.2 Health and Safety policy present and regularly reviewed ⁵¹	Essential			
P12.3 All necessary Health and Safety arrangements in place, regularly checked and records maintained ⁵²	Essential			
P12.4 Appropriate First Aid arrangements in place ⁵³	Essential			
P12.5 Smoking policy in place ⁵⁴	Essential			
P12.6 Waste is appropriately disposed of ⁵⁵	Essential			
P12.7 Electrical appliances and systems listed and regularly inspected ⁵⁶	Essential			
P12.8 Accident book maintained ⁵⁷	Essential			

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Health & Safety		Yes No N/A		
P12.9 Risk assessment completed ⁵⁸	Essential			
P12.10 Manual handling assessments completed ⁵⁹	Essential			
P12.11 VDU assessments completed ⁶⁰	Essential			
P12.12 COSHH assessments completed ⁶¹	Essential			

50 All premises must display a Health and Safety at work poster which is available from Belfast TSO, 16 Arthur Street, Belfast, BT1 4GD. Tel: 02890 238451 Fax: 02890 236394 Email: belfast.bookshop@tso.co.uk

The general working environment should be checked regularly. "The Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993" requires areas such as ventilation, floors and traffic routes, temperature, windows/transparent doors/gates and walls, lighting, sanitary conveniences, cleanliness/waste, drinking water, room dimensions, facilities for rest and meals, workstations and seating. A comfortable working temperature should be maintained at approximately 19°C and at least above 16°C. Seats and chairs should be comfortable and easily adjusted. Points to look for should include faulty equipment, packaging on the floor, trailing wires, sharp metal edges and slippery floors. These points should be included on risk assessment sheets. All staff should be made aware of the need to report faults and concerns about the working environment promptly.

51 The Health and Safety at Work (Northern Ireland) Order 1978 requires all businesses employing five or more staff, whether full-time or part-time, to have an up-to-date written policy for the health and safety of their employees. All pharmacies, irrespective of size, should have such a policy that must be reviewed and updated to reflect any changes that occur. The policy should be individualised to reflect the unique characteristics of each pharmacy. A written copy of the policy must be provided to each member of staff and should be attached to all contracts of employment issued. Self-employed locums have a duty under the Health and Safety at Work Act to carry out his/her work in such a way as to ensure that, as far as is reasonably practicable, he/she does not risk the health and safety of himself/herself or others.

The policy must include a system for reporting and investigation of accidents and injuries in the workplace, which must comply with the terms of RIDDOR. Failure to comply is a criminal offence (see www.hseni.gov.uk/pdfs.riddor.pdf) For comprehensive guidance on Health and Safety requirements you will find 'The Guide to Workplace Health and Safety' at www.hseni.gov.uk.

52 The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 state that: 'Every employer shall... appoint one or more competent person(s) to assist him in undertaking the measures he needs to take to comply with the requirement and prohibitions imposed upon him by the relevant statutory provisions.' The ultimate responsibility for health and safety remains with the employer, who must therefore ensure that the person(s) identified has received adequate training, has access to the necessary information, and that the effectiveness of the Health and Safety policy is monitored. An accident book, of approved design, must be maintained and records kept for a period of 3 years. A review of all accidents should be undertaken and appropriate action taken to prevent reoccurrence.

53 Under the Health and Safety (First Aid) regulations (Northern Ireland) 1982, workplaces must have first aid provision. At least one suitably stocked first aid arrangements. Employees must be informed of first aid arrangements. The location of the first aid box should be clearly displayed. Contents of the kit regularly checked and documented. The "Approved Code of Practice (ACOP) for First Aid at Work Regulations (Northern Ireland) 2000" published to support these regulations advises that lower risk premises such as pharmacies with more than 50 employees are required to have a trained first aider.

