

**Submissions received during public consultation on the Guidelines on the Premises and Equipment Requirements of a
Retail Pharmacy Business
to facilitate compliance with Regulations 4(1), 4(2) and 4(4) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of
2008)**

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No.	SUBMISSION	PSI RESPONSE
1.	<p>Anthony OSullivan (Reg no 5205)</p> <p>Dear PSI, There are some areas that need much more detail in the draft proposals, especially with regard to the physical location of RPBs and associated businesses:</p> <p>The PSI should spell out precisely the answers to the following questions:</p> <p>(A) Can a RPB share an entrance with a doctors surgery or not? (whether such shared entrance/foyer is the sole RPB entrance or not) Clarity of the type used in the draft proposals so far needs to be brought urgently to this important area, detailed guidelines and certainty are required.</p> <p>(B) Can a RPB offer free beverages to RPB customers in an adjoining cafe/coffee dock or not? Is this practised to be condoned or not allowed? Understandably, it may interfere with patient choice and clarity is again required, especially in a shared foyer, shared with eg a multi GP practice.</p> <p>(C) Can patients be approached in the area near an RPB entrance and asked for their prescription as they exit a nearby, or co-located, doctors surgery or not? Some of these areas are not fully dealt with by the 17 Feb 2011 PSI councils guidelines on patient safety and so called hybrid pharmacies and while they may not be directly linked to RPB premises discussions, I still feel it is important clarity for all is provided.</p> <p>Kind Regards</p> <p>Anthony OSullivan Reg non 5205</p>	<p>Section 64 of the Pharmacy Act 2007, which is re-printed in full below, provides that a registered retail pharmacy business and medical practice shall not be carried on in the same premises or in premises which although separate share access if there is an arrangement between the pharmacy owner or registered pharmacist and the medical practitioner which provides for or acknowledges or regulates financial benefit to any of them arising from the co-location of the pharmacy and medical practice.</p> <p>Where a pharmacy and a medical practice share a common entrance this in itself is not a problem unless such an arrangement exists as referred to above. An appropriate reference to section 64 has been inserted in the guidelines.</p> <p>64.—(1) A registered retail pharmacy business and a medical practice shall not be carried on—</p> <p>(a) in the same premises as each other, or</p> <p>(b) in premises which, although separate—</p> <p>(i) are such that public access to the one is available only by way of the other, or</p> <p>(ii) share a common public entrance with each other, if there is an arrangement of the kind described in <i>subsection (2)</i>.</p> <p>(2) An arrangement is of the kind referred to in <i>subsection (1)</i> if it—</p> <p>(a) is between the owner of the registered retail pharmacy business referred to in that subsection or the registered pharmacist in whole-time charge of that business and a registered medical practitioner practising in the medical practice referred to in that subsection, and</p> <p>(b) provides for, acknowledges or regulates a financial benefit to any of them arising from or facilitated by the collocation or juxtaposition described in that subsection.</p> <p>(3) A registered pharmacist or a pharmacy owner shall not recommend any medical practice or registered medical practitioner to a member of the public otherwise than in the exercise of his or her</p>

		<p>professional judgment as a pharmacist, or, as the case may be, in the proper carrying on of the business.</p> <p>In response to the additional elements of your submission, the primary principle of the statutory Code of conduct for pharmacists requires that the practice by a pharmacist of his/her profession must be directed to maintaining and improving the health, wellbeing, care and safety of the patient. Every pharmacist is personally responsible under the Code of Conduct for his/her own acts or omissions, but they may also be responsible under the Code for the acts or omissions of persons operating in the area of pharmacy under their direction, control or supervision.</p>
2. Irish Pharmaceutical Healthcare Association Ltd (IPHA) (Orlaith Brennan, Director of Commercial Affairs)		
	<p>Dear Sir/Madam,</p> <p>Thank you for including IPHA as a stakeholder in your consultation process on the Draft Guidelines on the Premises and Equipment Requirements of a Retail Pharmacy Business. Having reviewed the documents, IPHA have no comments to make on the current drafts.</p> <p>Regards, Orlaith.</p>	<p>Noted with thanks</p>
3. Owen Davin FCMA		
	<p>Dear Sirs,</p> <p>I have seen a recent article where you are seeking comments from the public on how to improve the services of pharmacies. As I have first hand experience helping some house bound elderly</p>	<p>Good communication between the patient and the pharmacist is crucial in maintaining and improving the health, wellbeing, care and safety of the patient. The recording and keeping of contact details of patients, particularly for vulnerable patients who may benefit from reminders on the need to collect medicines or from contact in relation</p>

