



Monterey County Behavioral Health Policy and Procedure

Policy Number	506
Policy Title	Control of Medications and Medical Supplies
References	<ul style="list-style-type: none">• California Business & Professions Code, Sections 2725.1, 2836.1-2836.3, 4076, 4081.4105, 4170, 4180• Code of Federal Regulations, Title 21, Section 209
Form	
Effective	July 1, 1988 Revised: July 6, 1993 Revised: January 13, 1994 Revised: July 19, 1999 Revised: December 15, 1999 Revised: March 10, 2000 Revised: August 24, 2000 Revised: May 1, 2010 Revised: January 8, 2014 Revised: May 27, 2015

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POLICY

Monterey County Behavioral Health (MCBH) and its contracted providers shall be in compliance with state and federal laws, statutes, and regulations in the access, ordering and receiving, storage, prescribing and dispensing, administration, and disposal of medications.

- I. [Access](#)
- II. [Ordering and Receiving](#)
- III. [Storage](#)
- IV. [Drug Prescribing/Dispensing](#)
- V. [Medication Administration](#)
- VI. [Drug and Sharps Disposal](#)

I. Access

1. All prescription medications and medication injection equipment (syringes, needles) will be stored in a securely locked medication room or cabinet with access, dispensing, and administration limited to legally authorized, medical staff only. Designated medical staff will be identified in writing by the clinic.
 - a. Licensed staff allowed access to securely locked medication rooms and cabinets are as follows:
 - i. Physicians

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- ii. Physician's Assistants
- iii. Pharmacists
- iv. Pharmacy Technicians
- v. Nurse Practitioners
- vi. Nurses (i.e. RN, LVN)
- vii. Psychiatric Technicians

b. Medical assistants are allowed access to securely locked medication rooms and cabinets upon the determination to allow this practice by a supervising physician (i.e. Medical Director; his/her designee if the designee is a licensed physician; or a physician directly overseeing services provided by the medical assistant).

- c. Services manager and/or unit supervisors are allowed access only:
- i. For the proper and secure storage of medications received (e.g. delivered from a pharmacy) during the absence of the absence of licensed medical staff allowed access.
 - ii. Facilities or personnel related emergencies. This does not include emergency access to medications for the purpose of prescribing, dispensing, administration, and/or disposal of medications.
 - Emergencies requiring access of services managers and/or unit supervisors to securely locked medication rooms or cabinets require reporting per the guidelines set forth in MCBH unusual incident reporting policy and procedure.

2. Keys and/or key codes that open medication rooms and cabinets are issued to authorized medically licensed personnel who are assigned to work at these sites. Keys may also be issued to medical assistants as needed upon the determination of the Medical Director, his/her designee, or a supervising physician to allow this practice. These staff members are expected to maintain possession and security of the key codes and/or keys and to return the key codes and/or keys when no longer assigned to the clinic.

- a. Key codes are to be changed within 5 business days after the end of employment of a staff member who had access to the medication room or cabinet.
- b. Locks are to be re-keyed as soon as reasonably possible if a key is lost or not returned as expected.

3. Key codes and/or a spare set of keys may be kept in each clinic by staff designated by the Services Manager for use under the following conditions:

- a. For access by reassigned licensed medical personnel in case of staffing substitutions;
- b. For access by medical assistants once the determination to allow this practice has been made by a supervising physician (i.e. Medical Director; his/her designee if

71 the designee is a licensed physician; or a physician directly overseeing services
72 provided by the medical assistant).

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- 74 c. For the proper and secure storage of medications received (e.g. delivered from a
75 pharmacy) during the absence of the licensed staff or medical assistants (if
76 allowed).
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- 78 d. For facilities or personnel related emergencies.
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80 The key codes and keys must be kept in a secure location and use of these key codes
81 and/or keys must be entered into a log. The log must contain:

- 82 i. Name of the staff member using key codes and/or keys.
83 ii. Time and date key codes and/or keys were checked out
84 iii. Reason for using the key codes and/or keys
85 iv. Time and date key codes and/or keys were checked in
86 v. Name of person verifying the return of the key codes and/or keys.
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89 **II. Ordering and Receiving**

