Physical Security and Internal Drug Diversion Prevention for Army Pharmacies (3 Periods)

COURSES PRESENTED TO: 081-6-8-C42(91Q), AMEDD NCO Advanced (NCOES).

PLACE: Classroom.

REFERENCES:

AR 40-2 Army Medical Treatment Facilities - General Administration, 1 Mar 83, with Interim Change May 1990.
AR 40-61, Medical Logistics Policies and Procedures.
AR 190-13, The Army Physical Security Programs.
AR 190-40, Serious Incident Report.
AR 190-51, Security of Unclassified Army Property (Sensitive and Nonsensitive).
ARTEP 8-705-MTP DoD 5200.2R, Personnel Security Program.

RELATED SOLDIER'S MANUAL/CRITICAL TASKS: 081-824-0042, Monitor Pharmacy Security Programs.

STUDY ASSIGNMENT: None.

* This lesson plan supersedes LP 54WAMM-01/L, 0395

STUDENT UNIFORM AND EQUIPMENT: Uniform of the Day.

TOOLS, EQUIPMENT, AND MATERIALS: Senior Pharmacy NCO Handbook.
PERSONNEL:  One instructor (MOS 91Q4H, 91Q5H).

INSTRUCTIONAL AIDS: Transparencies (see Annex A), slide projector, overhead projector, 35mm slides (see Annex B)

TROOP REQUIREMENT:  None.

TRANSPORTATION REQUIREMENT:  None.

RISK ASSESSMENT LEVEL:  Low.

SAFETY REQUIREMENT:  None.

METHOD OF INSTRUCTION:  3 periods Conference.

NOTE: Show slide S-54WAMM-I1/L-1

I.  INTRODUCTION (5 min).

A.  Opening Statement:  The problem of drug theft, especially of controlled substances, from the hospital pharmacy, clinic, or nursing unit is increasing on a national level.  Army hospitals are not immune to the growing problem and in some ways may be more vulnerable than their civilian counterparts.  For a variety of reasons, hospital pharmacists find themselves practicing in a climate that is increasingly hostile and less secure than in the past.  Pharmacies or pharmacy personnel may be subjected to armed robbery, burglary, or drug diversion.  However, there are preventive measures the hospital pharmacy managers can take to minimize the opportunity for theft.

B.  Objectives.

NOTE: Show slide S-54WAMM-I1/L-2

1. Terminal Learning Objective:  As manager of a pharmacy, monitor and direct physical security and drug diversion prevention operations for the pharmacy IAW cited references.

2. Enabling Learning Objectives:

   a.  Given a list select the three types of drug theft from a pharmacy IAW AR 190-13.

   b.  Select from a list, the correct definition for internal drug diversion IAW AR 190-50.
c. Select from a list, the reason(s) for the increase in theft of drugs as discussed IAW "An Experienced Investigator Reveals Drug Diversion Rip-Offs."

d. Select from a list, the clue(s) that your pharmacy may have a drug diversion problem IAW "An Experienced Investigator Reveals Drug Diversion Rip-Offs."

e. Select from a list, the potential type(s) of drug diversion that you may encounter in a pharmacy IAW "Pilferage of Controlled Substances in Hospitals."

f. Select from a list, the possible measure(s) that can be taken to reduce drug diversion IAW "Ideas for Action: Hospital Pharmacy Security."

g. Given a list select the factors to be considered when assessing the current physical security situation of a pharmacy IAW AR 190-51.

h. Given a list select those factors to be considered when developing a pharmacy physical security plan IAW AR 190-50 and AR 190-51.

i. Given a list select appropriate employee actions both during and after an burglary or armed robbery IAW "Ideas for Action: Hospital Pharmacy Security."

j. Identify physical security problems unique to the field environment and describe special measures to be taken by the pharmacy NCO managers.

C. Class Procedure and Lesson Tie-in: This lesson relates to the classes on duties and responsibilities of the pharmacy NCO.
II. Discussion: (80 min).