<p>neighbours I would like to offer two suggestions which may or may not be covered by your current consultations, but I feel would add to the services provided.</p> <p>1. In both cases these customers are highly dependent on regular medication and prescriptions but there are occasions e.g. around holiday periods and bank holidays and when a new item is added, that they may be unsure when medication is due for collection or if a doctor has forwarded a prescription. In this case I believe that it would be beneficial to register a mobile phone number and text the patient when the prescriptions can be collected. This would avoid needless distress and confusion.</p> <p>2. In the case of my neighbours they have regular carers who collect their prescriptions from the local pharmacist, however when carers are on holidays or sick and not replaced, the collection process can be difficult.</p> <p>As it is currently possible to have food and drink delivered around the country especially in an urban setting where I live, I suggest that all pharmacists should provide a delivery service, if necessary at a small charge. Again I feel this would add certainty and relieve possible distress for elderly customers. Hopefully both of my above suggestions can be considered in your current consultation process.</p> <p>Yours Sincerely Owen Davin FCMA</p>	<p>to other care issues, is supported by the PSI. At the request of the patient, on an individual basis, the pharmacist would be in a position to provide such assistance in the course of their professional duties, as appropriate to patient needs.</p> <p>The pharmacist's responsibility towards patients extends to the delivery of medicines. Medicines must be delivered safely and with appropriate directions for use. The delivery of medicines, with a view to assisting a regular patient in need of this service, this may be appropriate.</p> <p>These issues fall outside of the context of the current public consultation on the Guidelines on the Premises and equipment Requirements of a Retail Pharmacy Business, but these concerns will be considered in the context of future guidance.</p>
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4.	An Bord Altranais (Kathleen Walsh, Professional Officer, Standards of Practice and Guidance)	
	<p>Date: 17 July 2012</p> <p>An Bord Altranais Submission</p> <p>Prepared for: Pharmaceutical Society of Ireland</p> <p>Subject: Guidelines on the Premises and Equipment Requirements of a Retail Pharmacy Business, Draft Guidelines for Public Consultation</p> <p>Contact Person: Kathleen Walsh, Professional Officer, Standards of Practice and Guidance, An Bord Altranais, kwalsh@nursingboard.ie</p> <p>An Bord Altranais appreciates the opportunity to review the Pharmaceutical Society of Ireland’s draft Guidelines on the Premises and Equipment Requirements of a Retail Pharmacy Business. The draft guidelines are comprehensive in providing guidance to the pharmacist about what is required by retail pharmacy services in relation to premises and equipment. The content outline aids the reader in accessing the key guidance topics easily.</p> <p>An Bord Altranais notes the reference in the Introduction of the Guidelines to the Pharmacist’s Code of Conduct and its core principles for the pharmacist in maintaining high professional standards for the pharmacist and the retail pharmacy environment. This statement clearly sets out the requirement for quality pharmacy service.</p> <p>The legislative basis in the draft document is well defined for the pharmacist to understand his/her statutory and professional</p>	<p>The PSI welcomes the acknowledgement by An Bord Altranais of the collaborative nature of healthcare and medicines management.</p> <p>The recognition of the value of these guidelines, though aimed primarily at pharmacists, in a multidisciplinary context, to promote understanding of the standards required by the PSI, as the pharmacy regulator, is also acknowledged.</p> <p>Noted, with thanks.</p>

responsibilities for maintaining premises and equipment for professional practice. The inclusion of the actual text of the 2008 Regulations is helpful as a reference.

An Bord Altranais believes these draft guidelines facilitate the pharmacist in the development and safeguarding of accountable practices, ensuring premises and equipment that are adequate and appropriate to meet the healthcare and pharmacy needs of the patient and the public. The specific details regarding such critical safety topics as child resistant closures, labelling requirements help to ensure safe quality medication management.