- 90 1. Every clinic that maintains a stock of drugs must keep records of their acquisition and
91 disposition. Orders will be placed as needed by a designated medical staff member. The
92 designated staff member will also be responsible for keeping inventory. A backup staff
93 member should also be assigned during absences of designated staff member.
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- 95 2. Medications delivered to the clinic must be received by authorized personnel, and then
96 promptly and appropriately stored in the medication room.
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99 **III. Storage**

- 100 1. Drug room/storage area is secure, clean, and orderly. Drugs are stored in a manner that
101 prevents crowding and/or confusion.
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- 103 2. Internal and external medications are stored separately.
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- 105 3. Germicides, cleaning agents and tested reagents are stored separately from all drugs.
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- 107 4. Drugs stored at room temperature are between 59°F and 86°F.
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- 109 a. Medication room temperatures shall be logged at least on a weekly basis on the
110 Medication Room Temperature Log form.
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- 112 b. The clinic's services manager and/or unit supervisor will be contacted immediately
113 for any out-of-range temperatures and actions taken will be documented on the
114 Refrigerator Temperature Log form.
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- 116 c. Refrigerator Temperature Logs should be retained for three years.
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- 118 5. Drugs requiring refrigeration are stored in a refrigerator between 36°F and 46°F.
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120 a. Refrigerator temperatures shall be logged at least on a weekly basis on the
121 Refrigerator Temperature Log form.
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123 b. The clinic's services manager and/or unit supervisor will be contacted immediately
124 for any out-of-range temperatures and actions taken will be documented on the
125 Refrigerator Temperature Log form.
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127 c. Refrigerator Temperature Logs should be retained for three years.
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- 129 6. If any vaccines are stored in refrigerators, storage and handling must be in compliance
130 with the Center for Disease Control (CDC) guidelines. Refrigerator temperatures must be
131 logged at the beginning and end of each working day. Vaccines cannot be stored in
132 dormitory-style refrigerators.
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- 134 7. Drugs shall not be stored in a refrigerator with any food or lab specimens. However, in an
135 emergency, drugs may be stored in a closed container separated from food, and clearly
136 labeled "DRUGS".
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- 138 8. Patient's own medications are properly stored, clearly labeled, and separated from clinic
139 stock.
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- 141 9. Drug containers are not cracked, soiled, or without secure closures.
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- 143 10. Expired, contaminated, or deteriorated drugs are not available for use.
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- 145 11. Expired and returned drugs are properly disposed of in accordance with written
146 procedures.
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- 148 12. Appropriate quantities of commonly used drugs are on hand for immediate use.
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- 150 13. All multiple dose injectable medications will be initialed and have the expiration date
151 recorded on the label when opened. Once opened, multiple dose vials expire in 28 days.
152 Any open vial that appears to be contaminated or discolored should be discarded and not
153 be used.
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- 155 14. Medication expiration dates will be checked and documented on a monthly basis by a
156 designated person with legal access to the medication room.
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- 158 15. Prescription blanks are stored in a secure location inaccessible to patients.
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- 160 16. Controlled substances:
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162 a. Controlled substance stock shall be stored in a locked cabinet in the medication
163 room.
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- 165 b. A separate record must be kept of all controlled substances stocked in the
166 medication room with notations for each dose administered or dispensed.
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168 c. Each site physician who dispenses controlled substances must have an individual
169 DEA certificate on file. Controlled drugs are accessible only to specific personnel
170 designated in writing by the clinic.
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172 d. Controlled substances dispensed (for clients to take home) from floor stock shall
173 be reported to California Department of Justice CURES program.
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176 **IV. Drug Prescribing/Dispensing**

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178 **NOTE:** *The following applies to anyone dispensing medications from the medication room.*
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- 180 1. Medications are prescribed only by a legally authorized prescriber and documented in the
181 patient's electronic health record.
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183 2. Medications are dispensed only by a physician, pharmacist, or those lawfully authorized to
184 dispense in compliance with all applicable laws and regulations. A record of all
185 medications dispensed from clinic stock shall be documented in the patient's electronic
186 health record. The person who dispenses the medication is responsible for the
187 documentation.
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189 3. Registered nurses and nurse practitioners who have current licensure and who have
190 patient care responsibilities in the clinics may dispense drugs upon the written order and
191 under the direct supervision of an authorized licensed prescriber. However, registered
192 nurses may not dispense controlled substances.
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194 4. Medical assistants may hand patients properly-labeled and pre-packaged prescription
195 drugs (excluding controlled substances) that have been ordered by a licensed physician,
196 physician assistant, or nurse practitioner.
197 a. See IV, Section 5 below for what constitutes a properly labeled package of
198 prescription drugs.
199 b. The physician, physician assistant, or nurse practitioner must verify it is the correct
200 medication and dosage for the specific patient and provide the appropriate patient
201 consultation regarding use of the drug prior to the medical assistant handing the
202 medication to a patient.
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204 5. Upon dispensing, each medication must be properly labeled with:
205 a. Name of the patient.
206 b. Name and strength of the medication. If generic name, include name of
207 manufacturer.
208 c. Directions for use.
209 d. Condition or purpose of the medication, if indicated.
210 e. Date of issue.
211 f. Medication quantity.