A. General Considerations.

NOTE: Show slide S-54WAMM-I1/L-3

1. Types of drug thefts that can occur in the pharmacy.

   a. Armed Robbery - an act in which a robber(s), armed with a weapon, steals or attempts to steal drugs and in the process, directly or indirectly, threatens an employee(s) with physical violence.

QUESTION: Has anyone been the victim of an armed robbery?

ANSWER: Yes/No. Discuss.

   b. Burglary - breaking and entering; a type of theft which generally occurs when a pharmacy, clinic, or nursing unit is closed and no employees are present.

   c. Internal Diversion - the pilferage or rerouting of drugs from the legitimate distribution system by an employee(s), acting either individually or through a network system, for personal consumption or distribution to others for their illicit use.

B. Internal Drug Diversion

NOTE: Show slide S-54WAMM-I1/L-4 thru 6

1. Drug theft - a breach of security.

   a. Controlled substances.

      (1) May be more readily apparent due to increased accountability requirements.

      (2) Increased concern because of problem of drug abuse and likelihood of being sold for profit.
b. Noncontrolled drugs.

c. Types of pilferers.

**QUESTION:** What are the two types of pilferers?

**ANSWER:** The two types of pilferers are (1) casual and (2) systematic.

**NOTE:** The *casual pilferer* is one who steals primarily because he is unable to resist the temptation of an unexpected opportunity provided by poor security. He normally acts alone, with little or no planning, and where the risk of getting caught is low. The *systematic pilferer* is one who steals according to preconceived plans, may work with another person or as part of an organized group, is willing to take a greater risk, and commonly sells or trades stolen goods to obtain cash.


**NOTE:** Show slide S-54WAMM-I1/L-7

**NOTE:** It is estimated between $1500 to $2500 per bed per year is lost due to employee theft. Linens account for the greatest loss but drugs are also significant. A survey of 285 pharmacy directors in short-term medical and surgical hospitals nationwide concerning controlled substances, reported in the July 1981 American Journal of Hospital Pharmacy, experienced at least one documented or suspected case of controlled drug pilferage in the past year. The 103 hospitals reported 352 separate incidents of controlled drug theft involving 11,285 dosage units. Pilferage of noncontrolled drugs is probably much higher, simply because they are easier to steal and their theft may not be discovered.

4. Reasons for increase in theft.

**NOTE:** Show slide S-54WAMM-I1/L-8 & 9

a. Inflated street values of abusable substances.
b. Ready supply of abusable substances in Hospitals.

c. Rationalization that it is okay to steal from Government/Army/Hospital because they are so big they won't miss a small amount or that they somehow "owe" the employee.

d. Public perception that Army hospitals will not prosecute employees caught stealing drugs.

e. Public perception that Army hospitals lack good security programs.

f. High cost of legitimate drugs when purchased at the PX or local pharmacy, along with reduction or elimination of hand out programs at Army pharmacies.

5. Clues That Your Pharmacy May Have a Problem.

NOTE: Show slide S-54WAMM-I1/L-10 thru 13

a. An employee not authorized to handle controlled substances continually loiters near the pharmacy.

b. An otherwise good employee develops sudden and serious attendance problems or work, gait, speech, or personality changes.

c. A physician/nurse seems to order particularly large quantities of controlled substances.

d. A staff member uses an abnormally large container to provide small doses.

e. A particular staff member is involved in inventory discrepancies more frequently than are other personnel.

f. Patients begin to complain that they have not been getting their pain medication or that it is losing its effect.
g. Controlled inventory records have been altered or misplaced. This is especially important when reviewing perpetual inventory records.

h. Controlled substances records are inconsistent. Different administering signatures in the same handwriting are a clue.

i. One ward seems to be using up syringes and needles faster than others for no apparent reason or experiences a sudden and significant increase in such use.

j. Injection supplies are found in the lounge, bathroom, trash, or other unusual places for disposal.

k. Tamper-evident containers appear to have been tampered with.

l. The door to the pharmacy or to the controlled drug cabinet is frequently found unlocked or open when a certain staff member is on duty.

m. A certain staff member always volunteers to work evening or night shifts which will result in them working alone and/or having access to controlled substances and other drugs.

n. A certain staff member always volunteers to stay in the pharmacy to "cover" while other staff members go to lunch or meals.

o. A sudden unexplained increase in usage of a drug is noticed.

