

Masked Robbers Hit the Urgent Care Center

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The headline caught my attention. At 2:00pm on Tuesday, October 16, 2012, two men dressed as medical personnel—wearing blue-green scrubs, white surgical masks, and sunglasses—descended upon the pharmacy attached to an urgent care center along Texas' Gulf Coast and wielding a gun, handcuffed one employee while ordering another employee to lock the door and fill the robbers' bag with a sufficient quantity of Hydrocodone, Xanax, and Soma to treat 500 patients before fleeing in a stolen truck.¹

An isolated incident or part of a larger trend?

While there are no national statistics of medical facility robberies for drugs, robberies of pharmacies and individuals departing pharmacies, hospitals, and doctors offices with "pharmacy-type bags" in-hand are becoming increasingly common. This is a consequence of an epidemic of prescription drug abuse throughout the United States, with "cocktails" of Xanax, Lortab and Soma quickly displacing conventional "street" substances as the addict's "drugs of choice."

According to the National Institutes of Health, nearly 16 million Americans used prescription pain relievers for non-medical purposes in the past year and over 6 million are habitual abusers.² Misuse of prescription drugs is second only to marijuana in occurrence and addiction to pain killers is five times more common than cocaine, 13 times more common than methamphetamine, and 14 times more common than heroin. Not only are millions of addicts desperate to feed their own habits—considering that 60 80-mg OxyContin pills carry a street value of \$5,000—gangs and dealers are finding pharmaceutical theft to be a lucrative business.³

For customers of a bank or jewelry store, crime deterrents such as window bars, a front-door buzzer, bullet-proof glass, surveillance cameras, and armed guards might be expected. But for urgent care centers striving to create a welcoming, patient-centric experience, such visible precautions seem completely out-of-place. From the standpoint of an addict—who is likely out of his/her mind—or a calculating drug trafficker, an urgent care center could thus be a "quick and easy target."

"But my center does not keep any narcotics on the premises..."

Practices for keeping narcotics on site vary widely among urgent care centers. On one end of the spectrum are centers that refuse to prescribe or dispense any narcotics with potential for abuse or addiction—their logic is that conditions of sufficient acuity to require narcotics are better treated in an emergency room or under the watch of a primary care physician (see Exhibit 4). The other end of the spectrum includes urgent care centers that offer fully-certified pain management services ancillary to their walk-in injury/illness practices. And in the middle—most common—are practices that stock sufficient quantities of a limited number of narcotics to treat patients' immediate pain and provide patients with sufficient dosing until they can follow-up with a primary care provider. Table 1 lists prescription drugs of abuse—the most popular being Vicodin and OxyContin.

While keeping narcotics on-site requires minimal precautions including employee background checks, dual key controls, access logs, twice daily inventories, and storage in an appropriate vaulted cabinet—these precautions generally protect staff and reduce opportunities for an *inside job*.

Regardless of whether narcotics are *actually* available at a facility—the greater concern is that a prospective *outside* criminal might *perceive* drugs are available on-site. It is the perception of access to narcotics that poses danger to the urgent care operator.

Common Sense Precautions Against Drug-Related Crimes

Prospective criminals typically "case" a target before acting so the best deterrents are those that signal he/she either will be unsuccessful in stealing anything of value or will be caught in the act—both of which lead the criminal to the next target.

¹ Lee, Jane. "Masked robbers hit clinic pharmacy," *The Baytown Sun*, 16 October 2012, accessed online at www.baytownsun.com.

² Substance Abuse and Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.pdf>

³ <http://www.cnn.com/2011/HEALTH/06/03/drugstore.robberies/index.html>

Common deterrents include:

- Security cameras visible in the parking lot, at all exterior entrances, in the waiting room, front office and medical station, and in the areas where narcotics are stored. Activity should be recorded, the recorder should be in a padlocked cabinet, and access to recordings should be restricted. Keep areas well-lighted to improve recorded imagery.
- Monitored security system (which includes motion detectors and window and door sensors) to summon police in case of an after-hours burglary. Passcodes to activate/de-activate the alarm must be strictly controlled and changed on a scheduled basis. Security system should have a back-up power source and a cell phone dialing feature should power or telephone lines be cut.
- Signs on the front door indicating the name of the alarm company and that “cameras are in use.”
- Panic button or silent alarm at the front desk, in the manager’s office, and at the medical station to summon police should a robbery occur during operating hours.
- Security guard positioned in the parking lot or waiting room if a center is located in an area with high crime risk. A guard is particularly important to protect staff going to/from their cars when a center opens and closes.
- Lock all exterior doors during business hours except the main entrance used by the public and install 180-degree peepholes allowing employees to see the entire area outside of a door before opening it. Emergency exits should be alarmed and designated as such.
- Access to patient treatment areas from the waiting room should be restricted through a locked door. Only patients, family members, staff and authorized contractors should be allowed in the back and patients and visitors should never be allowed to wander unaccompanied through the center. These precautions also protect patient privacy.

As part of “casing” a practice, a prospective criminal may pose as a patient or contractor to assess where drugs may be present in the center. If a center does not prescribe or dispense narcotics, a notice on the front door indicating “no narcotics kept on premises” (see Exhibit 3) can immediately lead drug seekers to “greener pastures.” Regardless of whether narcotics are present, front office staff should pay attention to activities of all individuals in the waiting room and parking lot. Suspicious individuals should be approached with a friendly greeting, “may I help you?” Making eye contact, smiling, and greeting everyone who walks through the front door is not only “welcoming,” but results in a personalization of the visit that will make prospective criminals (who desire to stay anonymous) very uncomfortable. Last thing a criminal wants is to be identified in a line-up. Staff should be trained when faced with a robber to remain calm, pay close appearance to robber’s physical appearance, activate the alarm and/or call police, and protect the crime scene. Table 2 provides more suggestions on staff activities should a robbery occur.

