



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Dr., Second Floor
Richmond, Virginia 23230

(804) 367-4456 (Tel)
(804) 527-4472 (Fax)

Amended Tentative Agenda of Meeting Regulation Committee – Pharmacy Working Conditions

May 2, 2012
1:00pm – 5:00pm

TOPIC

PAGE(S)

Call to Order: Jody Allen, Committee Chairman

- Welcome and Introductions
- Reading of emergency evacuation script
- Approval of Agenda

Call for public comment: The Board will not receive comment on any regulation process for which a public comment period has closed or any pending disciplinary matters. The Board will receive comments on specific topics on this agenda at the time the matter is taken up by the Board.

Topics: Discuss the petition for rulemaking regarding pharmacist working conditions, along with comments received during the public comment period, to determine if regulatory action is warranted. (Comment period is closed – no additional comments may be received on this topic at this time.)

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Discuss and receive public comment on the following subjects identified by the full Board in March resulting from the recent request from *The Pharmacy Alliance*:

- prohibition of any guarantee or advertisement that promotes how fast prescriptions will be dispensed;
- requirement that drive-thru windows be closed when there is no pharmacy technician support in the prescription department;
- prohibition against mandatory corporate production metrics or quotas regarding prescription dispensing or immunization administrations;
- requirement that other timed metrics regarding the phone, drive-thru, or cash register may only be imposed on pharmacy technicians and not pharmacists; and,
- prohibition of any non-pharmacist employee of the permit holder influencing the professional decision of the pharmacist.

Adjourn: The committee will adjourn at approximately 5pm.

Regulation Committee – Pharmacy Working Conditions

Background: At the March 13, 2012 full Board meeting, the Board discussed a recent request from *The Pharmacy Alliance* to implement mandates to address system induced errors. The full Board voted to refer the matter to the Regulation Committee for further consideration of the following issues: prohibition of any guarantee or advertisement that promotes how fast prescriptions will be dispensed; requirement that drive-thru windows be closed when there is no pharmacy technician support in the prescription department; prohibition against mandatory corporate production metrics or quotas regarding prescription dispensing or immunization administrations; requirement that other timed metrics regarding the phone, drive-thru, or cash register may only be imposed on pharmacy technicians and not pharmacists; and, prohibition of any non-pharmacist employ^{er} of the permit holder influencing the professional decision of the pharmacist. Additionally, on February 22, 2012, a petition for rulemaking was filed regarding working conditions for pharmacists. Specifically, the petitioner requested the Board adopt regulations similar to North Carolina and West Virginia that establish a limitation on the number of hours a pharmacist can work continuously and a requirement for breaks during a shift. The comment period ended on April 15, 2012.

Action to be taken by the Committee: Discuss the subjects identified by the full Board resulting from the recent request from *The Pharmacy Alliance* and discuss the petition for rulemaking, along with comments received, to determine if regulatory action is warranted to address any of the raised issues. Report the Committee's decision back to the full Board for its consideration at the June 12, 2012 full Board meeting.



COMMONWEALTH OF VIRGINIA

Board of Pharmacy

9960 Mayland Drive, Suite 300
 (804) 367-4456 (Tel)
 Henrico, Virginia 23233-1463
 (804) 527-4472 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or type)

Petitioner's full name (Last, First, Middle Initial, Suffix,)
 Barratt, Kristen L., R.Ph.

Street Address
 793 Luchase Road

Area Code and Telephone Number
 540-636-1915

City
 Linden

State
 VA

Zip Code
 22642

Email Address (optional)
bargeratt@comcast.net

Fax (optional)
 540-636-3291

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Section 18 VAC-110-20 Part IV. Pharmacies: develop a new regulation "Professional Work Environment"

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

To model safe pharmacist working conditions in Virginia after those of surrounding states:

West Virginia:

14.8. Professional Work Environment

14.8.1. No pharmacist may work more than twelve (12) hours within a twenty-four (24) hour period without at least eight (8) hours off duty in that 24 hours, except in a case of emergency when a pharmacist calls off work, the pharmacist on duty may work more than twelve (12) hours in order to keep the pharmacy open. The pharmacists would have to document and date the amount of time worked beyond the twelve (12) hour limit along with the reason for the extended hours of work and make it available to the Board.

North Carolina:

21 NCAC 46.2512 PHARMACIST WORK CONDITIONS

A permit holder shall not require a pharmacist to work longer than 12 continuous hours per work day. A pharmacist working longer than six continuous hours per work day shall be allowed during that time period to take a 30 minute meal break and one additional 15 minute break.

Currently there are many retail pharmacies in Virginia who schedule only one pharmacist on duty for 14 hours per day, and do not provide for any meal breaks away from the pharmacy. This working environment is unprofessional and unsafe and could endanger the health, safety or welfare of the public. This potential for harm is recognizable.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

TITLE 54.1 PROFESSIONS AND OCCUPATIONS

CHAPTER 1. GENERAL PROVISIONS

§ 54.1-100. REGULATIONS OF PROFESSIONS AND OCCUPATIONS.

THE RIGHT OF EVERY PERSON TO ENGAGE IN ANY LAWFUL PROFESSION, TRADE OR OCCUPATION OF HIS CHOICE IS CLEARLY PROTECTED BY BOTH THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THE COMMONWEALTH OF VIRGINIA. THE COMMONWEALTH CANNOT ABRIDGE SUCH RIGHTS EXCEPT AS A REASONABLE EXERCISE OF ITS POLICE POWERS WHEN IT IS CLEARLY FOUND THAT SUCH ABRIDGMENT IS NECESSARY FOR THE PRESERVATION OF THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC.

NO REGULATION SHALL BE IMPOSED UPON ANY PROFESSION OR OCCUPATION EXCEPT FOR THE EXCLUSIVE PURPOSE OF PROTECTING THE PUBLIC INTEREST WHEN:

1. THE UNREGULATED PRACTICE OF THE PROFESSION OR OCCUPATION CAN HARM OR ENDANGER THE HEALTH, SAFETY OR WELFARE OF THE PUBLIC, AND THE POTENTIAL FOR HARM IS RECOGNIZABLE AND NOT REMOTE OR DEPENDENT UPON TENUOUS ARGUMENT;

SIGNATURE:

Kristen Bargeratt, PA

DATE:

2-15-12

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Agency Department of Health Professions

Board Board of Pharmacy

Petition Information	
Petition Title	Working conditions for pharmacists
Date Filed	2/22/2012 [Transmittal Sheet]
Petitioner	Kristen Barratt, R.Ph.
Petitioner's Request	To adopt regulations similar to those in NC and WV that establish a limitation on the number of hours a pharmacist can work continuously and a requirement for breaks during a shift.
Agency's Plan	Comment on the petition may be sent by email, regular mail or posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov . Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language in Regulations Governing the Practice of Pharmacy. This matter will be on the Board's agenda for its meeting on June 12, 2012, and the petitioner will be informed of the Board's decision after that meeting.
Comment Period	Ended 4/15/2012 20 comments
Agency Decision	Pending
Contact Information	
Name / Title:	Elaine J. Yeatts / Agency Regulatory Coordinator
Address:	9960 Mayland Drive, Suite 300 Richmond, 23233
Email Address:	elaine.yeatts@dhp.virginia.gov
Telephone:	(804)367-4688 FAX: (804)527-4434 TDD: (-)

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**Agency** Department of Health Professions**Board** Board of Pharmacy**Chapter** Virginia Board of Pharmacy Regulations [18 VAC 110 – 20]

All comments for this forum

[Back to List of Comments](#)**Commenter:** Kristen Barratt *

3/27/12 11:12 am

working conditions for pharmacists

Hundreds of retail pharmacists in Virginia are required to work more than 12 continuous hours (often up to 14 hours) per day and a large percentage of them are not allowed to leave the pharmacy for at least a 30 minute meal break. The State Boards of Pharmacy in both West Virginia and North Carolina have regulations that limit shifts to 12 continuous hours and NC also requires that a pharmacist be allowed to take a 30 minute meal break after working more than 6 continuous hours. These regulations have been adopted in WV and NC to protect the health, safety and welfare of the public and the health and welfare of their pharmacists. I am aware of no other retail profession where an employer can require an employee to work 14 hours consecutive hours per day, without a break. I support this proposed change to the Regulations Governing the Practice of Pharmacy in Virginia to establish a limitation on the number of hours a pharmacist can work continuously to 12, and a requirement for breaks during a 12 hour shift.

Commenter: James Rhodes, Pharmacist *

3/29/12 8:01 am

working conditions for pharmacists

Pharmacists need a break when required to work 12, 13 & 14 hour shifts to rest and eat a meal without interruption. Often these long shifts require an hour to an hour and one-half travel to and from the store if covering a vacation or sickness extending the day to 16-17 hrs. This is dangerous for patients receiving medication as a tired pharmacist could possibly make a mistake that is harmful to the patient. Pharmacy is a profession that requires a great deal of mental alertness and long hours with no break diminish this capability. Please consider regulations that improve this situation.

Commenter: Denise Matheny, Pharmacist *

4/1/12 9:02 pm

working conditions for pharmacists

I have worked in retail pharmacy for over 13 years. Pharmacy is a very demanding and lucrative profession. It requires compassion, knowledge, patience, and physical and mental alertness. A lot of these qualities come from within the individual, but others are provided from our unique working environment. We take an oath to care for and protect our patients. Prescription errors are a rare occurrence, but any process involving people is not immune from the possibility of human error. We must be committed to continually improve quality measures to help ensure that

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prescriptions are dispensed safely and accurately. I support the proposed changes to improve working conditions for pharmacists.