NOTE: Show slide S-54WAMM-I1/L-14

NOTE: Studies show that a staff member (pharmacist or technician) caught stealing drugs is often described by his/her colleagues as one of the most professional, competent, and dedicated people they know. The
underlying cause may be serious emotional problems, which are not readily apparent.

6. Potential Types of Diversion.

NOTE: Show slide S-54WAMM-I1/L-15 thru 18


b. Forging physician's prescription, medication order, bulk drug order.

c. Tampering with prefilled syringes (i.e., Tubex).


e. Failing to deliver needed scheduled medication (all or partial) to ward.

f. Theft of doses from packages/boxes at pharmacy which are in "tamper-evident" reverse numbered rolls or multi-dose boxes or packages.

g. Ward personnel claiming Pharmacy did not place required number of unit-doses in patient's medication drawer.

h. Consuming prescribed medication in pharmacy from stock bottles.

i. Prescriptions being turned in by patients upon admission to a ward, not making it to the pharmacy.

j. Theft from vault or storage area.

k. Theft of unclaimed prescriptions.

l. Conspiracy/network of employees.

m. Failure to document receipt of drugs turned in by outpatients and theft of same.
n. Removal of several doses from prescription container prior to dispensing.

o. Cover-up of shortages by asking physician for a prescription to make up shortages.

p. Pretending to "refill" a nonexistent prescription or increasing the amount shown to be dispensed in records of a real prescription refill while giving the patient the correct amount.

**QUESTION:** At what point should vague suspicions become relative certainty causing you to take action and what action should you take?

**ANSWER:** The first part of the question cannot really be answered because it is a matter of subjective judgment. It is recommended you consult with your supervisor and seek their guidance. On one hand you want to avoid false accusation, while on the other hand you cannot ignore a problem in good conscience.

7. Preventive Measures to Reduce Diversion.

**NOTE:** Show slide S-54WAMM-I1/L-19 thru 23

a. Balance security considerations with the need for public access to the pharmacy and volume of business. Any pharmacy can be turned into a fortress given enough time and money, but the primary purpose is to release drug products to authorized persons in a timely manner.

b. Prevention must be paramount. We are not in the business of trying to apprehend or punish dishonest people.

c. Appoint someone on your staff responsible for security.

d. Conduct background investigations and check references on all new employees.
e. Be alert to suspicious activities, changes in employee's behavior, and circumstances and events that cannot be explained. Be skeptical without being paranoid.

f. Investigate quickly and efficiently all instances of possible tampering with drugs, such as minor discrepancies in inventory and missing records.

g. Document all problems, investigations and corrective action taken, look for trends, similarities patterns.

h. Publicize the availability of treatment programs such as ADAPCP for personnel with problems.

i. Establish an effective lock and key control program.

j. Limit access to pharmacy and require escorts for all nonpharmacy personnel.

8. Establishing Control at Critical Points.

NOTE: Show slide S-54WAMM-I1/L-24 & 25

NOTE: A good system provides a clear audit trail of drug transfer from the point of receipt to the point of ultimate use or destruction.

a. Control of transactions.

(1) Have two different people involved in transactions when possible.

(a) Ordering and receiving.

(b) Posting receipts to register and daily posting of issued items.

(c) Preparing requisitions and signing requisitions.
(2) Maintain perpetual inventory of controlled drugs with daily postings.
(3) Establish an audit trail.
(4) Monitor ordering and receiving of drugs.
(5) Investigate discrepancies.
(6) Conduct random audits.

b. Control at times of increased vulnerability.
(1) Periods of limited staffing (evenings and weekends).
(2) Opening and closing time.
(3) Drugs loaned or borrowed.
(4) Table of Organization and Equipment (TDA) drug stocks going out to or back from field.
(5) Drugs to be destroyed.
(6) Drugs turned into pharmacy by outpatients, wards, ER and clinics.


a. Procedural Factors.