54 The Smoking (NI) Order 2006 does not permit smoking in the workplace.

55 Under Article 5 of "The Waste and Contaminated Land (Northern Ireland) Order 1997", a duty of care has been placed on those who dispose of waste to make sure that it is safely and legally managed at all stages, from its production to its final disposal. A transfer note must be completed before waste (e.g. packaging materials, general rubbish) is disposed of and a copy maintained for 2 years. Ensure that waste, while still on the pharmacy premises, is stored safely and securely and that the person taking away the waste is legally entitled to do so. Refer to "The Hazardous Waste Regulations (NI) 2005 (SR No 300)" and the "List of Waste Regulations (NI) 2005 (SR No 301)" came into force in July 2005 and replace the "Special Waste Regulations (Northern Ireland) 1998 (SR No 289)." Special waste includes POM, photographic chemicals and other hazardous materials such as sharps. A copy of the consignment note will be given and a signed-for-copy carriers' schedule must be kept in a register for a minimum of 3 years from the date on which the waste was removed.

56 The Electricity at Work Regulations (Northern Ireland) 1991 state that all electrical equipment in the workplace must be constructed and maintained to prevent danger so far as is reasonably practical. An inspection should be in place of all electrical systems and appliances in the pharmacy. Portable appliances can be satisfactorily inspected and tested 'in house' and this should be carried out annually and a record maintained. Any new piece of equipment should be similarly tested before being allowed to be used. Fixed electrical installation should comply with and be tested in accordance with BS7671 (2001).

57 The pharmacy policy on safety must include a system for reporting and investigation of accidents and injuries in the workplace, which must comply with the terms of RIDDOR. Injuries, diseases and occurrences in specified categories are to be notified to enforcing authority. For community pharmacies this is the Environmental Health Dept. of your local District Council. Failure to comply is a criminal offence.

58 Completed risk assessment to be discussed with the named person responsible for Health and Safety. It should be reviewed annually.

59 The Manual Handling Operations Regulations (Northern Ireland) 1992 apply to all manual handling operations including: lifting; pushing and pulling; and animate and inanimate loads. Avoid manual handling operations which may be hazardous, as far as possible. Assess in writing those operations which cannot be avoided. Reduce the risk of injury as far as possible. It is the employer's responsibility to provide information about training.

60 The Health and Safety (Display Screen Equipment) Regulations (Northern Ireland) 1992 places an obligation on employers to assess workstations (not only the VDU itself, but the desk/chair height and lighting/temperature etc). A VDU 'user' is anyone who uses a VDU for a significant part of their normal work. Work routines should include frequent short breaks from VDU usage to prevent visual or muscular-skeletal fatigue.

Employers are obliged to:

- a) Provide health and safety training to ensure employees can use all aspects of their workstation equipment safely, and to know how to make best use of it to avoid health problems such as repetitive strain injury, for example by using wrist-rest and/or by adjusting the chair.
- b) Record what action has to be taken to comply with the regulations such as, reduction of risk and the arrangement for breaks.
- c) Provide eyesight tests for employees who are, or are about to be, covered by the regulations. Any corrective appliance (i.e. spectacles) required must be paid by the employer, who will normally specify a very basic frame.

61 The Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003, require that substances hazardous to health within the pharmacy are identified and the risk formally assessed, and regularly reassessed, (in writing) and that the risk is adequately controlled and monitored. Health surveillance, if appropriate, must be provided. The employer is required to provide adequate instructions and training.

Examples of substances falling under COSHH Regulations are solvents, pesticides, poisons, cytotoxics, coal tar solution, body fluids, sharps, and stock such as weed-killer, ammonia, bleach and nail polish remover which may present a hazard if split or broken. A spillage kit should be maintained to decontaminate and clear up spillages of body fluids.

PREMISES RESPONSIBLE PHARMACIST PROCEDURES SUMMARY SHEET

P13. Responsible Pharmacist Procedures Criterion:

The pharmacy takes appropriate steps to fulfil the requirements for pharmacy procedures and signage as detailed in The Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 and the supporting Standards and Guidance on these regulations⁶² (2016).