Conclusion

Although there are no national statistics as to medical practice robberies in the United States, anecdote and experience indicate that the odds of an occurrence like the armed robbery described in Texas at any given urgent care center are still rather slim. But because the safety, business, and emotional consequences of a robbery (and particularly a robbery “gone bad”) can be severe, urgent care operators should exercise vigilance by taking the necessary steps to deter potential criminals, to protect staff, and to assist the prosecution should a robbery take place.

Table 1: Common Prescription Drugs of Abuse

An estimated 8.0 million people aged 12 or older (3.1 percent) were current users of illicit drugs other than marijuana in 2011. The majority of these users (6.1 million persons or 2.4 percent of the population) were nonmedical users of psychotherapeutic drugs, including 4.5 million users of pain relievers, 1.8 million users of tranquilizers, 970,000 users of stimulants, and 231,000 users of sedatives.⁴ The most common prescription drugs of abuse are:

Opioids	Depressants	Stimulants
<ul style="list-style-type: none"> • Hydrocodone (Vicodin®) • Oxycodone (OxyContin®) • Oxymorphone (Opana®) • Propoxyphene (Darvon®) • Hydromorphone (Dilaudid®) • Meperidine (Demerol®) • Diphenoxylate (Lomotil®) 	<ul style="list-style-type: none"> • Pentobarbital sodium (Nembutal®) • Diazepam (Valium®) • Alprazolam (Xanax®) 	<ul style="list-style-type: none"> • Dextroamphetamine (Dexedrine®) • Methylphenidate (Ritalin® and Concerta®) • Amphetamines (Adderall®)

⁴ SAMHSA.

Table 2: What to do should an urgent care center robbery occur⁵.

Every robbery is different. The urgent care operator will need to assess him/herself, the robber, and the situation to determine the best course of action. Follows are some general tips in training employees to deal with a robbery:

While the robbery is taking place:

- Act calmly. Do exactly what the robber says, no more or no less. Keep your movements short and smooth to avoid startling the robber. Keep away from the robber and limit eye contact. Give the robber exactly what he or she asks for. Don't offer any more.
- Don't stall. The quicker the robber leaves the less chance of violence.
- Do not resist or try to be a hero. Cooperate for your own safety and the safety of others. Robbers usually are excited and easily provoked. Tell the robber about any movements you plan to make.
- Activate the silent alarm if it can be done safely without alerting the robber.
- Observe carefully. Study the robber's face and clothing and note any distinguishing features including height, weight, race, hair, eyes, nose, scars, tattoos, etc. Be aware that robber might be using physical disguises, e.g., a wig, mustache, etc. Also try to remember as much as possible about the robber's voice, language, accent, mannerisms, etc. If there is more than one robber, get a good description of one before going to the others. You can get confused if you try to remember too much.
- Get a good description of any weapon used.
- Remember what was taken, where it was put, and how it was carried.
- Watch carefully for any things the robber may touch. Don't disturb or touch them. They may contain fingerprints that can help identify the robber.
- Don't block the robber's escape route from the center.

After a robbery occurs:

- Call 911 immediately after the robber leaves and follow all instructions from the dispatcher, e.g., to keep the phone line open until officers arrive. The dispatcher will probably ask for a description of the robber, his or her vehicle, and direction of escape. Be prepared to provide this information. It will be broadcast to the responding officers who may see and be able to stop the robber.
- Observe the direction of escape and the characteristics of any vehicle involved, i.e., its license, make, model, color, etc.
- Close the facility. Lock all doors and cease operations until officers arrive and conduct a preliminary investigation of the scene.
- Preserve the crime scene. Tell your employees not to touch anything the robber may have touched or otherwise contacted, and to keep away from areas where the robber had been.
- Ask all witnesses to remain until officers can interview them. Get their names and contact information if they are unable to remain. Ask to see their driver's licenses or other ID to verify this information.
- Write down everything you can remember about the robbery so you can provide the police with a good description of what happened as well as descriptions of the robber(s), vehicle(s) involved, and weapon(s) used. Have each employee involved do the same. It is important that they do this independently, i.e., without discussing the robbery with other employees.
- Make a list of all drugs that were taken.
- Report the loss of drugs to your local U. S. Drug Enforcement Agency office.
- Answer all questions of the responding officers and the robbery investigators. Have each employee involved remain in the store and do the same.
- Provide camera imagery to the police investigators. Any camera system that is installed should be designed to provide high-quality, digital imagery of the robbery.
- Offer a reward for the arrest and conviction of the robber and request that other medical facilities in your area post the notice.
- Analyze the robbery and take appropriate measure to prevent recurrence.

⁵ San Diego Police Department

Exhibit 3: Door Sign Indicating “No Narcotics Stored on Premises”

Texas MedClinic, which operates 14 walk-in facilities in Austin and San Antonio posts a sign on the front door of its centers indicating that narcotics are not stored on site. Such signage can deter potential criminals.



Exhibit 4: Waiting Room Sign Indicating “No Potentially Addictive Medications Prescribed”

Intermountain, Utah’s leading health system, posts that physicians at its 24 InstaCare urgent care facilities do not prescribe potentially addictive medications or give narcotic injections for headaches and chronic pain. This sets an expectation that “drug seekers” will not be rewarded for feigning pain symptoms.