NOTE: Show slide S-54WAMM-I1/L-26

(1) Simplify procedures to encourage compliance and make it harder to disguise theft.
(2) Reduce or eliminate unneeded floor stock and emergency stock from wards and clinics.
(3) Reduce excess pharmacy inventory.
(4) Review relevant nursing policies and procedures to insure they support your physical security program.

NOTE: Insure nursing policies include immediate notification of pharmacy service in the event of suspected theft or tampering with drugs.

b. Environmental factors.

(1) Pharmacy should be well ventilated so pharmacy personnel do not prop the door open.

(2) The pharmacy should be well lit to make actions more visible.

(3) Medication rooms on nursing units readily visible from nursing stations.

(4) Pharmacy vault or controlled drug cabinet readily visible to staff.

c. Human Factors.

(1) Show concern for employees welfare to create a positive work environment with open channels of communication.

(2) Emphasize assistance programs to avoid acts of desperation, i.e., Army Emergency Relief (AER), Army Red Cross, and the Chaplain.

(3) Publicize availability of alcohol and drug abuse treatment programs.

(4) Support grievance procedures to give an outlet for employee disagreement.

(5) Treat employees fairly to avoid discontentment.

NOTE: Show slide S-54WAMM-I1/L-27

C. Physical Security
NOTE: Show slide S-54WAMM-I1/L-28

1. Develop a security program with written policies and procedures and enforce it. Writing it will cause you to really think about physical security. Having written standard operating procedures (SOP) will help provide consistent, specific procedures, fix responsibility, and train your staff in proper procedures.

NOTE: Show slide S-54WAMM-I1/L-29

2. Coordinate the security program with the local security officer, MPs, and other appropriate departments and services such as Nursing and Logistics. Use a team approach.

NOTE: Show slide S-54WAMM-I1/L-30

3. Gain the cooperation of employees through education and training. Remember, every system ultimately relies on the compliance and personal integrity of the individuals involved in managing the system.

4. Assessing your current physical security situation.

NOTE: Show slide S-54WAMM-I1/L-31

a. Review applicable directives such as AR 40-2, AR 190-51 and FM 19-30.

b. Review past inspection reports and past problems or losses, such as the annual security inspection by MPs and the Crime Prevention Survey.

c. Consult with others such as nurses, logistics, unions, Criminal Investigation Division (CID), MPs.

d. Conduct your own security survey using checklists. See FM 19-30, pharmacy journals,
Handbook for Pharmacy Managers, or make your own checklist.

e. Consider the situation in the local community, such as geographic locations and local crime rate.

f. Analyze the threat and your vulnerability.

NOTE: The results of your assessment should be kept confidential to avoid someone taking advantage of a weakness in the operation. Also security checklists should be used regularly to assess security (not just one time) and the results should prompt management action.

5. Developing a pharmacy physical security plan.

NOTE: Show slide S-54WAMM-I1/L-32

a. Reference applicable directives and aids such as ARs, FMs, and Handbook for Pharmacy Managers.

b. Structural Standards - very specific specifications and standards should be enforced.

NOTE: Show slide S-54WAMM-I1/L-33 thru 35

(1) Doors.

(2) Windows.

(3) Dispensing Window.

NOTE: Show slide S-54WAMM-I1/L-36

c. Lighting - the amount necessary to permit visual surveillance by security police, supervisory personnel, duty officer, etc.

NOTE: Show slide S-54WAMM-I1/L-37

d. Locks - approved locking devices: High
security padlock with military specifications, GSA-approved combination padlocks and cipher locks.

**NOTE:** Show slide S-54WAMM-I1/L-38

e. Keys - Accessible to only those who require them (key roster) keys signed in and out daily using a key control register, no master keys are available; locks or combinations are changed every 12 months or when a person with a key and/or combination departs.

**NOTE:** Show slide S-54WAMM-I1/L-39

f. Safe, vault, and daygate: safes less than 750 lbs must be secured to the building.

g. Design concerns.

