



Safeguarding patients: guidance during the ongoing COVID-19 pandemic

Background

Safeguarding children and adults with care and support needs from abuse and neglect is a priority for all community pharmacy teams. Colleagues play an essential role in identifying and escalating safeguarding issues, whether this be raising concerns or directing patients to appropriate sources of help and support.

Safeguarding has remained a priority throughout the ongoing COVID-19 pandemic. However, there are concerns that some people may have become more vulnerable to abuse and neglect as a direct result of the changes caused by the pandemic situation. This paper has been developed by the Community Pharmacy Patient Safety Group (CPPSG), a cross-sector group comprising of the 17 largest community pharmacy organisations, as well as the National Pharmacy Association and Numark. This paper highlights important safeguarding issues which pharmacy teams should be aware of and provides advice and guidance for dealing with safeguarding concerns. Further information and resources are available at the end of this document.

This paper is based on learnings from the ongoing pandemic situation; many of these learnings may also be relevant and applicable to future crisis situations.

Impact of the COVID-19 pandemic

- Vulnerable people may be more likely to experience neglect as the workload of health and social care professionals increases. This may be exacerbated by isolation from friends, family and carers, especially during lockdown situations and instances where family members and friends are not able to visit.
- Adults with care and support needs may be more vulnerable to exploitation based on their age, disability, mental or physical impairment or illness. Those living alone in the community may be more isolated and therefore more vulnerable to criminal activity by scammers and fraudsters.
- There have been reports of increased levels of domestic abuse during the pandemic and these concerns continue to be raised.
- Whilst schools and colleges have now re-opened there are still a significant number of children who are not attending on a regular basis either because of parental decision making or the need to self-isolate when classmates test positive. This has resulted in some young people spending more time at home. In such circumstances, some children will have become more vulnerable to abuse. This could include neglect, physical, emotional, or sexual abuse as well as online grooming. This is exacerbated when children and young people are not being physically seen by professionals (such as teachers or GPs).

Changes to community pharmacy during the COVID-19 pandemic

During the COVID-19 pandemic all community pharmacy teams have updated their processes to ensure the safety of staff and patients.

Whilst the variability of the situation means processes are under constant review, it is apparent that this continues to result in less contact and therefore less visibility of potential issues for some patients. For example, changes in delivery processes have seen medicines left safely and their collection observed from a safe distance. In such circumstances, delivery drivers should be encouraged to escalate safeguarding concerns internally (this could, for example, include physical signs of abuse or neglect).

Despite changes to processes, safeguarding the health and wellbeing of patients remains a priority and pharmacy teams should continue to act on and escalate concerns, where appropriate.



Raising concerns: Advice for pharmacy teams

Care Homes

In some settings, including care homes, a reduced number of safeguarding referrals have been reported. This may be due to less contact with healthcare professionals, an increase in staff workload, or a reduction in the number of visitors to the home, who in normal situations, may have raised concerns about the welfare of patients.

Pharmacy teams have an important role to play in safeguarding. They should pay particular attention to the points below, which might be an early warning that something isn't quite right.

- Lack of signatures on Medicine Administration Record (MAR) charts
- Non-administration of medicines on MAR charts
- Standards of record keeping
- Large amounts of medicines returned for destruction
- Over-ordering of medication
- Not ordering medicines in time
- Not collecting acute medications
- Inadequate staff training
- Communication issues with the home, for example queries not responded to
- Concerns raised by delivery drivers.

What can pharmacy teams do to help?

- Discuss concerns with the Care Home staff nurse/manager. In some circumstances there may be valid reasons for changes to medicine supply, for example medicines may have been stopped by a GP.
- Discuss concerns with GP/prescriber.
- Discuss concerns with family.
- Discuss concerns with PSO.

Domestic abuse

Some people living with an abusive partner or family member have seen an escalation in domestic abuse, violence or coercive control during the pandemic.¹ This may be a result of added tensions and frustration caused by social isolation, working from home, anxiety and uncertainty caused by the ongoing pandemic. The tensions may be further increased where families are living in cramped or temporary accommodation or have additional financial worries or anxiety about their health, food, schooling or education, alcohol, medication or illicit drugs.

People who are experiencing abuse may not report it for many reasons including; normalisation of abuse; shock, self-doubt, fear of retaliation or fear of the consequences of reporting a problem (e.g. economic consequences); shame; low self-esteem; language barriers or immigration status. As COVID-19 cases increased, some people may also have had concerns that emergency services are too stretched to deal with their concerns. Alternatively, they may be hesitant about adding to the workload of emergency service staff. Colleagues should be mindful of this as second waves of coronavirus emerge and/or localised lockdowns are enacted.

