



Community Pharmacy and Telepharmacy Security (DrugSafeBC)

Purpose

This Regulatory Statement provides information and guidance to help community pharmacies and telepharmacies meet the security requirements established in the College bylaws under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA Bylaws”), and establishes the form of the declaration required under section 26(4) of the PODSA Bylaws when a pharmacy does not stock or dispense Schedule IA drugs.

Background

The DrugSafeBC program of the College was introduced more than 10 years ago to deter pharmacy robberies. The program is organized around the requirements for all community pharmacies and telepharmacies to have time-delay safes for storing narcotic drugs and clearly display College-provided narcotic security signage.

Requirements

Requirements related to physical security, reporting obligations, and operational safeguards designed to protect drug inventory and personal health information are set out in the following PODSA Bylaw provisions:

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| Section 1 | Definition of “pharmacy security”. |
| Section 18(2)(c)(iii) | Manager must establish policies and procedures for pharmacy security. |
| Section 18(2)(e) | Manager must ensure staff are trained in policies and procedures. |
| Section 18(2)(l) | Manager must ensure safe and secure storage of all Schedule I, Schedule II, and Schedule III drugs and controlled drug substances. |
| Section 18(2)(t) | Manager must notify registrar, in the form and manner required by the registrar and containing the information required by the registrar, of any incident of loss or theft of a narcotic or other controlled drug substance within 24 hours of discovery. |

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| Section 18(2)(aa) | Manager must notify registrar of persistent non-compliance by a direct owner or an indirect owner with their obligations under these bylaws. |
| Section 18(7) | <p>Direct owners and indirect owners must ensure</p> <ul style="list-style-type: none"> • compliance with security policies and procedures, and • safe and secure storage of scheduled drugs and controlled drug substances. |
| Section 26 | <p>Pharmacy must</p> <ul style="list-style-type: none"> • keep Schedule IA drugs in time delay locked safe in dispensary, • install and maintain security camera system, and • install and maintain motion sensors in dispensary. <p>When no full pharmacist is present and the premises in which the pharmacy is located are accessible to persons who are not professional licensees, the pharmacy must be secured in specified ways.</p> <p>Telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the dispensary or any area where personal health information is stored.</p> <p>Pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter, signage provided by the College (except a pharmacy that is never open to the public and has no external signage identifying it as a pharmacy).</p> <p>The manager, direct owner or indirect owner of a community pharmacy or telepharmacy that does not stock Schedule IA drugs must complete a declaration in the form required by the registrar for this purpose, attesting that Schedule IA drugs are never stocked on, or dispensed from, the premises.</p> |

Commentary and Recommendations

1. Written Policies and Procedures

The pharmacy security policies and procedures should be included in the pharmacy’s policy and procedures documentation. The security policies and procedures should address the following:

- Staff training
- Security equipment
- Emergency response
- Incident review
- Security evaluation

2. Staff Training

Staff training is critical both to prevent and respond effectively to security breaches. Training includes initial training and periodic review/refresher of skills.

Pharmacy managers should ensure that all staff receive initial and annual refresher training on pharmacy security policies and procedures. Training should include instruction on:

- Operation of security equipment (e.g., cameras, alarms, safes).
- Procedures for responding to a security breach.
- Recognition and management of potential precursors to robbery (e.g., suspicious behaviour, phishing-style calls).

3. Notification Procedures

As required under the PODSA Bylaws, pharmacy managers must notify the registrar within 24 hours of any incident involving the loss or theft of narcotic or controlled drug substances. Notification should be submitted through the Robbery Prevention Portal in e-Services under the “report an incident” tab.

Reportable incidents include but are not limited to the following:

- Robbery or attempted robbery
- Break and enter
- Forgery
- Theft
- Unexplained or adulterated drug loss

As required under the PODSA Bylaws, within 10 days of a reportable incident pharmacy managers must also submit a copy of the mandatory Health Canada report (Form HC 4010 or HC 4004) through the Robbery Prevention Portal, which must contain the complete inventory of drugs (including the drug count) that were taken or diverted.

Pharmacy managers should immediately notify the direct owner and indirect owners if minimum security requirements required under the PODSA Bylaws cannot be met.

If compliance is not restored within a reasonable timeframe, the pharmacy’s manager must report persistent non-compliance to the registrar in accordance with the PODSA Bylaws. This notification should be provided to the College via the complaints line or email (604-733-2440 / 1-800-633-1940 / concerns@bcpharmacists.org).

4. Pharmacy Security Equipment

Safe

- Must be an actual heavy-duty metal safe. “Narcotics cabinets” are not acceptable.
- Must be securely anchored in place, preferably to the floor of the dispensary.
- Must remain closed except when items are being placed in or removed.
- It is never appropriate for the safe to be left open. This would defeat the purpose of the time delay lock security measure.