**NOTE:** Show slide S-54WAMM-I1/L-40

(1) Can pharmacy personnel see the dispensing window at all times?

(2) Can patients reach into the window and take drugs?

(3) Can patients reach into the window and open the door from the inside?

**NOTE:** Show slide S-54WAMM-I1/L-41

**QUESTION:** What does JSIIDS consist of?

**ANSWER:** JSIIDS, Joint Service Interior Intrusion Detection System is a standardized set of intrusion detection system components developed to provide physical security for interior areas.

**NOTE:** Show slide S-54WAMM-I1/L-42

h. Intrusion detection system (IDS): IDS is mandated in all MEDCEN or MEIDDAC pharmacies. It normally includes a penetration sensor in
combination with a motion sensor, as well as a duress sensor alarm. The sensors are monitored by the local Provost Marshal who respond with an MP patrol when sensors are activated.

NOTE: Show slide S-54WAMM-I1/L-43

i. Duress switch or holdup button alarm: AR 190-51 requires an SOP for the activation, deactivation, and daily testing of the Interior Duress Switch (IDS) will be published. The SOP will be provided by the security office or the provost marshall. It will include instructions for maintaining an accurate IDS log. The duress alarm must be tested at intervals not to exceed 90 days.

j. Control Access to the Pharmacy.

NOTE: Show slide S-54WAMM-I1/L-44 & 45

(1) Pharmacy designated as a "Restricted Area" is limited in access to those with need only and not open or readily accessible to others. It has the warning notice as per AR 190-13.

(2) Maintain a low profile and low visibility for inpatient pharmacy.

(3) Doors closed and locked at all times.

(4) Lock and key control.

(5) Close attention to how people gain entrance.

(6) All nonpharmacy personnel must have escorts.

(7) Have a waiting area for personnel picking up items to be outside the pharmacy itself.
Lockers, purses, and bags to be outside the working pharmacy, if possible.

k. Required security forms.

NOTE: Show slide S-54WAMM-I1/L-46

NOTE: Show transparency T-54WAMM-I1/L-1 thru 4

(1) SF 700, Security Container Information.

(2) SF 701, Activity Security Checklist.

(3) SF 702, Security Container Check Sheet.

(4) DA 5513-R, Key Control Register and Inventory

6. Actions to Take in the Event of an Armed Robbery or Burglary.

NOTE: Show slide S-54WAMM-I1/L-47 & 48

a. During the robbery itself:

(1) Remain calm.

(2) Cooperate with the armed thief.

(3) Do not make any sudden moves.

(4) Mentally note all details of the event and a physical description of the robber.
b. After the robbery:

NOTE: Show slide S-54WAMM-I1/L-49

(1) Assist any employees in need of medical attention.

(2) Notify the MPs, HQ/Duty Officer, and the Chief, Pharmacy Service.

(3) Secure the area and do not touch anything.

(4) As soon as possible, while fresh in your mind, write down exactly what happened and a description of the robber, to the best of your ability.

(5) Inventory all controlled substances and document any losses after securing approval of the MPs.

c. After the burglary:

NOTE: Show slide S-54WAMM-I1/L-50

(1) Notify the police.

(2) Secure the area.

(3) Write down details of exactly what you found.

(4) Inventory all controlled substances.
D. Drug Diversion Problems and Preventive Measures in the Field.

1. Pharmacy security

NOTE: Show slide S-54WAMM-I1/L-51

a. Physical layout problems.

b. Limiting access to secure area.

c. Use of safe.

2. Inventory control.

NOTE: Show slide S-54WAMM-I1/L-52

a. Higher possibility in the field of discrepancies between supplies on hand and inventory.

b. Inventory before deployment.

c. Inventory upon arrival.

d. Maintain current inventory.

e. Maintenance of controlled substances stock register in pharmacy and wards.

f. Proper procedures for controlled substance transaction.

g. Double check/count system for handling narcotics.

