



Substance Use Disorder (SUD) Programs
Safe Medication Practices: Residential Services

Program Name:	Client #:
Program Address:	Status:
Date of Review:	Date of Program Admission:
County Reviewer:	
Counselor's Name:	

Medication Policy and Procedure

Receipt & Storage of Medications							
Line #		M	NM	PM	N/A	Regulations	Comments
1	Clients are required to register all prescription medication upon admission to the program and/or receipt from licensed medical healthcare provider during placement within the residential facility.					<u>DEA Title 21 USC, Controlled Substances Act</u>	
2	Program staff will secure and inventory all medications entering its facility on applicable medication logs.					<u>Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9</u>	

Receipt & Storage of Medications

Line #		M	NM	PM	N/A	Regulations	Comments
3	Client Medication Log will include at minimum: <ul style="list-style-type: none"> • Name of medication(s) • Prescribed dosage • Date filled • Name of pharmacy • Name of prescribing physician • Special instructions related to the administration of medication(s) • Signatures of client, designated program staff and date 						
4	Medication is stored in a locked cabinet in office/room that is only accessible to designated staff						
5	<u>Schedule II through V Drugs - Controlled Substances</u> must be securely locked in a substantially constructed double-locking cabinet (requiring two keys on one door or two keys for double doors).						

Procedure for Access and Consumption

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Client will arrive at the medication window with a glass of water and written list of medications to be taken					<u>DEA Title 21 USC, Controlled Substances Act</u> <u>Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9</u>	
2	Designated staff on Duty unlocks the medicine cabinet with the Medicine Cabinet Key.						
3	Client pours out the appropriate (physician instructed) number of pills onto a tray. Designated staff confirms that the number of pills to be taken is the appropriate amount prior to client consuming the medication.						
4	Before the client places a cap on any bottle of narcotic medication, client and designated staff must count the number of pills remaining in the bottle. Remaining number of pills are entered into medication log.						
5	Client places cap on the bottle which is placed into the medicine cabinet, cabinet is locked.						

Procedure for Access and Consumption							
Line #	Description	M	NM	PM	N/A	Regulations	Comments
6	Designated staff records medication access in medication log.						
7	Dispensing of narcotic medication is counter-signed by staff and client in medication log						
8	Medicine cabinet key placed in a Key Lock Box by staff and locked in cabinet						

Procedure for Access, Consumption and Disposal: Controlled Substances							
1	Schedule II through V Drugs – Must be securely locked in a substantially constructed double-locking cabinet (requiring two keys on one door or two keys for double doors).					<u>DEA Title 21 USC, Controlled Substances Act</u> <u>Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9</u>	
2	Narcotic Count – Schedule II through V drugs must be counted at the end of each work shift. The oncoming staff counts and documents while the outgoing staff verifies type and amount of medication.						
3	Narcotic Administration and Documentation – Staff must observe client self-administration and clearly document (date, time, client, dosage, route, etc.) <u>immediately after administration</u> , not at a later time or at the end of a shift. Staff documents reason for administration and carefully observe clients for adverse effects.						

4	<p>Drug Diversion If there is a discrepancy in the remaining medications within the log and medication bottle it must be reported to the Program Director immediately and an incident report is to be completed.</p> <p>An investigation shall take place to determine what occurred. Based on the outcome of the investigation, the client/staff could face disciplinary action up to and including discharge.</p>					
5	<p>Disposal of Unused/Excess Narcotics – Disposal must be witnessed and documented by the Program Director or designated representative and witnessed by one other authorized staff.</p> <p>Documentation will include at minimum:</p> <ul style="list-style-type: none"> • medication name, • strength/quantity, • date filled, • prescription number, • disposal date, • name of pharmacy, and signature of both staff. • 					
6	<p>Disposal method of unused/excess narcotics may include:</p> <ul style="list-style-type: none"> • pick-up and mail back, 					

	<ul style="list-style-type: none"> chemical destruction (in a bottle and dissolved in a liquid solution then poured into an absorbent material such as kitty litter or coffee grounds), drop-off at a pharmacy or local law enforcement agency. 						
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**Procedure for Disposal of Medications
(Excluding Controlled Substances)**

Line #	Description	M	NM	PM	N/A	Regulations	Comments
1	Disposal of medications must occur with at least one additional staff member					<u>DEA Title 21 USC, Controlled Substances Act</u> <u>Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9</u>	
2	Unused/expired medications will not be flushed down a toilet or poured into a sink or drain						
3	Unused/expired medications will be disposed in the trash in the following manner: <ol style="list-style-type: none"> Pour medication into sealable plastic bag. For solid medication in the form of pills, liquid, or capsules crush or add water to dissolve Add kitty litter, sawdust or coffee grounds to the plastic bag Seal plastic bag and place in trash Remove and destroy all identifying personal information (prescription label) from all medication containers 						

**Procedure for Disposal of Medications
(Excluding Controlled Substances)**

	before recycling or disposing of the container 5. Complete a Disposal of Medication form, staff sign/date and place in disposal log binder						
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Summary of Strengths:

<ul style="list-style-type: none"> •

Corrective Action Plan

Please refer to each section on items that have been marked as NM (Not Met) or PM (Partially Met) to be addressed in the plan of correction (POC). The POC must be submitted by _____ to Monterey County Behavioral Health (MCBH) Quality Improvement at 415QI@co.monterey.ca.us and to the MCBH Substance Use Disorder Administrator at AmeraultRE@countyofmonterey.gov. The POC will be reviewed. At minimum, the POC must have the following elements:

- Description of how you will correct each deficiency
- Who will be responsible for quality assurance
- How often the program will monitor participant records in order to ensure compliance
- Proposed Implementation Date
- If applicable, submit proof of any corrections made

Your program may be contacted if further information is required.