Commenter: Stephen M. LaHaye, PharmD, BCPS *

4/3/12 7:49 am

Working Conditions for Pharmacists

I support this proposed change to the Regulations Governing the Practice of Pharmacy in Virginia to establish a limitation on the number of hours a pharmacist can work continuously to 12, and a requirement for breaks during a 12 hour shift.

As a pharmacist in the hospital setting, a 30 minute meal break is required for any employee working more than 6 continuous hours. I fail to see why my retail counterparts are not covered by the same benefits we enjoy in health-systems.

Commenter: Cynthia Lester *

4/5/12 8:14 am

Working Conditions For Pharmacist

I have practiced pharmacy in the state of Virginia for 21 year. I have worked retail, hospital, and independant pharmacy. In my hospital & independant practice, I was given a break for lunch which was 30 minutes. This break was rather I worked an 8 hour shift or a 12 hour shift. I have floated for a chain before and a 12 hour day was frequently 15 to 16 hours due to a commute but in those cases I was fortunate to work for a company which did recognize our need for a time to relax, refresh & recharge ourselves both physically and metally. It is a long day to stand for 12 hours. If we are lucky, there is a semi-private place where we can stash a sandwiche a steal a bite or two on the run. Or if there is an overlap of pharmacists or two on duty, they take turns letting the other get a break. Our technicians have been known to get a 15 min break and a 30 min lunch. While the propsed petion will definitely benefit the pharmacists of the state of Virginia, I do think the people we will help the most are our patients. They have put their faith, trust, health and safety in our hands. As the most respected profession, we need to continue to be able to deliver the best care to them. It is my believe that a refreshed, alert, and rested pharmacist can deliver better health care to our patients. Errors, while infrequent, do occur and are more likely to occur when we are overworked, understaffed, and just plain exhausted mentally and physically. I support this petition and respectfully ask for your deepest consideration.

Commenter: Health Care Professional *

4/5/12 12:54 pm

In support of a break

I am a health care professional, not a pharmacist. While, 12 hours shift are the norm in many health care areas, the person who is working a 12 hour shift or even an 8 hour shift should not be expected to do so without a break. Everyone, no matter how educated and professional they are need a break. Errors are much more likely to happen if someone is tired, rushed or inattentive. We cannot prevent every error that happens in health care but we can prevent some by taking common sense actions. Giving a break is just common sense. Allowing the workload to be appropriate for the staffing for any given shift, be it inpatient or out patient setting is also common sense. Some tasks carry such a risk, that actions should be taken to make sure the person is focused on that one task and is not being asked to multi-task. Despite people thinking that they can multi-task, the human brain can really only handle one task at a time and handle it well. Medication errors while rare can kill or seriously injure a patient. Hopefully, this Board recognizes the need to protect the public. (But sadly, my experiences with the DHP show that they lack common sense, judgment and integrity, just my opinoin based on my experiences.)

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Thank you for this forum.

Commenter: Timothy Ellmers, PharmD (RMH Healthcare) *

4/5/12 7:57 pm

Work Conditions for Pharmacists

I am a clinical pharmacist at a local regional hospital in Harrisonburg, VA. I have not spent much time in the retail side of pharmacy so I will not be able to make comments in that regard. I would like to speak on behalf of all hospital pharmacists. I can not stress the importance of **PATIENT SAFETY!** I try to take a step back on all my decisions and think, will the patient be harmed? We do not intend to harm our patients, but we are all human and can make serious mistakes if we are tired without a standard break or long hours. However, when pharmacist are overworked and unable to take a break due to volume issues, mistakes can be made. We belong to a profession that requires perfection and continued alertness so that we can make sure all our T's are crossed and I's are dotted before sending that medication out to the patient.

Don't the patients expect that from us?

When you look at what we as professionals do, **we are the physicians double check.** When entering an order, I have to make sure I do not make a mistake PLUS make sure the physician is not making a mistake. That is a HUGE responsibility that we have to take on each and every day. I have worked long shifts and by 10 to 12 hours of working, my thinking process has slowed and I may miss something important that could affect the safety of the patient that I wouldn't have if I had rested.

The board has an obligation to help protect the safety of the patients we serve. I hope that you can all come to an agreement in regards to regulating the number of continuous hours and break requirements a pharmacist can work during a shift. I am glad that the board is taking the time to review this issue as I believe this issue has not gotten the attention it deserves.

Commenter: Angela Ciolfi, health care consumer and parent *

4/5/12 8:23 pm

Support reasonable limits on working hours for pharmacists

As a patient, and now as a mother, I want to be confident that the person filling prescriptions is alert, attentive, and capable of catching mistakes, whether made by the pharmacy or the prescribing health care provider. I support common sense limits on working hours and standards for taking breaks during long shifts such as those adopted by our neighbors, MD and WV. For the health and safety of all Virginians who use their services, please take this opportunity to review and revise your regulations governing working hours for pharmacists.

Commenter: Erin Durst Pharm D. *

4/6/12 9:28 am

Working Conditions for Pharmacists

In my short time as a Pharmacist I have worked in WV and VA as a retail Pharmacist. I have worked 14 hour shifts at a chain pharmacy and 9 hour shifts at an independent pharmacy. I cannot express how completely exhausting it is both mentally and physically to stand for 14hours without getting a lunch break. When working at the independent I have always received a lunch break and I feel this improves my accuracy. Getting time to put your brain in neutral gives you the break you need in a profession where perfection is the standard. Working such long hours without a lunch is extremely dangerous for patient safety. In a profession where there is no room for error, it should be without question that we should receive a lunch break. I appreciate that discussion has been opened to help shed light on this issue.

Commenter: Jennifer Haddock *

4/7/12 2:27 pm

Working Conditions for Pharmacists**Commenter:** Jennifer Haddock *

4/7/12 2:57 pm

Working Conditions for Pharmacists

I support this proposed change to the Regulations Governing the Practice of Pharmacy in Virginia to establish a limitation on the number of hours a pharmacist can work continuously to 12 hours, and a requirement for breaks during a 12 hour shift. In an intensely stressful environment where the smallest mistake can create the worst kind of outcome, it is imperative that this change be implemented. Please protect not only your pharmacists but your citizens as well!

Commenter: Debra Curtis *

4/7/12 4:28 pm

Va law for pharmacist hours/break requirements

I feel that nobody should be required to work a 12 hour shift without getting proper breaks to eat or just to take a pause from what they are doing. If you are not giving breaks from your job you are more likely to make mistakes. That is with any job. Breaks are needed!! And making a pharmacist work 12 hours straight is not necessary in my opinion.

Commenter: M. Howard *

4/8/12 8:36 am

Overworked pharmacists

Pharmacists are extremely important partners in the good health of Americans. Being a pharmacist requires attention to details, verifying dosages, handling of extremely potent medications, and working with patients on a one to one basis. They need to be on top of their game at all times. In order to carry out this important healthcare work, pharmacists need to care for themselves. It's imperative that our retailers employing pharmacists and making pharmacy services available to their customers be required to provide ample meal times and work days of reasonable length for our pharmacists. Errors made by exhausted pharmacists could be disastrous for patients. Give pharmacists a break.

Commenter: Christopher Riegert *

4/8/12 8:27 pm

working conditions for pharmacists

It always surprises me that it is necessary to legislate breaks in schedules to facilitate safer working conditions for health professionals. I am assuming this is about safer working conditions and not just eating habits of pharmacists. I fully support safer working conditions, which as we all know, translates to less mistakes and thus better care for our patients. I'm also a realist in the sense that if some of the pharmacists are required to take a break, then the work will be that much more/harder when they return since extra personnel will not be provided to fill in while they are on this supposed break. I think more appropriate legislation would be to require more help based on acuity of care and number of prescriptions being filled.

Commenter: Consumer *

4/9/12 8:12 am

Reasonable breaks for pharmacists.

I went to Walmart over the weekend to pick up a prescription. Clearly posted is a sign that states if there is only one pharmacist on duty the pharmacy will be closed for 1/2 hour at lunch time. Clearly Walmart understands the importance of giving a worker a lunch break. Allowing a pharmacist to take a real break for a half hour will help them to function better and make fewer errors. Hopefully, the DPH will be as enlightened as the evil giant Walmart. Thanks.

Commenter: Stephen Squires *

4/9/12 7:14 pm

Working Conditions for Retail Pharmacists

I support mandatory breaks for retail pharmacists working 12 hour shifts, and the elimination of 14 hour shifts. I have worked 14 hour shifts in the past, and after hour eleven it became very difficult to focus. What other health care provider works 12 hours...even 8...without a lunch or bathroom break. Pharmacy should be mentally, not physically demanding. Pharmacists are well compensated, however that does not make them superhuman and able to go without meals or bathrooms breaks. The bottom line is that the patients health is at stake. It is time for change..