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Responsible Pharmacist		Yes No N/A		
P13.1 All pharmacy procedures are in written or electronic format	Essential			
P13.2 All pharmacy procedures are maintained with version control	Essential			
P13.3 Procedures (in written or electronic format) detail, for all medicinal products, the arrangements for: • Ordering • Storage • Preparation • Retail sale • Supply • Delivery • Disposal.	Essential			

62 The Responsible Pharmacist Regulations state that the Responsible Pharmacist has a statutory duty to establish, adhere to and regularly review Pharmacy Procedures. The Pharmacy Procedures form part of the quality framework for the safe and effective running of the pharmacy premises for which the Responsible Pharmacist is legally and professionally accountable.

These (P13.1 to P13.10) are the minimum legal requirements as set out in the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008. Pharmacies may wish to develop additional Pharmacy Procedures covering other items of service. Procedures must, by law, be recorded in written or electronic format and maintained with version control.

Pharmacy Procedures must also be available on the pharmacy premises for reference and inspection by:

- the person carrying on the pharmacy business,
- the superintendent pharmacist, (if any),
- the responsible pharmacist,
- pharmacy staff.

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Responsible Pharmacist		Yes No N/A		
P13.4 Procedures (in written or electronic format) detail the circumstances in which a member of the pharmacy staff, who is not a pharmacist, may give advice about medicinal products	Essential			
P13.5 Procedures (in written or electronic format) identify members of the pharmacy staff who are, in the view of the Responsible Pharmacist, competent to perform specified tasks relating to the pharmacy business	Essential			
P13.6 Procedures (in written or electronic format) detail the maintenance of records about the matters mentioned above	Essential			
P13.7 Procedures (in written or electronic format) detail the arrangements to apply during the absence of the Responsible Pharmacist from the pharmacy premises	Essential			
P13.8 Procedures (in written or electronic format) detail the steps to be taken when there is a change of Responsible Pharmacist at the pharmacy premises	Essential			

INDICATORS	STATUS	AUDIT RESULT	Required Action	Date Completed
Responsible Pharmacist		Yes No N/A		
P13.9 Procedures (in written or electronic format) detail the procedure to be followed if a complaint is made about the pharmacy business or any member of its staff	Essential			
P13.10 Procedures (in written or electronic format) detail the procedure to be followed if an incident occurs which may indicate that the pharmacy business is not running in a safe and effective manner	Essential			
P13.11 Procedures (in written or electronic format) detail the manner in which any changes to the pharmacy procedures are to be notified to the staff.	Essential			

REGISTERED PHARMACY PREMISES CHECKLIST

(For ease of reference).

1 External appearance	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P1.1 The name of the pharmacy is clearly displayed near public entrances	Essential			
P1.2 Opening hours and rota arrangements are prominently displayed	Essential			
P1.3 Entrance is accessible to people with disabilities, including wheelchair users and pushchairs	Essential			
P1.4 Windows reflect a professional image	Desirable			
P1.5 The exterior of the premises is maintained in a good state of repair and decoration	Desirable			
2 General Sales Area	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P2.1 A comfortable working environment is provided	Essential			
P2.2 Front shop area is maintained in a good state of repair and decoration	Desirable			
P2.3 Regular cleaning schedules are maintained	Desirable			
P2.4 Stock is effectively managed and reflects a professional image	Desirable			
P2.5 Shop area is clean, tidy and uncluttered	Desirable			