Security Camera System

- Must be able to capture images of sufficient clarity to allow law enforcement to identify individuals.
- Higher frame rates and resolution are better for identification.
- Under the *Personal Information Protection Act*, pharmacies must post visible and clear signage informing clients and the public that the premises are being monitored by camera.
- Additional guidance on camera use is available from the Office of the Information and Privacy Commissioner.

Motion Sensors

- 360-degree ceiling-mounted motion detectors are recommended to avoid blind spots that may occur with wall-mounted motion detectors.

Monitored Alarm Systems

- Independent alarms for the dispensary are optional if a full pharmacist is present at all times and the premises are accessible by non-registrants.

Physical Barriers

- Physical barriers provide an additional layer of security. They deter unauthorized access to drugs, including Schedule I and II drugs and controlled substances. They deter unauthorized access to personal health information, including hard copy prescriptions, prepared prescription products awaiting pick up, and labels, profiles, and other documents awaiting disposal.
- Physical barriers can be tailored to the needs and structure of the particular community pharmacy or telepharmacy. Examples of physical barriers include locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. The physical barriers should prevent access.
- Physical barriers are optional if a full pharmacist is present at all times. For telepharmacies, a full pharmacist is considered present when engaged in direct supervision of the telepharmacy.

Signage

- The College provides the mandatory signage to new pharmacies at the time the pharmacy licence is issued. Additional signage may be ordered through e-Services. Signage provides a consistent province-wide deterrent message that additional layers of security are in place. It is critical that all pharmacies comply with this requirement to ensure that their pharmacy does not become a “soft target”.

5. Emergency Response Kit

An emergency response kit should be available to all pharmacy staff. It should include a step-by-step guide outlining the actions to take in the event of a robbery or break and enter.

Pharmacy robberies and break and enters can be very stressful and traumatic events for pharmacy staff. Having an accessible and plain language step-by-step guide on what do if such an event occurs can help pharmacy staff take the steps necessary to appropriately respond to the situation.

Direct owners and indirect owners should ensure that critical stress debriefing and counseling are offered to staff as soon as possible following a security incident.

6. Incident Review

Pharmacies should conduct an annual review of security incidents to identify concerns or trends.

Pharmacies should maintain a privacy breach response plan consistent with section 18 of Schedule E.6 of the College bylaws under the *Health Professions and Occupations Act* (“HPOA”). The plan should address:

- Notification of affected individuals.
- Notification of relevant health care providers.
- Notification to the College.
- Notification to the Information and Privacy Commissioner of British Columbia.

7. Pharmacy Security Evaluation

Pharmacies should conduct an annual security evaluation to identify risks and determine necessary improvements.

8. Declarations

Pharmacies that do not stock Schedule IA drugs must submit a declaration using the template in the Appendix to this Regulatory Statement.

Disclaimer: The information provided in this Regulatory Statement reflects the College's approach to interpreting and applying the referenced bylaw requirements. This Regulatory Statement does not constitute legal advice. The College assumes no responsibility or liability to any person who relies on the information in this Regulatory Statement and the College disclaims all liability regarding such information. Persons intending to act on the basis of information provided in this Regulatory Statement are encouraged to first obtain independent legal advice from a lawyer who is authorized to practice law in British Columbia and is familiar with the person's circumstances.

Legislation

- HPOA s. 72(2)
- HPOA bylaws s. 117
- HPOA bylaws, Schedule E.6 – Practice Standards: Licensee Records s. 18
- PODSA s. 7.1, s. 21(1)
- PODSA Bylaws s. 1, s. 18 and s. 26
- *Personal Information Protection Act*, S.B.C. 2003, c. 3

Additional Information

This Regulatory Statement replaces and supersedes Professional Practice Policy-74.

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APPENDIX

DECLARATION

Pursuant to section 26(4) of the bylaws of the College of Pharmacists of British Columbia (the “College”) under the *Pharmacy Operations and Drug Scheduling Act*,

I _____ ,
(print name of individual who is signing below)

in respect of the pharmacy operating under the name

(print business name of pharmacy)

and owned by

(print legal name of pharmacy owner)

declare as follows:

1. That Schedule IA drugs are never stocked or dispensed at the above-identified pharmacy, and that I understand non-compliance with this Declaration may result in referral to the Investigation Committee of the College.
2. That in the event that the terms of the declaration above are no longer valid, I will notify the Registrar of the College immediately and will take action in advance to ensure that, pursuant to sections 26(1)(a) and 26(3) of the College bylaws under the *Pharmacy Operations and Drug Scheduling Act*, a safe will be installed and the College-provided signage will be displayed.

Signature

Date (mm/dd/yyyy)

I make this declaration as *(check all that apply)*

- the direct owner (or authorized representative of the direct owner)
- an indirect owner
- the manager

of the above-identified pharmacy.