Commenter: Bhavani Sudhagani,pharmacist *

4/9/12 11:09 pm

working conditions for pharmacists

I strongly support the petition against long work hours for pharmacists without a meal break. I work for a large retail which gives us a break even when we work 8 hour shifts, I cannot imagine working straight 12 hours without a break. I really feel sorry for my friends who have to work for such a long shifts without a break. As retail pharmacists standing all the day on feet try to help constantly each patient who visit pharmacies with prescriptions and in the OTC isles helping them find right medications which makes us physically exhausted after certain number of hours. By profession itself a pharmacist needs to be mentally alert to dispense right medications and brain needs energy to stay alert which is not possible without a meal. I would like to strongly say that pharmacists, as a human being, just because he/she is being paid cannot be expected to work like machines which do not need a meal break. This kind of work environment is not only detrimental to the pharmacists' health in long run but also directly affecting the safety of patients getting medications from a less productive pharmacist who would otherwise be with a little 30 minutes meal break. So, please help patients and pharmacists to be in safe pharmacy environment.

Commenter: Timothy C Funk *

4/11/12 1:39 pm

hours

I have several concerns about this possible change

1. You will still have to fill the same number of rx's a day you will just have less time to do it , Everyone seems to worry about mistakes, filling more rxs per hour seems to me to make that more likely not less
2. Cutting back hours will result in less hours pharmacy's will be open and reduce demand for pharmacists in a already tight market
3. Do not relish the idea that the State can limit my right to work.

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4. I do support lunch break idea

Commenter: Elizabeth Early *

4/13/12 2:48 pm

Work Conditions for Pharmacists

Although the safety issues associated with long and consecutive hours has been documented by other healthcare industries, there seems to be little research related to the pharmacy industry. However, I believe that it is important that we listen to our colleges in WV and NC and evaluate our work conditions...not only for the safety concerns for our patients, but for our own health.

I have been involved in a number of patient safety reviews in my career, and a common response to the cause of the error has been worker fatigue or mental lapse of judgement. It has been shown that jobs that require multitasking and prioritization are more susceptible to fatigue. As a pharmacist, we must manage prescription queue, the telephone, the MD line, the fax, the e-prescriptions, the drop-off window, the drive-up window, the counseling window, the operations or work-arounds of the technology, the technician staff, immunizations, fill 300+ prescriptions a day and get all of this done in 15 minutes or less per prescription. In a hospital setting, we have to manage medication reconciliation issues, complex drug regimens, IV compatibilities, distribution functions, clinical monitoring, drugs that increase fall risks, meds that impact renal function, discharge counseling and issues that impact readmissions, as well as order verification and clarification. The demands are high, as well as the expectation for near perfect processing. Long shifts, various shifts and multiple days on duty impact our ability to perform at a near perfect level.

As the industry has focused on pharmacist's satisfaction, 12 hour shifts with multiple consecutive days have become the norm. However, these shifts increase the opportunity for fatigue and adverse effects on worker health. Working more than 40 hours per week or more than hours per day has shown to impact:

- Neck and musculoskeletal discomfort
- Increased risk for hypertension
- Increased incidence of cardiovascular disease
- Higher risk for diabetes
- Increased risk for pre-term birth
- More work place accidents

How many pharmacists do you know that suffer from a chronic disease or physical discomfort that could be related to their work shifts? In addition, it has been proven that the older we get, the more fatigue impacts our performance. As we all get older and are more susceptible to chronic diseases, we must do all we can to protect our own health...for ourselves, our families and our patients.

We owe it to ourselves and our patients to do better...I agree that we must improve pharmacist work conditions. I applaud the Virginia Board of Pharmacy for addressing this concern.

Commenter: Rebecca Williams *

4/14/12 4:01 pm

Working Conditions for Pharmacists

I have worked in retail pharmacy over the past 5 years and have worked multiple shifts over 12 hours. Pharmacy is a profession, like many others in the medical field, that requires intense concentration and multi-tasking on a daily basis. I feel it is risky to have pharmacists perform this sort of work over such long periods of time, especially without a break. In many retail locations, we as pharmacists are torn between not only verifying prescriptions and counseling patients, but also answering the phones, supervising technicians, administering immunizations, etc. Pharmacists are stretched thin in many situations and having to maintain this for shifts greater than 12 hours without a break is potentially dangerous. Our profession demands perfection. Our

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patients deserve to always have quality medical care. We owe it to our patients to be able to perform at our best, but fatigue and lack of concentration undoubtedly happen over the course of such long shifts. Our colleagues in West Virginia and North Carolina have taken action to ensure the safety of their citizens and well-being of their pharmacists. I urge the Virginia BOP to do the same.

* Nonregistered public user

From: Linda M. Randazzo [mailto:rxpooh@comcast.net]

Sent: Saturday, April 14, 2012 3:05 PM

To: Board of Pharmacy

Subject: June 12 Virginia State Board of Pharmacy meeting/working conditions for pharmacist

These are changes I'd like to recommend for the working conditions for pharmacists:

- shorter work hours (currently the norm is 12-14 hrs/day)
- mandatory meal and restroom breaks
- increased ancillary help-tech/cashier
- minimum security requirements for all pharmacies to deter robbery/shoplifting while open (cameras inside store and parking lot, mirrors, higher counters, glass windows, secure locking doors, signs stating premises are monitored)
- prohibit mandatory corporate production metrics/quotes for prescription filling or immunizations (either quantity or time limit/15 minute guarantee)
- allow closing drive thru window if there is inadequate help

Thank you very much for your consideration.

Regards,
Linda M. D'Amore

Juran, Caroline (DHP)

From: William Anderson 6424 [william.anderson@giantmartins.com]
Sent: Friday, April 13, 2012 1:22 PM
To: Board of Pharmacy
Subject: Patient safety

I understand from heresay that the board is looking into the current working conditions as it pertains to patient safety. This is long overdue. I'm sure I do not need to waste your time sharing our day to day experience. I hope you will look at consecutive hours worked, mandated breaks for meals etc outside of the pharmacy, pharmacist to tech ratio, and the operating of a pharmacy completely alone. As you are well aware our profession accepts nothing below 100 % accuracy with any error having potentially life threatning results. We are looking to you to mandate conditions that will allow us to meet this percent..
Thanks for you time..

Bill Anderson, Pharmacist
Pharmacy Manager @ 6424
Martins Pharmacy
2035 East Market Ste 115
Harrisonburg, Va 22801
Phone: 540-442-7380
Fax: 540-442-8089
william.anderson@ahold.com <william.anderson@ahold.com>

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Juran, Caroline (DHP)

From: rghburg@comcast.net
Sent: Thursday, April 12, 2012 3:04 PM
To: Board of Pharmacy
Subject: From Robert Gibson

Virginia Commonwealth Board of Pharmacy
Richmond, VA

To whom it may concern:

My name is Robert Gibson and I have been practicing retail pharmacy in Virginia for the past twenty years. It has been brought to my attention that this summer the board may take action/revise the code to either allow mandatory breaks away from the pharmacy or have a maximum numbers of hours that a pharmacist can work during a shift. I sincerely hope that action is taken. Over the past twenty years I have worked in several retail pharmacies that have filled over 3000 prescriptions per week. Many days we did not have time to eat lunch or even take a five-minute break to collect our thoughts. I find it ironic that over the years we have passed many pharmacy laws to help protect the health of the public but have missed one of the most simple causes of errors in the pharmacy, mental and physical fatigue. I have a neighbor who is a retired airline pilot and we have talked many times about the strict standards of the FAA to minimize pilot fatigue. When I told him of the long hours we work and the amount of prescriptions we fill he was shocked to hear there were no laws. In his exact words, "I'm surprised! A pharmacist can make fatal mistakes just like I could flying".

I ask that you take this matter very seriously and try to come up with a solution but please make sure that if you do pass action that you word the code so that it is specific. Maybe have the code state a break away from the pharmacy or a pharmacist must have certain number of hours off from the end of a shift. Something worded in a way so there cannot be any loopholes. I personally would strongly urge a required number of hours off between shifts. I have worked with many pharmacists that sometimes work 5 and 6 days straight and work twelve-hour shifts. While they think they are not mentally fatigued I am afraid that the general public maybe at risk.

Whatever action is taken please make sure that there cannot be room for interpretation that would water down the intended effect of the code. That would be an injustice to the public and only lip service to us.

Best regards,

Robert Gibson
Harrisonburg, VA
0202010386

Juran, Caroline (DHP)

From: Board of Pharmacy
Sent: Friday, March 16, 2012 11:57 AM
To: Juran, Caroline (DHP)
Subject: FW: FW: Information you requested
Attachments: VABOP032012 (1).rtf; march 15 doc vabop.odt

(2 attachments)

From: Priscilla Gale [<mailto:rxpriscilla@gmail.com>]
Sent: Friday, March 16, 2012 10:40 AM
To: Priscilla Gale
Subject: Fwd: FW: Information you requested

----- Forwarded message -----

From: Priscilla Gale <p.gale@cox.net>
Date: Fri, Mar 16, 2012 at 10:33 AM
Subject: FW: Information you requested
To: rxpriscilla@gmail.com

From: Priscilla Gale [<mailto:p.gale@cox.net>]
Sent: Friday, March 16, 2012 10:30 AM
To: ppsi@aol.com
Subject: FW: Information you requested

From: Priscilla Gale [<mailto:p.gale@cox.net>]
Sent: Friday, March 16, 2012 10:14 AM
To: 'Caroline.Juran@DHP.VIRGINIA.GOV'
Cc: steve@steveariens.com; jpgakis@hotmail.com
Subject: Information you requested

Attachment #1 from Priscilla Gale, 3/16/12

Thank you Virginia Board of Pharmacy for allowing me to speak on behalf of the Pharmacy Alliance today. We feel this is an important first step you took to protect the patients here in Virginia, and appreciate the time you have allotted us today.