E. Physical security problems and management measures to take in a field pharmacy.

1. Problems.

NOTE: Show slide S-54WAMM-I1/L-53

a. New/unknown area of operations.
b. Possible new staff/frequent staff turnover.

c. Security problems inherent in the structure of DEPMEDS and related equipment.

d. Lighting problems.

e. No safes/vaults and no means of securing small safe to structure.


NOTE: Show slide S-54WAMM-I1/L-54

a. Assess possible threats to security in new area of operations.

b. Establish and train policy for maintaining security.

c. Coordinate policy requirements with PCA staff.

d. Layout pharmacy to limit access.

e. Improvise additional lighting if needed.

f. Maintain vigilant security of storage areas.

g. Make and use "RESTRICTED ACCESS" signs.

NOTE: Show slide S-54WAMM-I1/L-55

F. Questions from Students.

IV. SUMMARY (5 min).

A. Review of Main Points.

1. General considerations.

2. Internal drug diversion/the problem of drug theft.

3. Clues that your pharmacy May Have a problem.

4. Potential types of diversion.
5. Preventive measures to reduce diversion.
7. Assessing your current physical security situation.
8. Developing a pharmacy physical security plan.
9. Actions to take in the event of an armed robbery or burglary.
10. Drug diversion problems and preventive measures in the field.
12. Physical security problems and measures to take in the field.

B. Closing Statement: Nothing a pharmacy officer or NCO does will guarantee against theft. You cannot turn the pharmacy into a fortress or vault. However, available evidence suggests that preventive measures can substantially reduce the potential for theft, either from within or without the pharmacy. The actions you take, may keep you out of trouble in the future.
ANNEX A
SECURITY FORMS
SF 700, SECURITY CONTAINER INFORMATION
SF 701, ACTIVITY SECURITY CHECKLIST
SF 702, SECURITY CONTAINER CHECK SHEET
ANNEX B

SLIDES

S 54WAMM-I1/L-1 Title
S 54WAMM-I1/L-2 Objectives
S 54WAMM-I1/L-3 Types of Drug Thefts
S 54WAMM-I1/L-4 Internal Drug Diversion
S 54WAMM-I1/L-5 Internal Drug Diversion
S 54WAMM-I1/L-6 Drug Theft
S 54WAMM-I1/L-7 Prevalence
S 54WAMM-I1/L-8 Reasons for Theft
S 54WAMM-I1/L-9 Reasons for Theft
S 54WAMM-I1/L-10 Clues to a Problem
S 54WAMM-I1/L-11 Clues to a Problem
S 54WAMM-I1/L-12 Clues to a Problem
S 54WAMM-I1/L-13 Clues to a Problem
S 54WAMM-I1/L-14 Staff Member
S 54WAMM-I1/L-15 Types of Diversion
S 54WAMM-I1/L-16 Types of Diversion
S 54WAMM-I1/L-17 Types of Diversion
S 54WAMM-I1/L-18 Types of Diversion
Preventive Measures
Prevention vs. Appre.
Security vs. Access
Preventive Measures
Preventive Measures
Critical Points
Critical Points
Contributing Factors
Physical Security
Written Security Plan
Coordination
Cooperation
Assessing
Developing a Plan
Structural Standards
Structural Standards
Structural Standards
Lighting
Locks
Keys
S 54WAMM-I1/L-39 Safes
S 54WAMM-I1/L-40 Design Concerns
S 54WAMM-I1/L-41 JSIIDS
S 54WAMM-I1/L-42 IDS
S 54WAMM-I1/L-43 Duress Switch
S 54WAMM-I1/L-44 Controlling Access
S 54WAMM-I1/L-45 Controlling Access
S 54WAMM-I1/L-46 Forms
S 54WAMM-I1/L-47 Burglary/ Robbery
S 54WAMM-I1/L-48 During Robbery
S 54WAMM-I1/L-49 After Robbery
S 54WAMM-I1/L-50 After Burglary
S 54WAMM-I1/L-51 Field Problems
S 54WAMM-I1/L-52 Field Inventory Control
S 54WAMM-I1/L-53 Field Problems
S 54WAMM-I1/L-54 Management Measures
S 54WAMM-I1/L-55 Questions

A-7