An Bord Altranais strongly supports the PSI guidance statement “It may be necessary for certain aspects of practice to work with other healthcare professionals to put interdisciplinary policies and procedures in place” (pages 12 and 16). Given the collaborative nature of health care and medication management by pharmacists as members of the multidisciplinary team these guidelines can serve as a reference for nurses and midwives for understanding and appreciating the responsibilities and standards directed by the pharmacy regulator to the pharmacy provision.

Again thank you for the opportunity to comment on the Draft Guidelines. An Bord Altranais looks forward to the publication and dissemination of these quality documents.

5.	Department of Health (Christine Brennan, Medicines, Controlled Drugs and Pharmacy Legislation)	
	<p style="text-align: center;">Department of Health comments on the Guidelines on the premises and equipment requirements of a retail pharmacy business</p> <p>The Department of Health acknowledges the work of the PSI in drafting these guidelines which will improve the safety and efficiency of retail pharmacy businesses.</p> <p>Specific comments on the guidelines</p> <ul style="list-style-type: none"> • Page 6- 3.2.2 Security- last bullet point It is suggested that the type/extent of security documentation required should be included. • Page 23- Essential references- first bullet point The Irish Medicines Formulary should be listed here. This book is Irish specific and contains only drugs licensed and marketed in Ireland. • Previous PSI guidelines It is suggested that the previous guidelines issued by the PSI to pharmacists that are relevant to these guidelines should be referenced e.g. Sourcing, storage and disposal of medicinal products within a retail pharmacy business. Are the new guidelines to replace the old or are they to compliment them? This could be clarified. <p>Medicines, Controlled Drugs and Pharmacy Legislation July 2012</p>	<p>Noted. The guidelines have been amended to clarify that the Security Assessment Template/security audit record and a record of this document being reviewed at least annually, is what is intended.</p> <p>Noted. The guidelines have been amended to include access to a reference for medicinal products authorised in Ireland, such as the current Irish Medicines Formulary (IMF) or IPHA Medicines Compendium (www.medicines.ie), as an essential reference.</p> <p>These guidelines primarily aim to facilitate compliance with the Regulation of retail pharmacy businesses regulations (S.I. No. 488 of 2008), and are issued with accordance with Regulation 14 of these regulations.</p> <p>The guidelines are intended to complement guidelines previously issued, such as the 'Sourcing, storage and disposal of medicinal products within a retail pharmacy business'.</p>

<p>6.</p>	<p>Rachel Gubbins</p> <p>The guidelines are very comprehensive.</p> <p>One issue that perhaps could be addressed is the requirement for a Pharmacy Business to have policies and procedures detailing what to do in relation to certain adverse situations such as loss of electrical power.</p> <p>Kind regards</p> <p>Rachel Gubbins</p>	<p>Noted. The guidelines have been amended to include the recommendation for policies and procedures to be put in place detailing the action which should be taken in the event of an emergency situation, such as loss of electrical power or flooding.</p>
<p>7.</p>	<p>Pharmaceutical Society of Northern Ireland (PSNI) (<i>Gráinne Magee, Policy Advisor</i>)</p> <p>Consultation on the Guidelines for premises and the equipment requirements of a retail pharmacy business</p> <p>Thank you for inviting the Pharmaceutical Society of Northern Ireland to respond to the PSI consultation on guidelines for premises and the equipment requirements of a retail pharmacy business.</p> <p>The Pharmaceutical Society of Northern Ireland is the regulatory body for pharmacists in Northern Ireland. It has a statutory responsibility for the maintenance of quality standards within the profession and is responsible for the registration of pharmacy premises in Northern Ireland under Section 75 of the Medicines Act 1968.</p> <p>Overall</p> <p>Overall the draft guidelines appear transparent, robust, fit for purpose and well formulated.</p> <p>We have no major recommendations for amendment or addition. However, in the process of review, we considered it could be helpful in the context of the PSI’s work stream in this area if aspects of the Pharmaceutical Society of Northern Ireland’s own experiences and approach were integrated in our response.</p>	