The Pharmacy Alliance is a growing national group of Pharmacists who have in common, a mission to improve patient safety by reducing prescription errors. It is reported that 1.5 million people are harmed every year by medication errors *every year*, despite increasing educational demands on pharmacists. All of us here today understand errors are increasing at an alarming rate.

How did we get here?, you may ask. Every state has increased the level of education of all our pharmacy staff, including pharmacists. Education failed! Impossible, right? How could an educated staff make so many errors? Again, the question, how did we get here?

Well, a bit of regulatory history may clarify that answer. You see, when the Board of Pharmacy Practices and Acts were written at the turn of the century, the vast majority of the Pharmacists in Charge and the permit holders were one and the same. Simply stated, that means the pharmacies providing medications were INDEPENDENTS. If something went terribly wrong, both the PIC and the permit holder were forced to address the issue. Today, that is not the case. We, dispensing pharmacists, work for chains or large corporations. Further confounding our safety dilemma and medical errors situation, is the conflict of interest of allowing chain executives serve on the Board of Pharmacy.

Most chain representatives and safety organizations such as ISPM (Institute for Safe Medication Practices) have answers to the increased rate of errors. They maintain that errors occur when the pharmacy is slow, and well-staffed, and are due to technical issues such as trailing zeros, look-alike sound -alike medications, and prescriber handwriting issues. They maintain other prescription errors are due to pharmacist negligence or un-professionalism. Really? Slack time and trailing zeros.....who buys this? Only the interests selling it, that's who. Every pharmacist knows better!

We at The Pharmacy Alliance are serving at the battle lines. We know a different cause for increasing errors. We see clearly that eroding conditions in our work environment have been at the root of patient safety concerns. Workplace standards have deteriorated over the last 5 to 10 plus years and have now reached the tipping point. We have a no spin explanations for the increased rates in errors; I will briefly outline them in a list form.

But before this list, I stress above all, that our pharmacists feel that errors caused by physical fatigue due to more prescriptions per hour, no breaks, long schedules, long commutes, rotating schedules, exceed all other causes. We collectively definitively know that genesis of these problems are the mandatory 12 -14 hr shifts (not counting that you must be there 15 minutes before the shift and you cannot close until all patients have been served). Mind you, this occurs without any scheduled meal or rest room breaks and having to work multiple such days in a row. And a reminder to all ... A Chain's Forty hours today means scheduled 55 hours one week and scheduled 25 the next. Such schedules preclude a Pharmacist from getting more than five to six

hours sleep between shifts, not taking account for NOVA traffic and excessive commutes. It doesn't take much intelligence to come to the conclusion that a fatigued Pharmacist can be a dangerous Pharmacist, in regard to medication errors. If any of you have any questions about how fatigue can affect accuracy of a person performing repetitive jobs, then you probably slept through last week, which was National Quality of Sleep week. Please look up sleep studies in VDOT or FAA. 7 days on – 7 days off – 12 hr shifts. Should they be outlawed/prohibited due to safety issues?

Now, the brief list of workplace safety violations I promised you that is perpetrated by our management and permitted by this board and out of the control of pharmacists and pharmacists in charge. It includes, but is not limited to: PHARMACIST SCHEDULING, PHYSICAL STANDARDS OF THE PHARMACY, AUTHORITY OVER PHARMACY PERSONNEL, NON-PHARMACY MANAGEMENT POLICIES APPLIED TO PHARMACISTS, AND MANDATED POLICIES DICTATING PHARMACISTS PROFESSIONAL DISCRETION

1: PHARMACIST SCHEDULING- includes 12-14 hour shifts, rest breaks, meal breaks, back to back shifts, commutes for floaters, 15 minute wait times, flu shot quotas.

2: PHYSICAL STANDARDS OF THE PHARMACY- is it ever safe to operate a drive through pharmacy? HIPAA?? How are the new prototypes of the pharmacy doing, the ones you see in Harris Teeter and Target without boundaries. How are these pharmacies without walls performing performing with standards of errors, HIPPA violations, counseling patients, etc.? Are the pharmacists distracted by non-pharmacy interruptions, or is the MUZAC too loud? Can they repeat drug orders while a customer is waiting to ask them where the floral department is located? Can you supervise your technicians over the freezer alarm buzzer?

3. AUTHORITY OVER PHARMACY PERSONNEL- Have you supervised a tech that had an ankle bracelet? I am not speaking of a fashion accessory here. Raises, promotions, rates of pay, schedules, integrity of the personell and terminations are all front end management issues. We just get stuck with their decisions.

4. STORE PERSONNEL POLICIES FOR NON PHARMACISTS MANDATED ON PHARMACIST- Such as answer call on ring three, policies ordering pharmacists to physically leave the pharmacy department to help a non-pharmacy customer find toothpicks or any other item, making eye contact with every customer, etc.

5. MANDATES ON PROFESSIONAL DISCRETION calling prescribers to specify tablet or capsule etc

Please accept this as a partial list of ways of which our corporate leaders are creating medication errors and accepting the cost of settling as the “cost of doing business”. It's a steal for the chains, and tragedy for our patients and dedicated pharmacists.

Finally, I have made copies of a recent survey conducted by The Oregon BOP for you today. Something to keep in mind, is that Oregon is one of the few boards that to the best of our knowledge, does not have chain exec representation on it. In summary, nearly 75% of the chain Pharmacists felt that their work environment did not promote patient safety, whereas 75% of the independent Pharmacists felt that their work environment did. It's all about responsibility.

In conclusion: We from the Pharmacy Alliance are here today because Pharmacists are making more and more medication errors that get to patients. We feel that it is not in our society's best interest for this to continue unchecked. Patients are being harmed, lives are being destroyed. Both the lives of victim patients and victim pharmacists. Sure, chains get fined here and there, but it's a slap of the wrist, not the ruin of life and careers the public and pharmacists endure after a medication error tragedy.

Today, you cannot pick up a newspaper or turn on the television without another report of pharmacy medication errors. It's a fact, the regulators are failing us. Pharmacists are practicing under unsafe conditions. It is time permit holder accept a higher degree of accountability when things go wrong in the Rx dept. Since the PIC has no control over the Rx dept policy and procedures, physical barriers between the patients, staffing and other issues that can affect patient safety, then the corporation, AKA the permit holder, must be held to a higher degree of responsibility and liability. Fines need to be levied in more direct proportion to the permit holder's assets and ability to pay. For example, if a Pharmacist is fined the equivalent of a day's pay, then the permit holder should be fined the equivalent of one day's profit. We are here today, with every paper and newspaper reporting errors and diversions. We need to change direction and change fast.

Thank you again for the time you have allowed me today to represent the findings of the Pharmacy Alliance. I hope now we all know how we got here. Follow our lead to get us out. We have a problem. The Pharmacy Alliance has answers! The Alliance will help. Just ask!

Attachment #2 from Priscilla Gale, 3/16/12

Priscilla Gale
Virginia Contact
The Pharmacy Alliance
6023 Avenue S, Box #134
Galveston, TX 77551

March 15, 2012

Dear Ms. Juran,

It was again a pleasure to speak to you and the board on behalf of The Pharmacy Alliance. The studies you requested from me are at the conclusion of this letter. To reiterate my presentation from Tuesday, The Pharmacy Alliance is calling for more corporate responsibility from the Chains and the large corporations that have unsafe policies and procedures.

I am confident that you are serious about keeping Virginia safe from medication errors. Because of the time you allowed me to speak, you are now aware of a serious a problem that exists in not only in Virginia, but nationally. Again, pharmacists everywhere and we at the Alliance believe that chains and corporations alike must be held responsible for medication errors that are due to policies, procedures, workplace conditions, and staffing issues that are **well known** to be a hazard to the public's health and safety.

Finally, the time has come for change. That is because sadly, the pharmacy owners are creating well publicized drug errors.

Again, chains and corporations must be held as accountable as an independent PIC/permit holder is. Times change, laws change. We in Virginia are not a group of independent pharmacies in control of our operations. We are dedicated pharmacists not in control of the systems that cause errors.

Also, I need to mention manpower. There is no more a pharmacist shortage in your state. Conversely, here in VA there are many underemployed or unemployed pharmacists. Finding licensed and qualified pharmacy professionals is no longer an excuse for lack of qualified workers.

Again, the traditional medical culture of individual responsibility and blame no longer can be applied to pharmacy errors, as the workplace systems are set can be inherently dangerous. Poorly/untrained teenagers and twenty-something cannot possibly replace experienced pharmacists. They cannot serve you a beer in a hot dog hut and have no business in the pharmacy department preparing dangerous medications.

You asked me for specific studies that examine pharmacist and workplace pressures that cause pharmacists to make medication errors, and underlying system failures. I spoke at great length of them Tuesday, and I am happy to substantiate pharmacists' experiences and concerns of TPA with studies. Additionally, I am sure you could ask the chains for more in depth studies. In the past, the large chains and corporations have used legal tactics to keep important studies from the public and governing entities by citing liability concerns and adverse effects on their image/reputation. Some Pharmacy Boards prohibit not sharing this information, and perhaps, because of your chain ties the corporations will feel they could make an exception for you! Or, you could always force the issue.

Some studies I have included for your consideration come from attorneys representing patients. I would like to point out to you that you represent patients as well. I have also included sleep deprivation studies in other fields such as aviation and transportation. I trust you will embrace these studies, unlike the North Carolina Board! After all, why you would allow a judge to decide what to do five years from now when you have an immediate problem to solve?