3 Professional Service Area	STATUS	AUDIT RESULT	Required Action	Date Completed
		Yes No N/A		
P3.1 The practice leaflet is accessible to customers	Essential			
P3.2 Pharmacy medicines must not be accessible by self-service	Essential			
P3.3 Physical design allows pharmacist to intervene	Essential			
P3.4 All medicines are stored correctly under conditions not affected by moisture, temperature and light	Essential			
P3.5 Professional service area is clearly distinguishable from general trading area	Essential			
P3.6 The pharmacy has on public display the name of the Responsible Pharmacist in charge, in accordance with the Responsible Pharmacist Regulations 2008 and supporting Standards and Guidance on the Responsible Pharmacist Regulations (Pharmaceutical Society of Northern Ireland, 2009)	Essential			
P3.7 The pharmacy has an appropriate area for counselling patients	Desirable			
P3.8 All health related products are stored within the professional area	Desirable			
P3.9 The professional area does not contain any non-health related products	Desirable			
P3.10 Adequate seating available for customers	Desirable			

4 Dispensing Area	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P4.1 Access to the dispensing area is strictly controlled	Essential			
P4.2 The dispensing area, its fittings and equipment are adequate and suitable for the purpose of dispensing	Essential			
P4.3 Size and layout of dispensing area allows: • Effective communication • Direct supervision of staff • Safe and efficient workflow	Essential			
P4.4 Dispensing area maintained in a good state of repair and decoration	Essential			
P4.5 Dispensing area clean, tidy and uncluttered	Desirable			
5 Dispensing Equipment	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P5.1 A suitable and hygienic means of counting tablets and capsules is provided	Essential			
P5.2 An electronic tablet/capsule counter must be regularly checked for accuracy	Essential			
P5.3 A range of graduated stamped glass measures is provided	Essential			
P5.4 A dispensing balance must be regularly checked for accuracy	Essential			

5 Dispensing Equipment	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P5.5 A suitable range of British Standard containers and closures, hygienically stored, are provided	Essential			
P5.6 The equipment must include: • a mortar and pestle • an ointment tile, • a range of sizes of spatulae	Essential			
P5.7 There are containers for the safe and secure disposal of medicines and sharps	Essential			
P5.8 There is a written cleaning procedure for all dispensing equipment	Desirable			
6 Reference Resources	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P6.1 Current editions of essential reference books are available in the dispensing area, accessible in paper or electronic format	Essential			
P6.2 Contact procedures and information on specialist palliative care pharmacies is readily accessible	Essential			
P6.3 Telephone numbers for the Regional and Local Medicines Information Departments are readily accessible	Desirable			

7 Storage Areas	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P7.1 Goods are unpacked in an appropriate area	Essential			
P7.2 Adequate storage facilities are available so that no goods are stored on floors, stairs, passageways or toilets.	Essential			
P7.3 Storage area is maintained in a good state of repair and decoration.	Desirable			
8 Staff	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P8.1 Employer's Liability Insurance current and clearly displayed	Essential			
P8.2 The name of the Responsible Pharmacist for the pharmacy premises must be prominently displayed along with their registration number	Essential			
P8.3 The name(s) of the pharmacist(s) who are on duty, or their registration certificates, are prominently displayed in the professional area	Desirable			

9 Staff facilities	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P9.1 Adequate toilet facilities are available and are clean and in good order	Essential			
P9.2 Staff are not permitted to eat in the dispensing area or front shop	Essential			
P9.3 A separate area is provided for staff to eat.	Essential			
10 Security	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P10.1 Fire exits and escape routes are kept clear and appropriate signage is used	Essential			
P10.2 A fire risk assessment, fire certificate (where appropriate), and a record of regular fire alarm and extinguisher checks are available	Essential			
P10.3 The pharmacy has taken all reasonable precautions to prevent burglary, vandalism and criminal damage using: •Locks •Alarm systems	Essential			
P10.4 The pharmacy has taken all reasonable precautions to prevent burglary, vandalism and criminal damage using: • Shutters • CCTV	Desirable			