<p>Supervising in the building We would encourage the PSI to consider the evolution and use of technology in pharmacy premises within these guidelines. The design and layout of any pharmacy premises may impact on the pharmacists' ability to fully supervise extended work areas, for example multiple levels/floors within a building. Therefore, the greater use of technology could be explored to facilitate supervision if this appropriate. Indeed, there may be specified limits as to just what can be supervised safely and effectively by one pharmacist in any registered pharmacy.</p> <p>Notification of changes in premises Notification of any changes to the sketch plan is required. We would comment as to whether the guidelines sufficiently addresses various scenarios such as refits of existing premises, building extensions, i.e. extending the footprint of the registered premises and/or simply utilising extra space in a pharmacy where this was not previously utilised. E.g. putting a second dispensary upstairs.</p> <p>Health and safety related legislation in retail pharmacy business The guidance adequately covers the areas of responsibility providers have in relation to health and safety. The Pharmaceutical Society of Northern Ireland would highlight specific health and safety risks around for example, inoculations, vaccinations and the disposal of used injections and used needles etc. We would ask if this guidance should address this area in relation to risk. This may however already be addressed in separate guidance of the PSI.</p> <p>Policies and procedures We would also advocate that support staff training records are kept up to date available on the premises to demonstrate that all staff have received the appropriate training required for a service activity.</p> <p>Particular care settings The guidelines recognise that it may be appropriate to have</p>	<p>In the context of the Pharmacy Act 2007 and the Regulation of retail pharmacy businesses regulations (S.I. No. 488 of 2008) the sale and/or supply of a medicinal product (including the keeping, preparing, compounding or dispensing of the medicinal product) must be carried out under the personal supervision of a pharmacist. Therefore, there should be adequate pharmacy staff to supervise all professional activities and fulfil all legislative obligations, acknowledging the fact that depending on the size of the pharmacy/layout, prescription volume and range of services provided it may not be possible for one pharmacist to adequately fulfil these obligations. Also in accordance with Regulation 4.2 of the Regulation of retail pharmacy businesses regulations (S.I. No. 488 of 2008), <i>'(2) The pharmacy owner shall ensure that the arrangements and layout of the premises are such as to enable personal supervision to be exercised by a registered pharmacist of any preparation, dispensing or compounding and of the sale or supply of medicinal products, including veterinary medicinal products, at one and the same time.'</i></p> <p>Noted. If any changes to the sketch plan or any other material changes, are required or are proposed to be made, to those specified in the application for registration, the pharmacy owner or superintendent pharmacist must notify the PSI of the proposed changes, as required by <i>Rule 6, Pharmaceutical Society of Ireland (Retail Pharmacy Businesses)(Registration) Rules 2008.</i></p> <p>Noted. The guidelines have been amended to include a recommendation that in particular situations where extended services are being carried out, additional health and safety issues may need to be considered. Health and safety considerations with regard to vaccinations are dealt with in <i>PSI guidance on the provision of the seasonal influenza vaccination services by pharmacists for 2012-2013.</i></p>
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	<p>alternative written policies and procedures in place for particular care settings for example, where a registered pharmacy is located in a hospital setting. In relation to good governance requirements we would suggest this guidance should contain a reference to those pharmacies specifically operating monitored dosage systems and utilising robotics in dispensing, and the clear need for supplementary policies and written procedures relating to the workplace.</p> <p>Child Resistant Closures (CRCs) We suggest that the wording is changed from ‘should’ to ‘must’ in the sentence: ‘All dispensed liquid medicinal products should be supplied in a container utilising a CRC unless the prescriber patient or their representative directs otherwise...’ this will ensure the wider use of CRCs.</p> <p>Pharmaceutical refrigerators In a similar fashion we suggest that the word is changed from ‘should’ to ‘must’ in the sentence: ‘Food and drink must never be stored in this refrigerator’- To make this requirement absolute We are content to clarify all or any points made in this response, or provide any further information if appropriate. Yours sincerely, Brendan Kerr Registrar</p>	<p>Noted. As stated in previous PSI guidelines (‘Sourcing, storage and disposal of medicinal products within a retail pharmacy business’), all procedures should state the persons involved in the process and be signed by such persons. The staff involved in a particular procedure should be trained in the relevant procedure and records of such training maintained. An amendment has been made to the guidelines to reflect this.</p> <p>Noted. The policies and procedures section of the guidelines have been amended to reflect the need for supplementary policies and procedures where monitored dosing systems and/or robotics are used in the course of dispensing.</p> <p>Noted. The wording of the guidelines, have been amended from ‘should’ to ‘must’ in relation to the use of CRCs for all dispensed liquid medicinal products.</p> <p>Noted. The wording of the guidelines have been amended from ‘should’ to ‘must’ in relation to the inappropriate storage of food and drink in the pharmaceutical refrigerator, in accordance with previously issued guidelines on the ‘Sourcing, storage and disposal of medicinal products within a retail pharmacy business’.</p>
8.	National Medicines Information Centre (NMIC) (Claudine Hughes, Chief II Pharmacist)	
	<p>Dear Sir/Madam, Thank you for the opportunity to comment on the draft guidelines on the Premises and Equipment Requirements of a retail pharmacy business (pharmacy).</p> <p>My comments on behalf of the National Medicines Information Centre (NMIC), relate to Section 3.3 and recommendations for essential references. Under the section service-related references</p>	<p>Noted. The guidelines have been amended to include access to the National Medicines Information Centre (NMIC) information and enquiry answering service, in the essential references list, and the footnote relating to recommended texts has been modified to include the NMIC website.</p>