All of these studies reflect our inherent human frailty in attempting to do work, at a zero-error level, while pushing or exceeding a person's basic physical/mental limits. It should not matter if the study looks at a Pharmacist, truck driver, airline pilot or nurse in their work setting. All that should matter is that an employee is putting other people's health and well-being at risk, when trying to work past their personal safe limits. Being a licensed Pharmacist does not exempt us from these human limits. We need to have rest breaks, meal breaks, use the restroom, and be allowed to hydrate ourselves when working. We are human after all.

With all the components involved in today's pharmacy work environment and systems and timing metrics measured in SECONDS, we can no longer accept sole legal responsibility for errors like that of independent pharmacies. We are not independent of the chains and corporations. Again, some include for corporate policies that should not apply to pharmacists mandated on Pharmacists, a poor Rx dept. layout, under qualified staffing, poor integration of the various components can be the genesis of many med errors. Customer service policies mandated on pharmacists such as eye contact with all customers, answering the telephone in 20 seconds, filling a prescription in 15 minutes or less are unsafe to the dispensing process. Adding a stressed/fatigued pharmacy staff and it is impossible/irrational to segregate med errors as an individual Pharmacist's issue and ignore all the other contributing factors.

We believe that all BOP's are going to have to eventually face these complex issues and how they are ultimately affecting patient safety. Errors, oversights, and negligence **perpetrated by the chains** and **lack of regulation** are frequently on the front page and news program.

<http://abcnews.go.com/Business/story?id=6552337&page=1>

Ms. Juran, We are at a fork in the road here. You may choose the path many other BOPs are already on. That would lead to VA's BOP to start taking a harder stance on medication errors and in effect

blame the victim pharmacist rather than the perpetrator of the crime. The other fork is the path that accepts the fact that work place issues and patient safety issues are one and the same.

I hope you choose the correct path. The Pharmacy Alliance is determined to make this a very public national issue; it is hard for anyone to be against a public safety issue. The VA BOP has the chance to be an industry leader and take a proactive approach to this growing problem. We have noticed that the media is paying more attention to medication errors and reporting on them. We believe that it is just a matter of time before more non-pharmacy consumer focused groups align with us, calling for lessening medication errors in pharmacies. We look forward to working with the VA BOP to advance pharmacy safety issues and improve patient safety.

Thank you again for the time and sincere interest of the activities of the Pharmacy Alliance and your fierce interest in patient safety. You may contact us for any reason at any time. We can help. Just ask.

Sincerely,

Priscilla Gale, RPh, MBA
Virginia Contact for The Pharmacy Alliance

Below are the studies you requested:

Pharmacist specific studies

<http://consumer.healthday.com/encyclopedia/article.asp?AID=646512>

<http://www.collegecentral.com/Article.cfm?CatID=car&ArticleID=139>

Above is from a Leesburg, Virginia tragedy, a high school student, pharmacist, and all beloved ones of a deceased young patient.

<http://www.pharmacyerrorlawfirm.com/>

http://www.pharmacistactivist.com/2008/february_2008.shtml

<http://www.rpharms.com/current-campaigns-pdfs/workplacepressures.pdf>

http://www.pharmacypracticenews.com/ViewArticle.aspx?d=Policy&d_id=51&i=April+2011&i_id=724&a_id=17036

<http://pharmsafety.org/extras.cfm>

http://www.jointcommission.org/sea_issue_48/

http://www.uspharmacist.com/continuing_education/ceviewtest/lesonid/105916/

<http://www.medicalnewstoday.com/releases/191236.php>

<http://www.wsna.org/Topics/Fatigue/documents/Fatigue-White-Paper.pdf>

<http://www.ncbi.nlm.nih.gov/books/NBK2656/>

<http://content.healthaffairs.org/content/21/5/182.full>

<http://www.cdc.gov/niosh/docs/99-101/>

<http://www.ismp.org/Newsletters/acute-care/articles/20050602.asp>

http://www.nytimes.com/2011/08/07/magazine/the-phantom-menace-of-sleep-deprived-doctors.html?_r=1&pagewanted=all

http://www.shpa.org.au/lib/pdf/whatsnew/vic_workforce_Part3.pdf

<http://www.medicalnewstoday.com/releases/227673.php>

<http://www.ahrq.gov/clinic/ptsafety/chap46a.htm>

<http://www.hse.gov.uk/humanfactors/topics/fatigue.htm>

http://www.faa.gov/news/press_releases/news_story.cfm?newsId=11839

Juran, Caroline (DHP)

Subject: FW: Email from Priscilla Gale - FW: Personal Injury Attorneys - Law Firm With Lawyers in Clearwater, St Petersburg, Tampa, Spring Hill, New Port Richey, FL



UPDATE from Caroline Juran: The link in the below email references a North Carolina policy statement, however, Jay Campbell, Director of the North Carolina Board of Pharmacy, has indicated that the Board withdrew this policy statement three years ago.****

-----Original Message-----

From: Board of Pharmacy

Sent: Monday, March 19, 2012 8:09 AM

To: Juran, Caroline (DHP)

Subject: Email from Priscilla Gale - FW: Personal Injury Attorneys - Law Firm With Lawyers in Clearwater, St Petersburg, Tampa, Spring Hill, New Port Richey, FL

-----Original Message-----

From: Priscilla Gale [<mailto:p.gale@cox.net>]

Sent: Sunday, March 18, 2012 11:02 PM

To: Board of Pharmacy

Subject: Personal Injury Attorneys - Law Firm With Lawyers in Clearwater, St Petersburg, Tampa, Spring Hill, New Port Richey, FL



<http://www.usalaw.com/articles/pharmacist-pharmacy-errors/pharmacist-workload---north-carolina-board-of-pharmacy.php>

Sent from my iPad

States identified in NABP 2012 Survey of Pharmacy Law to have regulations aimed at relieving pharmacist workload:

- Alabama
- Florida
- Maine
- Massachusetts
- Montana
- New Jersey
- North Carolina
- Oklahoma
- Tennessee
- Texas
- West Virginia

From North Carolina

21 NCAC 46 .1811 EXCESSIVE DISPENSING OF PRESCRIPTION DRUGS

Pharmacists shall not dispense and permit holders shall not allow a pharmacist to dispense prescription drugs at such a rate per hour or per day as to pose a danger to the public health or safety.

History Note: Authority G.S. 90-85.6; 90-85.32;

Eff. July 1, 1996.

21 NCAC 46 .2512 PHARMACIST WORK CONDITIONS

A permit holder shall not require a pharmacist to work longer than 12 continuous hours per work day. A pharmacist working longer than six continuous hours per work day shall be allowed during that time period to take a 30 minute meal break and one additional 15 minute break.

History Note: Authority G.S. 90-85.2; 90-85.6(a); 90-85.21(a); 85-32(a);

Eff. April 1, 2007.

From Montana

Montana has a requirement for a meal/rest break for a pharmacy staffed by a single pharmacist.

24.174.411 PHARMACIST MEAL/REST BREAKS

(1) In any pharmacy staffed by a single pharmacist, the pharmacist shall take a meal/rest break for a period of up to 30 minutes per shift without closing the pharmacy and removing support personnel, provided the pharmacist reasonably believes that the security of prescription drugs will be maintained in the pharmacist's absence.

(2) The time of the meal/rest break will be conspicuously posted in clear view of patients approaching the prescription area.

(3) In the pharmacist's absence a sign indicating that no pharmacist is on duty will be conspicuously displayed in clear view of patients approaching the prescription area.

(4) The pharmacist will remain on the premises if the prescription area is to remain open, and be available for emergencies.

(5) When authorized by the pharmacist, only registered technicians directly involved in the process of filling prescriptions may remain in the prescription department to perform nondiscretionary duties as delineated by the pharmacist.

(6) Upon returning, the pharmacist shall review any work performed in the pharmacist's absence.

(7) In the pharmacist's absence there may be no dispensing of new prescriptions that the pharmacist has checked and that are waiting to be picked up, nor may counseling be provided.

(8) At the discretion of the pharmacist, previously checked medication refills may be handed to patients or their agents by registered technicians in the pharmacist's absence, and the technicians must offer the patient counseling by the pharmacist. If the patient desires counseling,

the patient may wait for the pharmacist to return or may leave a telephone number for the pharmacist to call upon return.

(9) Telephoned new prescriptions must not be accepted by support personnel in the pharmacist's absence.

(10) New hardcopy prescriptions may be accepted and processed by registered technicians in the pharmacist's absence. These prescriptions may not be dispensed until the pharmacist has performed prospective drug review and completed the final check.

(11) If two or more pharmacists are on duty, the pharmacists shall stagger their breaks so that the prescription department is not left without a pharmacist on duty.

(12) The pharmacist-in-charge shall develop written policies and procedures for operation of the prescription department in the temporary absence of the pharmacist.

History: 37-7-201, MCA; IMP, 37-7-201, MCA; NEW, 2002 MAR p. 3605, Eff. 12/27/02.