10 Security	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P10.5 Policy for appropriate security arrangements in place	Desirable			
11 Pre-registration Pharmacist training* (*in the context of premises providing Pre-registration training)	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P11.1 A comprehensive training programme allowing the trainee to fulfil the requirements of the Performance Standards programme and the examination syllabus must be in place	Essential			
P11.2 All recommended reference sources for pre-registration training are available	Essential			
P11.3 The Pharmacy has sufficient staffing levels to allow appropriate learning to occur	Essential			
P11.4 All staff have an appropriate awareness of the aims and components of the pre-registration training programme	Essential			
P11.5 A suitably qualified tutor is available to supervise the pre-registration trainee. When the tutor is not available satisfactory arrangements for supervision should be in place	Essential			

11 Pre-registration Pharmacist training* (*in the context of premises providing Pre-registration training)	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P11.6 The pre-registration trainee must have protected time to study and tailored to individual circumstances	Essential			
P11.7 A learning contract between pre-registration trainee and pre-registration tutor has been completed	Desirable			
12 Health & Safety* (* Pharmacy Inspectors will not inspect registered pharmacy premises against these regulations. Local Councils enforce these regulations)	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P12.1 Health and Safety at Work poster clearly displayed	Essential			
P12.2 Health and Safety policy present and regularly reviewed	Essential			
P12.3 All necessary Health and Safety arrangements in place, regularly checked and records maintained	Essential			
P12.4 Appropriate First Aid arrangements in place	Essential			
P12.5 Smoking policy in place	Essential			
P12.6 Waste is appropriately disposed of	Essential			
P12.7 Electrical appliances and systems listed and regularly inspected	Essential			
P12.8 Accident book maintained	Essential			

12 Health & Safety* (* Pharmacy Inspectors will not inspect registered pharmacy premises against these regulations. Local Councils enforce these regulations)	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P12.9 Risk assessment completed	Essential			
P12.10 Manual handling assessments completed	Essential			
P12.11 VDU assessments completed	Essential			
P12.12 COSHH assessments completed	Essential			
13 Responsible Pharmacist Regulation	STATUS	AUDIT RESULT Yes No N/A	Required Action	Date Completed
P13.1 The pharmacy procedures are in written or electronic form	Essential			
P13.2 The pharmacy procedures are maintained with version control	Essential			
P13.3 There is a recorded and adhered to pharmacy procedure detailing the arrangements to ensure that medicinal products are:- • Ordered; • Stored; • Prepared; • Sold by retail; • Supplied in circumstances corresponding to retail sale; • Delivered outside the pharmacy; and, • Disposed of, in a safe and effective manner	Essential			

13 Responsible Pharmacist Regulation	STATUS	AUDIT RESULT	Required Action	Date Completed
		Yes No N/A		
P13.4 There is a recorded and adhered to pharmacy procedure detailing the circumstances in which a member of the pharmacy staff, who is not a pharmacist, may give advice about medicinal products	Essential			
P13.5 There is a recorded and adhered to pharmacy procedure detailing the identification of members of pharmacy staff who are, in the view of the responsible pharmacist, competent to perform specified tasks relating to the pharmacy business	Essential			
P13.6 There is a recorded and adhered to pharmacy procedure detailing the maintenance of records about the matters mentioned above	Essential			
P13.7 There is a recorded and adhered to pharmacy procedure detailing the arrangements which are to apply during the absence of the responsible pharmacist from the premises	Essential			
P13.8 There is a recorded and adhered to pharmacy procedure detailing the steps to be taken when there is a change of responsible pharmacist at the premises	Essential			

13 Responsible Pharmacist Regulation	STATUS	AUDIT RESULT	Required Action	Date Completed
		Yes No N/A		
P13.9 There is a recorded and adhered to pharmacy procedure detailing the procedure which is to be followed if a complaint is made about the pharmacy business	Essential			
P13.10 There is a recorded and adhered to pharmacy procedure detailing the procedure which is to be followed if an incident occurs which may indicate that the pharmacy business is not running in a safe and effective manner	Essential			