	<p>it may be helpful for pharmacists if reference could be made to the NMIC information and enquiry answering service which is freely available to all pharmacists practising in Ireland.</p> <p>Secondly by way of an addition to footnote 22 – the NMIC website (www.nmic.ie) provides a list of recommended sources of information which may also assist pharmacists in deciding which resources are most suitable for their premises.</p> <p>I hope these comments are useful. Yours sincerely,</p> <p>Claudine Hughes</p> <p>Claudine Hughes Chief II Pharmacist National Medicines Information Centre St James's Hospital James's St Dublin 8</p>	
9.	Irish Medical Organisation (<i>Claire Camilleri, International Affairs Officer</i>)	
	<p>To whom it may concern,</p> <p>Thank you for inviting us to comment on the Draft Guidelines on the Premises and Equipment Requirement of a Retail Pharmacy Business.</p> <p>After reviewing the draft guidelines, there is nothing specific that the IMO has identified within the document that we wish to comment on.</p> <p>Kind regards Claire Camilleri International Affairs Officer Irish Medical Organisation</p>	<p>Noted, with thanks</p>

10.	Boots, Boots Ireland Pharmacy Office, Unit 2F, Block 71A, Parkwest Business Park, Nangor Road, Dublin 12	
	<p>Submission on behalf of Mary Rose Burke to Premises and Equipment Guidelines</p> <p>Introduction</p> <p>Boots is a leading provider of pharmacy services in Ireland, employing over 150 pharmacists in 65 registered retail pharmacy businesses across the country. We are committed to the provision of professional services to the highest standards and welcome the opportunity to contribute to the development of practice guidelines.</p> <p>In responding to this document, Boots has made a number of specific observations and comments relating to individual points in the document and these may be reviewed in the information below.</p> <p>Guidelines on the Premises Requirements of a Retail Pharmacy Business</p> <p><i>'3.2.1 Structure and external appearance</i></p> <p><i>....Pathways to the front of the premises must be safe, well maintained and level'</i></p> <p>Pharmacy owners should always endeavour to ensure that pathways are maintained adequately. However, this is not always under the direct control of the pharmacy owner. In situations where maintenance of pathways is not at an acceptable level, pharmacy owners should raise their concerns with the relevant authority and formally request that remedial works are undertaken.</p> <p><i>'3.4 Health and Safety and related legislation in a retail pharmacy business</i></p> <p><i>....In the event that renovating, decorating or refitting is likely to impact on the health and safety of the public and / or staff then it is advisable to schedule such works after hours (bearing in mind the requirement to restrict access to the pharmacy to authorised personnel / supervised by authorised personnel at all times) or to close the pharmacy for the duration of the works or relocate temporarily.'</i></p> <p>Boots fully supports the position that works which may impact on the health and safety of the public and / or staff should be scheduled after</p>	<p>Noted. The guidelines have been amended to acknowledge that ensuring pathways are maintained adequately, is not always under the control of the pharmacy owner. In situations where concerns arise, these should be brought to the attention of the relevant authority.</p> <p>Noted. The 'works' as mentioned in this context do not include the routine activities of the pharmacy, such as routine cleaning; they refer to refurbishing or renovations. Where works may impact on the health and safety of the public and/or staff then it is advisable to schedule such works after hours. The PSI acknowledge the practical issues surrounding the necessity to restrict access to the pharmacy to authorised personnel/supervised by authorised personnel at all times, however this is a requirement under The Pharmacy Act 2007. The PSI will examine further the issue raised in relation to routine activities.</p>