- 212 g. Expiration date of the medication.
- 213 h. Name of the prescriber.
- 214 i. Initials of the dispensing individual.
- 215 j. Name, address and phone number of the clinic where dispensed.
- 216 k. FDA side effects statement label.
- 217 l. Any applicable auxiliary labels.

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219 6. Prior to dispensing new medications, the patient must be provided education regarding the
220 medications.

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222 7. Clinic medications stock use is intended to provide emergency medications to clients when
223 dispensing by a pharmacy is not an option.

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226 V. Medication Administration

227 1. "Medication Administration" refers to directly observed administration of medications to a
228 client (e.g. orally or giving an injection) during the course of the clinic visit.

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230 2. Medications may only be administered by authorized personnel upon an order by a
231 prescriber lawfully authorized to prescribe. Staff personnel who are authorized to
232 administer medications under their scope of practice are:

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3. Authorized personnel administering a medication are responsible:

a. For knowing a drug's usual dosage range, indications, side effects, toxicity, stability, expiration date and the clients hypersensitivity or allergies.

b. For ensuring that the fundamentals of medication administration are followed: right client, right drug, right dose, right route, and right time.

4. Prior to drug administration, establish the client's identity by using two distinct client identifiers (e.g. asking the client to state their name and date of birth).

5. For injectable medication administration:

a. Use universal and blood borne pathogen precautions.

b. Use safety needles.

6. Documentation by the person administering the medication(s) shall include:

a. Medication, dosage, frequency, and route.

b. Date and time of administration.

- c. Site/location of any injection.
- d. Any unusual or adverse response to the medication.

VI. Drug and Sharps Disposal

1. General requirements: Every clinic that maintains a stock of drugs must keep records of their acquisition and disposition. All medications shall be disposed in accordance to applicable federal, state, and local regulations for disposal of chemicals and potentially dangerous or hazardous substances.
2. Medications of disposal may include:
 - a. Medications which are not taken with the client upon termination of services.
 - b. Discontinued medications.
 - c. Expired, contaminated or deteriorated medications.
3. Proper medication disposal
 - a. Client's medications may be returned to the dispensing pharmacy for disposal or disposed of through the use of a contracted medical waste disposal service. Medication disposal "hazardous substances" bins are stored in a secure location not accessible to clients.
 - b. Solid dosage form medications (e.g. pills, capsules) are removed from their original containers before disposal.
 - c. Only individuals with authorized access to the medication room may dispose of expired or returned medications.
 - d. Disposal of stock, samples, and client medications will be documented on a Medication Destruction Log.
 - e. The log shall be retained for at least 3 years and include the following information:
 - i. Name of medication, strength, and quantity
 - ii. Date of disposal
 - iii. Appropriate signatures (two signatures for controlled substances).
4. Client confidentiality
 - a. All client identifiers shall be removed before discarding empty medication containers, or prescription information into recycling or trash.
 - b. Client identifiers, which are protected health information (PHI), include the client's name, medical record number, address, and date of birth.
 - c. Labels or documents containing PHI are placed in confidential waste or physically destroyed, which may be accomplished by shredding, pulverizing, pulping, incinerating, or a combination of these techniques.

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5. Sharps containers are stored in a secure location not accessible to clients. Containers are disposed of in accordance to applicable federal, state, and local regulations for disposal of chemical and potentially dangerous or hazardous substances. The method of disposal may include the use of a contacted medical waste disposal service.

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NOTE: Contact MCBH Quality improvement at 755-4545 for examples of medication inventory logs, medication room temperature logs, medication destruction logs, etc.

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