¹ Pharmacy teams should be aware that domestic abuse is not always physical violence. It can also include; coercive control and 'gaslighting', economic abuse, online abuse, threats and intimidation, emotional abuse, and sexual abuse. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality, or background.



Continuing restrictions on numbers of people who can meet may result in fewer visitors to the household, which may also mean that evidence of domestic abuse goes unnoticed. Pharmacy teams should pay particular attention to the following issues, which may indicate domestic abuse:

- Injuries without explanation.
- Injuries which are minimised or concealed.
- A partner who is unwilling to allow a patient or client to be alone with professionals.
- A patient who appears passive and dominated by their partner.
- Anxiety, depression and being withdrawn, particularly if this is not usual for the patient.²

What can pharmacy teams do to help?

- Talk to patients, even if this is over the telephone:
 - Pay particular attention to changes in behaviours which raise concerns.
 - Assess the current situation. If a person has been subjected to, or is at risk of domestic abuse, colleagues should be mindful that it may not be safe for them to talk at a particular time.
- Ensure that the patient understands that help is available if they need it and knows who to contact; for general advice/ support and in an emergency.
- Raise concerns about neglect or abuse internally, in line with their organisation's policy and procedures.
- Be discrete and vigilant about address changes. Be alert to the fact the family circumstances could change rapidly through these uncertain times so there is a need to retain confidentiality and exercise caution when transferring medicines to patients if address details have suddenly changed.

Safe spaces initiative

- Some community pharmacy businesses have introduced the '[safe spaces](#)' initiative. The scheme provides assistance to victims of domestic abuse by allowing them to access pharmacy consultation rooms to make confidential phone calls for help.
- All staff should know how to respond if they are approached for help and should respond appropriately if an individual discloses information which suggests a safeguarding issue.

Safeguarding

Here are some useful dos and don'ts when you suspect abuse and/or neglect:

Do

- Act on any concerns, suspicions, or doubts.
- In an emergency, if there is actual or immediate risk of abuse, **call 999**.
- Try to ensure the immediate safety of those concerned – but not at the risk of your own safety.
- Listen and clarify what the concern is / what has happened.
- Provide reassurance and comfort.
- Assure the person that the matter will be taken seriously.
- Ask the person what they want done.
- Explain what you will need to do and who you may need to inform.
- Try to gain consent to share information, as necessary.
- Consider the person's mental capacity to consent and seek assistance if you are uncertain.
- Respect privacy as far as possible.
- Report all your concerns in line with organisational procedures.

² Save lives, [Getting it right first time: A quick guide for professionals who don't work in domestic violence services](#), 2015



- Make an accurate written record of what has occurred and what action has been taken.

Don't

- Ignore.
- Promise confidentiality – explain how and why the information might need to be shared.
- Rush the person.
- Probe or question – just record the facts and seek clarification where necessary.
- Interview witnesses – but do record any information volunteered by them.
- Panic or show shock /disbelief.
- Be judgmental.
- Jump to conclusions.
- Approach the alleged abuser.
- Gossip - only inform others on a need to know basis.

Please remember the importance community pharmacy plays in ensuring the safety and wellbeing of our patients. Doing nothing is NEVER an option

Further information and resources

General

- Royal Pharmaceutical Society: [Professional practice quick reference guides on protecting children and young people and vulnerable adults](#) (members only)
- Social Care Institute for Excellence: [Domestic violence and abuse: Safeguarding during the COVID-19 crisis](#)
- Carers UK: [Coronavirus: guidance for carers](#)
- NSPCC: [Its your call training](#). Course for workers who visit or deliver to people's home.

England

- Age UK: [Safeguarding older people from abuse and neglect](#)
- CPPE: [e-learning module on safeguarding](#)
- Homeless link: [Safeguarding vulnerable adults](#)
- NHS England: [Safeguarding resource](#)
- CQC: [Whistleblowing guidance for providers who are registered with the Care Quality Commission](#)

Scotland

- NES: [Child protection module](#)
- Act against harm: A Scottish Government-sponsored [website that gives guidance on what to do if a vulnerable adult is at risk](#).

Wales

- Age Cymru: [Safeguarding older people in Wales from abuse and neglect](#)
- NHS Cymru: [Safeguarding children](#)
- NHS Cymru: [Safeguarding vulnerable adults](#)