From Massachusetts

247 CMR: BOARD OF REGISTRATION IN PHARMACY	REGISTRATION, MANAGEMENT AND OPERATION OF A PHARMACY OR
247 CMR 6.00:	
PHARMACY DEPARTMENT	

(9) A pharmacy or pharmacy department shall meet the following requirements concerning registered pharmacists on duty and shall be present at all times when non-pharmacist personal have unrestricted access to the pharmacy or pharmacy department:

(a) A registered pharmacist shall be on duty and on the pharmacy premises at all times the pharmacy or pharmacy department is open for business and shall be present at all times when non-pharmacist personal have unrestricted access to the pharmacy or pharmacy department;

(b) each registered pharmacist who is a full-time employee of the pharmacy shall have readily available, or displayed in a conspicuous place, his or her certificate of registration to practice pharmacy and the original or a copy of, his or her current wallet registration card; and

(c) **a registered pharmacist shall not remain on duty for more than 12 hours per day.**

Board of Registration in Pharmacy: Policies

The Board of Registration in Pharmacy publishes the following policies in an attempt to clarify statutes and/or regulations which may appear unclear, or which may not lend themselves to varying practice settings.

POLICY 2000-03

Policy on Pharmacy Operations During the Temporary Absence of a Pharmacist

Board Regulations at 247 CMR § 6.02(9)(a) state:

" A registered pharmacist shall be on duty and shall be present at all times when non-pharmacist personnel have unrestricted access to the pharmacy department"

This requirement shall not apply during the temporary absence of a pharmacist as set forth below provided that the following requirement is strictly adhered to at all times during the temporary absence of the pharmacist.

This policy is adopted to ensure that pharmacists are able to have necessary and appropriate duty free breaks and meal periods without unreasonably impairing the ability of a pharmacy to remain open.

- a. In any pharmacy that is staffed by a single pharmacist, the pharmacist may leave the pharmacy temporarily for necessary and appropriate breaks and meal periods without closing the pharmacy and removing ancillary staff from the pharmacy if the pharmacist reasonably believes that **the security of the dangerous drugs and devices will be maintained in his or her absence.**

If in the professional judgment of the pharmacist, for reasons of security or otherwise, the pharmacist determines that the pharmacy should close during his or her absence, then the pharmacist shall close the pharmacy and remove all ancillary staff from the pharmacy during his or her absence.

- b. During the pharmacist's temporary absence, no prescription medication may be provided to a patient or to a patient's agent unless the prescription medication is a refill medication that the pharmacist has checked; and determined not to require the consultation of a pharmacist; prior to being released for furnishing to the patient.

A new prescription which has been previously prepared, visibly checked by a pharmacist and had a drug utilization performed by a pharmacist, may be picked up by a patient provided that a log, including the patients phone number, of all such transactions is kept. The pharmacist, upon return from break, and within a reasonable time, shall call the patient to review any pertinent counseling deemed appropriate.

- c. During such times that the pharmacist is temporarily absent from the pharmacy, the pharmacy technical support staff may continue to perform the non-discretionary duties authorized to them by pharmacy law. However, any duty performed by any member of the ancillary staff shall be reviewed by a pharmacist upon his or her return to the pharmacy.
- d. Pharmacist managers, at their discretion, may develop a written policy for allowing Pharmacy Technician Certification Board ("PTCB") and/or Board approved certified technicians and pharmacy interns to receive telephone prescription orders from practitioners, unless otherwise prohibited by law.
- e. In pharmacies where there are two or more pharmacists on duty, the pharmacists shall stagger their breaks and meal periods so that the pharmacy is not left without a pharmacist for a temporary period.

- f. The temporary absence authorized by this section shall not exceed 30 minutes. The pharmacist who is on break shall not be required to remain in the pharmacy area during the break period, however the pharmacist shall be required to remain on the premises, licensed by the Board. The total temporary absence shall not exceed more than 30 minutes absence during any work period of at least six consecutive hours.
- g. The pharmacy shall have written policies and procedures regarding the operation of the pharmacy during the temporary absence of the pharmacist for breaks and meal periods. The policies and procedures shall include the authorized duties of ancillary staff, the pharmacist's responsibilities for checking all work performed by ancillary staff and the pharmacist's responsibility for maintaining the security of the pharmacy. The policies and procedures shall be open to inspection by the Board or its designee at all times during business hours.

A pharmacist who temporarily leaves the pharmacy for a break or meal period in compliance with this section shall not be subject to Massachusetts Board of Registration in Pharmacy disciplinary action or for acts that he or she did not authorize and that he or she, by the exercise of reasonable care, could not have prevented during his or her absence.

Proposed on **May 16, 2000**

Amended **May 18, 2000**

Submitted to counsel **June 01, 2000**

Adopted **June 13, 2000**

Authority G.L. c 112, § 42(A)

POLICY 96-005

Twelve Hour Limit

A pharmacist may not work or be scheduled to work for more than twelve hours in a day, however, if a pharmacist is presented with a prescription or prescriptions which require immediate attention then the pharmacist may exceed the twelve hours in order to act in the best interest of the consumer.

Adoption: June 4, 1996

Authority: 247 CMR 6.02(9)(c) ; M.G.L. c. 112 §§ 42 A and 30; c. 138 §§ 29 through 30G

From Alabama

One statute and two rules:

§ 34-23-70. Management; display of permit and license; poisons; prescription requirements; violations

(a) Every pharmacy when opened for business shall be under the personal supervision of a duly licensed pharmacist who shall have personal supervision of not more than one pharmacy at the same time. During temporary absences of the licensed pharmacist, not to exceed three hours daily or more than one and one-half hours at any one time, nor more than one week for temporary illness, the prescription department shall be closed, and no prescriptions are to be filled. During the temporary absence of a pharmacist, a sign shall be placed on the prescription counter in a prominent location easily seen by the public stating, "Prescription Department Closed, No Pharmacist on Duty."

680-X-2-.28 TEMPORARY ABSENCES OF PHARMACISTS DURING BREAK AND MEAL PERIOD

(1) This rule is to allow pharmacists to have breaks and meal periods without unreasonably impairing the ability of a pharmacy to remain open.

(2) In any pharmacy that is staffed by a single pharmacist, the pharmacist may leave the pharmacy area or department, temporarily, for breaks and meal periods without closing the pharmacy and removing interns/externs and technicians from the pharmacy, if the pharmacist reasonably believes that the security of the controlled substances will be maintained in his or her absence.

(a) If, in the professional judgment of the pharmacist, the pharmacist determines that the pharmacy should be closed during his or her absence, then the pharmacist shall close the pharmacy area or department and remove all interns/externs and technicians from the pharmacy during his or her absence.

(3) During the pharmacist's temporary absence, no prescription medication may be provided to a patient or to a patient's agent unless the prescription medication is a new or refill medication that the pharmacist has checked, released for furnishing to the patient and was determined not to require the consultation of a pharmacist.

(4) During such times that the pharmacist is temporarily absent from the pharmacy area or department, the interns/externs and technicians may continue to perform the non-discretionary duties authorized to them by any applicable law or rule. However, any duty performed by an intern/extern or technician shall be reviewed by a pharmacist upon his or her return to the pharmacy.

(5) The temporary absence authorized by this rule shall be limited to thirty (30) minutes. The pharmacist shall remain within the facility during the break period and be available to handle all emergency situations.

(6) The pharmacy shall have written policies and procedures regarding the operations of the pharmacy area or department during the temporary absence of the pharmacist for breaks and meal periods. The policies and procedures shall include the authorized duties of interns/externs and technicians, the pharmacist's responsibility for maintaining the security of the pharmacy.

The policies and procedures shall be open to inspection by the Board or its designee at all times during business hours.

Author: Jerry Moore, R.Ph., J.D., Executive Director

Statutory Authority: Code of Alabama 1975, §34-23-92.

History: Adopted 6 April 2001; Effective 1 June 2001; Amended 19 June 2002; Effective 5 September 2002.

Here is another... it is used by Walgreens and Publix for workload balancing. WalMart was approved but stopped using it when they changed computer systems. We are still working on the hospital rule but already allow if petition the Board and meet certain standards:

680-X-2-.39 NON HOSPITAL PHARMACY OFF SITE ORDER ENTRY

(1) The purpose of this Rule is to provide Alabama standards for remote or off-site order entry in any non-hospital pharmacy to which a permit has been issued by the Alabama State Board of Pharmacy ("the Board").

(2) Definitions

(a) "Off-site order entry pharmacy" means a non-hospital pharmacy ("pharmacy") which has a valid permit issued by the Board to process legend and controlled substance prescriptions that remotely accesses another pharmacy's electronic data base from outside the pharmacy in order to process prescription drug orders, provided the pharmacy establishes controls to protect the privacy and security of confidential records.

(b) "Off-site order entry" does not include the dispensing of a prescription drug order but includes any of the following:

1. Interpreting or clarifying prescription drug orders;
2. Data entering and transferring of prescription drug order information;
3. Performing drug regimen review;
4. Obtaining refill and substitution authorizations;
5. Performing therapeutic interventions; and
6. Providing clinical drug information concerning a patient's prescription.

(c) "Drug regimen review" means an evaluation of prescription drug orders and patient profile records for:

1. Known allergies;
2. Rational therapy-contraindications;
3. Reasonable dose and route of administration;
4. Reasonable directions for use;
5. Duplication of therapy;
6. Drug-drug interactions;
7. Drug-food interactions;
8. Proper utilization, including over-utilization or under-utilization.

(3) The Board may approve a request for off-site order entry based on a presentation before the Board.

(4) The supervising pharmacist or the permit holder of the pharmacy shall submit a written request for off-site order entry a minimum of 30 days prior to the Board meeting at which the pharmacy seeks Board approval.