	<p>hours. These works may include some routine activities such as cleaning and merchandising in some retail pharmacy businesses.</p> <p>The requirement for direct supervision of medicines by a pharmacist in these instances places an unreasonable burden on pharmacy businesses. The well-meaning, but misguided provision places a significant additional financial burden on the retail pharmacy business with little or no value in protecting members of the public. It is not desirable for efficient and effective use of resource and does not represent the best use of a pharmacist's skills. Each situation should be examined individually on a case by case basis, as to the most effective way to provide supervision of medicines without the need for a pharmacist to be on the premises. These options should only be considered as an alternative to direct supervision by a pharmacist for out of hours work, and a pharmacist must be present at all times when the pharmacy is open to members of the public.</p>	
11.	Fiona Roche	
	<p>July 18th 2012</p> <p>Observations on Draft Guidelines on the Premises and Equipment Requirements of a Retail Pharmacy Business.</p> <p>Dear Sir/Madam</p> <p>I have read the Draft Guidelines on the Premises and Equipment Requirements of a Retail Pharmacy Business.</p> <p>However I see no reference whatsoever to requirements to maintain the pharmacy and storage areas within specific temperature parameters, nor to the standard of equipment required to do so.</p> <p>(Guidelines on the Sourcing , Storage and Disposal of Medicinal</p>	<p>Noted. This requirement that environmental temperature must be monitored at appropriate locations throughout the premises, already exists in the 'Sourcing, storage and disposal of medicinal products within a retail pharmacy business' guidelines. However, the current guidelines have been appropriately referenced and amended to include this requirement.</p> <p>Similarly, the necessity for pharmacies to have a documented temperature recording procedure which outlines the frequency of temperature monitoring and details the staff member responsible has been previously set down in the 'Sourcing, storage and disposal of</p>