(a) The request shall be accompanied by a policy and procedure manual for off-site order entry which shall be maintained at all pharmacies involved in off-site order entry and be available for

inspection. Each pharmacy is required to maintain only those portions of the policy and procedure manual that relate to that pharmacy's operations. The manual shall:

1. Outline the responsibilities of each of the pharmacies;
 2. Include a list of the name, address, and telephone numbers of the pharmacies involved in off-site prescription order entry; and
 3. Include policies and procedures for:
 - (i) Patient confidentiality and full compliance with HIPAA requirements;
 - (ii) Maintenance of appropriate records to identify the name(s), initials, or identification code(s) and specific activity(ies) of each pharmacist or pharmacy technician who performed any processing and the store it was processed in;
 - (iii) Mechanism for tracking the prescription drug order during each step of the dispensing process;
 4. Specify that a pharmacist holding a current license in good standing or a pharmacy technician working under the direct supervision of a pharmacist shall enter prescription drug orders at a location that is a duly licensed pharmacy.
 5. Comply with federal and state laws and regulations; and
 6. Include procedures for annually reviewing the written policies and procedures for needed modification with documentation of such review.
- (5) General requirements.
- (a) A Pharmacy may utilize the services of an off-site order entry pharmacy provided the pharmacies:
1. Share a common electronic file or have appropriate technology to allow access to sufficient information necessary or required to process a non-dispensing function; and have;
 2. The same owner; or
 3. Entered into a written contract or agreement which outlines the services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with federal and state laws and regulations.
- (6) All pharmacies involved in off-site order entry approved by the Board shall comply with all applicable provisions of the Alabama Pharmacy Practice Act and/or Board Rule. Nothing in this Rule shall expand allowable duties of pharmacy technicians as set forth in Board Rule 680-X-2.14.
- (7) Off-site order entry may only be performed by pharmacies to whom a permit has been issued by the Board and which permit is in good standing.
- (8) Notifications to patients.
- (a) A pharmacy that outsources off-site prescription order entry to another pharmacy shall prior to outsourcing their prescription:
1. Notify patients that prescription processing may be outsourced to another pharmacy; and
 2. Give the name of that pharmacy; or if the pharmacy is part of a network of pharmacies under common ownership and any of the network pharmacies may process the prescription, the patient shall be notified of this fact. Such notification may be provided through a one-time written notice to the patient or through use of a sign in the pharmacy.
- (9) Records.
- (a) All pharmacies shall maintain appropriate records, which identify, by prescription drug order, the name(s), initials or identification code(s) of each pharmacist or pharmacy technician who performs a processing function for a prescription drug order. Any record generated in this

process whether in a hard copy or electronic format shall be maintained for a minimum period of two years from the last date of entry. Such records may be maintained:

1. Separately by each pharmacy and pharmacist; or
2. In a common electronic file as long as the records are maintained in such a manner that the data processing system can produce a printout which lists the functions performed by each pharmacy and pharmacist.

(10) In the operation of the off-site order entry, patient confidentiality and full compliance with HIPAA requirements shall be observed at all times.

(11) This rule does not apply to or allow any step of processing a prescription to be performed outside the physical premises of a pharmacy holding a permit with the Alabama State Board of Pharmacy. The following are expressly prohibited:

(a) Work from home, work from call centers, and work from portable or hand held computers operated outside a location holding a permit with the Alabama State Board of Pharmacy. The Board of Pharmacy may at any time audit the records of any pharmacy holding a permit to ensure compliance with this provision.

(12) Each hard copy prescription must be readily retrievable. Neither the original hard copy prescription, nor a scanned image of the original prescription shall be assigned more than one prescription number. Prescription numbers shall be sequential and shall only be used for numbering prescriptions; specifically they may not be created or used for billing or accounting purposes absent the dispensing of a prescription drug.

Author: Herb Bobo, R.Ph., Secretary

Statutory Authority: §34-23-92, Code of Alabama 1975

Adopted: September 4, 2009; Effective November 1, 2009.

From Florida

64B16-27.1001 Practice of Pharmacy.

Those functions within the definition of the practice of the profession of pharmacy, as defined by Section 465.003(13), F.S., are specifically reserved to a pharmacist or a duly registered pharmacy intern in this state acting under the direct and immediate personal supervision of a pharmacist. The following subjects come solely within the purview of the pharmacist.

- (1) A pharmacist or registered pharmacy intern must:
 - (a) Supervise and be responsible for the controlled substance inventory.
 - (b) Receive verbal prescriptions from a practitioner.
 - (c) Interpret and identify prescription contents.
 - (d) Engage in consultation with a practitioner regarding interpretation of the prescription and date in patient profile.
 - (e) Engage in professional communication with practitioners, nurses or other health professionals.
 - (f) Advise or consult with a patient, both as to the prescription and the patient profile record.
- (2) When parenteral and bulk solutions of all sizes are prepared, regardless of the route of administration, the pharmacist must:

- (a) Interpret and identify all incoming orders.
 - (b) Mix all extemporaneous compounding or be physically present and give direction to the registered pharmacy technician for reconstitution, for addition of additives, or for bulk compounding of the parenteral solution.
 - (c) Physically examine, certify to the accuracy of the final preparation, thereby assuming responsibility for the final preparation.
 - (d) Systemize all records and documentation of processing in such a manner that professional responsibility can be easily traced to a pharmacist.
- (3) Only a pharmacist may make the final check of the completed prescription thereby assuming the complete responsibility for its preparation and accuracy.
- (4) The pharmacist, as an integral aspect of dispensing, shall be directly and immediately available to the patient or the patient's agent for consultation and shall not dispense to a third party. No prescription shall be deemed to be properly dispensed unless the pharmacist is personally available.
- (5) The pharmacist performing in this state any of the acts defined as "the practice of the profession of pharmacy" in Section 465.003(13), F.S., shall be actively licensed as a pharmacist in this state, regardless of whether the practice occurs in a permitted location (facility) or other location.
- (6) The pharmacist may take a meal break, not to exceed 30 minutes in length, during which the pharmacy department of a permittee shall not be considered closed, under the following conditions:
- (a) The pharmacist shall be considered present and on duty during any such meal break if a sign has been prominently posted in the pharmacy indicating the specific hours of the day during which meal breaks may be taken by the pharmacist and assuring patients that a pharmacist is available on the premises for consultation upon request during a meal break.
 - (b) The pharmacist shall be considered directly and immediately available to patients during such meal breaks if patients to whom medications are delivered during meal breaks are verbally informed that they may request that a pharmacist contact them at the pharmacist's earliest convenience after the meal break, and if a pharmacist is available on the premises during the meal break for consultation regarding emergency matters. Only prescriptions with the final certification by the pharmacist may be delivered.
 - (c) The activities of registered pharmacy technicians during such a meal break shall be considered to be under the direct and immediate personal supervision of a pharmacist if the pharmacist is available on the premises during the meal break to respond to questions by the technicians, and if at the end of the meal break the pharmacist certifies all prescriptions prepared by the registered pharmacy technicians during the meal break.
- (7) The delegation of any duties, tasks or functions to registered pharmacy interns and registered pharmacy technicians must be performed subject to a continuing review and ultimate supervision of the pharmacist who instigated the specific task, so that a continuity of supervised activity is present between one pharmacist and one registered pharmacy technician. In every pharmacy, the pharmacist shall retain the professional and personal responsibility for any delegated act performed by registered pharmacy interns and registered pharmacy technicians in the licensee's employ or under the licensee's supervision.

From Oklahoma

535:15-3-16. Adequate staffing rules for pharmacists and pharmacies

- (a) Adequate staffing to safely fill prescriptions is the responsibility of the pharmacy, the pharmacy manager, and the pharmacist. If conditions exist that could cause prescriptions to be filled in an unsafe manner they shall take action to correct the problem.
- (b) In order to ensure adequate staffing levels there shall be a staffing report form available in each pharmacy. A copy of this form, when executed, will be given to the immediate supervisor and a copy must remain in the pharmacy for Board inspection.
 - (1) Such form shall include, but not be limited to the following:
 - (A) Date and time the inadequate staffing occurred;
 - (B) Number of prescriptions filled during this time frame;
 - (C) Summary of events; and
 - (D) Any comments or suggestions.
 - (2) Such forms are not to be sent to the Board.
- (c) A pharmacist shall complete the staffing report form when:
 - (1) A pharmacist is concerned regarding staffing:
 - (A) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,
 - (B) excessive workload;
 - (2) Filling out the form may enable management to make a better decision concerning staffing.
- (d) If the pharmacy manager feels the situation warrants earlier Board review the pharmacy manager should inform the Board.
- (e) Each pharmacy shall review completed adequate staffing forms and address any issues described as well as documenting any corrective action taken or justification for inaction to assure continual self-improvement. If issue is not staffing related, describe what measures are being taken to address the issue.
- (f) Each pharmacy shall retain completed adequate staffing forms until reviewed and released by the Board. Such forms requiring further review may be held by the Board and may become part of an investigation file.
- (g) A registrant including pharmacy, a pharmacy manager, or a pharmacist shall not be subject to discipline by the employing pharmacy for completing a staffing report form in good faith.

[Source: Added at 22 Ok Reg 2172, eff 7-1-05]

From New Jersey

§ 13:39-6.4 Meal or restroom breaks

(a) A sole pharmacist on duty may take restroom breaks and 30-minute meal breaks while working in a pharmacy consistent with the following requirements:

1. The pharmacist shall remain in the pharmacy or, in the case of a pharmacy department, in the pharmacy department building, and shall be accessible for emergencies or for counseling, if requested;

2. The pharmacy shall remain open during the restroom or meal breaks, provided a pharmacy employee remains present in the pharmacy, for patient related services, which include, but are not limited to, the following:

- i. The receipt of new written prescriptions; and
 - ii. The dispensing of prescription medications which have been checked by the pharmacist;
- and

3. A sign shall be posted in the prescription dispensing area stating "Pharmacist on break, but available for emergencies and counseling."