<p>Products)</p> <p>(I must admit here that I also have a vested interest in this because I developed a product called PharmaSlave once the previous guidelines came out.)</p> <p>As a locum pharmacist I see varying degrees of compliance with this guideline – from not knowing it is a requirement at all (and therefore no monitoring system in place), through jotting it down when one has time all the way up to using a system which constantly monitors the temperature and sends an alarm by text and email once the system deviates from set parameters.</p> <p>I believe a minimum, achievable, standard of measuring should be stated. Calibrated equipment must be used- and a verifiable log produced.</p> <p>Whilst doing this I would also respectfully ask that you include systems which regularly monitor and log the temperature automatically.</p> <p>As a pharmacist I am very aware of the demands on staff in any dispensary – how hard it is to physically get around to doing everything that is asked of us throughout the day – many things get done in the hour after the shop is shut, or in the hour before the shop opens in the morning.</p> <p>It is useless to find out at 6.30pm that the dispensary or storage area has been at 32C all day.</p> <p>PharmaSlave takes the temperature EVERY 15 MINUTES</p> <p>And will then send a text and an email if the temperature deviates from set parameters.</p> <p>Equally over a weekend you have no idea what the conditions in the pharmacy are like when there is no one there and there is no opening and closing of doors etc.</p>	<p>medicinal products within a retail pharmacy business’ guidelines. The current guidelines have been appropriately referenced and amended to include this requirement.</p> <p>The PSI does not and cannot endorse particular products, for this or any other purpose.</p>
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	<p>PharmaSlave also sends a message if it is running low on battery power so the pharmacist can be sure monitoring goes uninterrupted.</p> <p>So whilst I am not asking that people should be required to have a system which is as effective and reliable as PharmaSlave I would ask that when you are developing your guidelines you include automatic monitoring systems so long as they can generate alarms</p> <p>As we have done a lot of work in this area and have gathered much information on the problems that arise with , fridges , storage areas etc specifically amongst my own colleagues here in Ireland- I would be delighted to talk to you if you need any further clarification or information of what happens 'on the ground' so to speak.</p> <p>Thank you for your time Kind regards Fiona Roche BSc Pharm M.P.S.I. Reg No:4927</p>	
12.	David Boles, MPSI, Drumcondra	
	<p>David Boles, Pharmacist</p> <p>Re Draft Guideline 3.2.1 (page 18): "All take away methadone doses must be dispensed with CRCs and appropriate dosing measures"</p> <p>This surely should read "... and appropriate dosing measures should be supplied if required".</p> <p>It would be excessive to give a dosing measure with every take-away methadone dispensing. These normally occur each week, and sometimes two or three times a week.</p> <p>Re Draft Guideline 3.3.1 (page 8): "All floors within the registered</p>	<p>Noted. The guidelines have been amended to clarify that take away methadone doses must always be dispensed with CRCs, and appropriate dosing measures should be supplied, as required.</p> <p>Noted. The guidelines have been amended to state that flooring should be of a non-slip, cleanable material and should be clean. Carpets are not recommended, particularly in the dispensary, from the point of view of maintaining a hygienic environment.</p>

premises should be undamaged, intact and with an even surface. Flooring should be of a cleanable material and should be clean. Carpets are not recommended. Spillages should be dealt with directly and appropriate safety notices must be used to identify wet or slippery floors¹⁰. "

The footnote reads: " Further information on prevention of Slips, Trips and Falls, accessible from the Health and Safety Authority: www.hsa.ie."

I feel that part of the above should basically state the opposite, namely "Carpet tiles are recommended, and are preferable to smooth flooring". Some reasons for this are as follows.

Pharmacies have a high proportion of frail, unsteady, elderly, or visually impaired customers, often using walking sticks. Such people are much safer walking on a firm carpet-tiled surface than on a hard smooth floor. Most banks, building societies, and offices use carpet tiles for safety, etc. These also reduce reflected noise, thus giving greater privacy in conversations, as is appropriate for a pharmacy.

One of the commonest causes of injury is from slipping on hard floors, especially when these are wet. Due to the frequency of rain in Ireland and with most pharmacies being accessed from a public footpath, smooth floors can be wet and slippery much of the time.

You mention the need for "safety notices" when floors are wet. However, blind or visually impaired people, along with children may not be able to see or read such warning notices. The Health and Safety Authority guidance mentioned above implies that this would be better as "... appropriate safety notices, must be used to identify slippery floors, and physical barriers used to prevent access to such areas, as with wet floors if such are not carpeted".

<p>Unfortunately, physical barriers may prevent access to medicines, etc., and thus prevent the proper running of a pharmacy.</p> <p>Although smooth and polished floors are widely used in hospitals, this is because they must cope with frequent spillages of blood, urine, vomit, faeces, sputum, food, and drink, etc. They are also found in restaurants, supermarkets, and public toilets, etc., which also have regular problems of spillage. However, spillage is almost unheard of in pharmacies. This is especially so when carpet tiles are used, as these virtually eliminate breakage of dropped bottles. If such a spillage were to occur, a carpet tile can usually be replaced in a minute or two. Furthermore, in the unlikely event of a person falling on a carpeted floor, their injuries will be much less severe than on a non-carpeted floor.</p> <p>To sum up, it has become fashionable to install bright hard flooring in many retail outlets, largely for convenience and to stimulate sales. However pharmacists should be more interested in the health, safety, and well-being of their customers and staff, rather than a bright pharmacy appearance, or maximum profit.</p>	
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