From Texas

Per Texas Executive Director - Policy Statement was adopted by the Board in 2003. This is not a law or rule but simply a statement that outlines that the Board supports these principals and encourages employers to provide lunch breaks, good working conditions, etc. This statement was adopted after advice from our legal staff that TSBP does not have the authority to mandate working conditions such as lunch breaks, etc.

The Lunch Break Rules were adopted by the Board in June 2000. This rule doesn't mandate a break but it allows a pharmacist to leave the pharmacy for a period of time and allows pharmacy technicians to remain in the pharmacy. This rule requires the pharmacist to be on-site. If the pharmacist wants to leave the building for lunch, etc., the prescription department would have to be closed while the pharmacist is gone.

TEXAS STATE BOARD OF PHARMACY
POSITION STATEMENT REGARDING
WORKING CONDITIONS AND COMMUNICATION IN PHARMACIES

It is the purpose of this "Statement on Working Conditions and Communication in Pharmacies" to promote the well-being of patients, and to help ensure licensees' compliance with Board Rules relating to the operational standards of Class A, B, and C Pharmacies, specifically Board Rules 291.32(b)(1)(A), 291.53(b)(1)(A) and 291.73(b)(1)(C), which relate to adequate staffing in Class A, B, and C Pharmacies.

The Texas State Board of Pharmacy (TSBP) has received numerous letters and telephone calls from pharmacists regarding the inadequate conditions and environment in the pharmacies in which they work. Frequently, the comments involve the following issues:

- a pharmacist's inability to take periodic breaks, such as a breaks for meals and basic human needs, especially when working long hours; and
- the inability of a pharmacy manager or pharmacist-in-charge (who is not the owner of the pharmacy) to make decisions about the operation of the pharmacy, such as the employment of a sufficient number of trained, support staff to meet the needs of the pharmacy's patients.

TSBP recognizes that unsatisfactory working conditions in a pharmacy may involve a two-fold problem: (1) unsupportive employers; and (2) pharmacists who are allowed to take meal and rest breaks, but do not, due to a myriad of reasons. However, in the interest of the health, safety and welfare of the public and the pharmacists who are caring for the public, TSBP issues the following position statement:

- TSBP supports the concept that meal and rest breaks are basic conditions of employment in a pharmacy. Accordingly, TSBP encourages all employers to provide reasonable breaks during a regular workday for meals and rest.
- TSBP encourages all pharmacists to take meal and rest breaks when permitted. If the pharmacy has only one pharmacist on duty, appropriate measures must be taken to ensure the security of the prescription drugs in the pharmacy when the pharmacist is absent.
- TSBP discourages employers from establishing working conditions that tend to increase the stress on the dispensing pharmacists, such as setting quotas on the number of prescriptions that a pharmacist is required to dispense per hour in order to keep from being terminated or to achieve a favorable performance evaluation.
- TSBP encourages employers to empower the pharmacist-in-charge to make decisions regarding the pharmacy's working environment, such as being able to employ additional support staff if needed.
- TSBP encourages employers to increase the opportunities for communication between employees and management. TSBP encourages employers to establish written policies and procedures to promote communication between employees and management. Such policies and procedures should permit a pharmacist to make written requests of management regarding working conditions and expect a reasonably timely response to such request.
- TSBP encourages employers to establish peer review committees (composed of employee pharmacists and management) to hear and make decisions regarding employee concerns relating to working conditions and other practice issues.
- TSBP encourages pharmacists to recommend policies and procedures to employers to enhance the efficiency and effectiveness of the pharmacy.

In summary, TSBP encourages pharmacists to be valuable employees and pharmacy owners to be good employers.

TEXAS ADMINISTRATIVE CODE
TITLE 22 EXAMINING BOARDS
PART 15 TEXAS STATE BOARD OF PHARMACY
CHAPTER 291 PHARMACIES
SUBCHAPTER B COMMUNITY PHARMACY (CLASS A)

RULE §291.33 Operational Standards

XXX

(b) Environment.

XXX

(3) Temporary absence of pharmacist.

(A) On-site supervision by pharmacist.

(i) If a pharmacy is staffed by only one pharmacist, the pharmacist may leave the prescription department for short periods of time without closing the prescription department and removing pharmacy technicians, pharmacy technician trainees, and other pharmacy personnel from the prescription department provided the following conditions are met:

(I) at least one pharmacy technician remains in the prescription department;

(II) the pharmacist remains on-site at the licensed location of the pharmacy and is immediately available;

(III) the pharmacist reasonably believes that the security of the prescription department will be maintained in his or her absence. If in the professional judgment of the pharmacist, the pharmacist determines that the prescription department should close during his or her absence, then the pharmacist shall close the prescription department and remove the pharmacy technicians, pharmacy technician trainees, and other pharmacy personnel from the prescription department during his or her absence; and

(IV) a notice is posted which includes the following information:

(-a-) the pharmacist is on a break and the time the pharmacist will return; and

(-b-) pharmacy technicians may begin the processing of prescription drug orders or refills brought in during the pharmacist's absence, but the prescription or refill may not be delivered to the patient or the patient's agent until the pharmacist verifies the accuracy of the prescription.

(ii) During the time a pharmacist is absent from the prescription department, only pharmacy technicians who have completed the pharmacy's training program may perform the following duties, provided a pharmacist verifies the accuracy of all acts, tasks, and functions performed by the pharmacy technicians prior to delivery of the prescription to the patient or the patient's agent:

(I) initiating and receiving refill authorization requests;

(II) entering prescription data into a data processing system;

(III) taking a stock bottle from the shelf for a prescription;

(IV) preparing and packaging prescription drug orders (i.e., counting tablets/capsules, measuring liquids and placing them in the prescription container);

(V) affixing prescription labels and auxiliary labels to the prescription container; and

(VI) prepackaging and labeling prepackaged drugs.

(iii) Upon return to the prescription department, the pharmacist shall:

(I) conduct a drug regimen review as specified in subsection (c)(2) of this section; and

(II) verify the accuracy of all acts, tasks, and functions performed by the pharmacy technicians prior to delivery of the prescription to the patient or the patient's agent.

(iv) An agent of the pharmacist may deliver a previously verified prescription to the patient or his or her agent provided a record of the delivery is maintained containing the following information:

- (I) date of the delivery;
- (II) unique identification number of the prescription drug order;
- (III) patient's name;
- (IV) patient's phone number or the phone number of the person picking up the prescription; and
- (V) signature of the person picking up the prescription.

(v) Any prescription delivered to a patient when a pharmacist is not in the prescription department must meet the requirements for a prescription delivered to a patient as described in subsection (c)(1)(F) of this section.

(vi) During the times a pharmacist is absent from the prescription department a pharmacist intern shall be considered a registered pharmacy technician and may perform only the duties of a registered pharmacy technician.

(vii) In pharmacies with two or more pharmacists on duty, the pharmacists shall stagger their breaks and meal periods so that the prescription department is not left without a pharmacist on duty.

(B) Pharmacist is off-site.

(i) The prescription department must be secured with procedures for entry during the time that a pharmacy is not under the continuous on-site supervision of a pharmacist and the pharmacy is not open for pharmacy services.

(ii) Pharmacy technicians and pharmacy technician trainees may not perform any duties of a pharmacy technician or pharmacy technician trainee during the time that the pharmacist is off-site.

(iii) A pharmacy may use an automated storage and distribution device as specified in subsection (i) of this section for pick-up of a previously verified prescription by a patient or patient's agent, provided the following conditions are met:

- (I) a notice is posted which includes the following information:
 - (-a-) the pharmacist is off-site and not present in the pharmacy;
 - (-b-) no new prescriptions may be prepared at the pharmacy but previously verified prescriptions may be delivered to the patient or the patient's agent; and
 - (-c-) the date/time when the pharmacist will return.
- (II) the pharmacy must maintain documentation of the absences of the pharmacist(s); and
- (III) the prescription department is locked and secured to prohibit unauthorized entry.

(iv) An agent of the pharmacist may deliver a previously verified prescription to a patient or patient's agent during short periods of time when a pharmacist is off-site, provided the following conditions are met:

- (I) short periods of time may not exceed two consecutive hours in a 24 hour period;
- (II) a notice is posted which includes the following information:
 - (-a-) the pharmacist is off-site and not present in the pharmacy;
 - (-b-) no new prescriptions may be prepared at the pharmacy but previously verified prescriptions may be delivered to the patient or the patient's agent; and
 - (-c-) the date/time when the pharmacist will return.
- (III) the pharmacy must maintain documentation of the absences of the pharmacist(s); and
- (IV) the prescription department is locked and secured to prohibit unauthorized entry.

(v) During the time a pharmacist is absent from the prescription department and is off-site, a record of prescriptions delivered must be maintained and contain the following information:

- (I) date and time of the delivery;
- (II) unique identification number of the prescription drug order;
- (III) patient's name;
- (IV) patient's phone number or the phone number of the person picking up the prescription; and

- (V) signature of the person picking up the prescription.

(vi) Any prescription delivered to a patient when a pharmacist is not on-site at the pharmacy must meet the requirements for a prescription delivered to a patient as described in subsection (c)(1)(F) of this section.

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