



<b>Health Care Agency Behavioral Health Services Policies and Procedures</b>	Section Name:	Compliance
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	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>11/4/2021</u>

**SUBJECT:** Outpatient Clinic Medication Rooms – Receipt, Storage, Administration, Disposal and Accountability of Medication

**PURPOSE:**

To ensure the receipt, storage, administration and disposal of medications is safe, effective and accountable.

**POLICY:**

Health Care Agency (HCA) Behavioral Health Services (BHS) medical staff must follow specific procedures for the clinical receipt, storage, administration and disposal of medications for clients being treated through Orange County’s Mental Health Plan (MHP) or Substance Use Disorder (SUD) program.

**SCOPE:**

This procedure outlines a specific role of the medical and nursing staff in County operated programs. Unescorted access to medication room is limited to BHS Nurses, Psychiatrists and other BHS Physicians.

**REFERENCES:**

[SD/MC Provider Certification & Re-Certification Protocol, Department of Health Care Services \(DHCS\), June 2014 \(Authority & Quality Improvement Services \[AQIS\] version\)](#)

**FORMS:**

[Medication Refrigerator and Room Temperature Record \(F346-709 Rev. 9/14\)](#)

[Record of Medication Receipt, Storage, Administration and Disposal \(F346-710 Rev. 2/18\)](#)

[Orange County Behavioral Health Services Medication Room Annual Review Checklist \(1/18\)](#)

**PROCEDURE:**

- I. All sample and patient specific medications shall be used exclusively for the treatment of patients within a current MHP or SUD episode of care.

II. Acquired Medications

A. All acquired medications shall be recorded by the clinic nursing staff in the Record of Medication Receipt, Storage, Administration and Disposal Log (F346-710 Rev. 2/18) (this form will be referred to as Medication Log for the purposes of this document) and will be stored in a locked cabinet in the medication room.

B. All acquired medications (Patient Specific, Samples, Patient Returned/Unused) entering the facility shall be logged sequentially and will note as appropriate: Patient Name, Date Ordered (N/A may be written in log for subsequent refills if initial order date of medication prescribed remains unchanged), Date Received, Expiration Date, Medication Name, Strength and Quantity, Name of issuing pharmacy, Type of Medication (Sample, Patient Specific, Patient Returned) and staff initials. Sample medications shall be stored only in the medication room.

III. For medications obtained by prescription, staff shall ensure that prescription labels are in compliance with federal and state laws, showing: Name of the patient, Name of the Prescriber, Name of the medication, Dosage/Strength, Route of administration, Frequency, Quantity of contents, Indications and Usage, and Date of expiration.

IV. To demonstrate accountability for each medication, each line entry on the Medication Log must track receipt of every type (patient specific, sample, patient return) of medication received, administered or disposed/destroyed and all applicable sections of the log must be entirely completed.

V. Expired medication will be removed immediately from storage and placed in a disposal container located in a locked cabinet. Tracking the expired medication must be entered into the Medication Log demonstrating accountability and must include Date, Prescription number, Amount of Medication Destroyed/Returned, Type (waste, return, finished) and signatures of two witnesses.

VI. Copies of the receipt from the pharmacy or pharmaceutical company shall be kept in a binder or with the Medication Log in the medication room for three years.

VII. Nursing staff work with the front office staff when syringes and other necessary supplies are ordered. The front office staff receives the items and tracks the receipts of supplies.

VIII. Potential Sources of Acquired Medications

A. Free sample medications from pharmaceutical companies ordered by clinic physician via pharmaceutical representatives.

B. Prescription specific medications ordered from pharmacies (Intramuscular injection (IM) medications).

C. Prescription medicines obtained through a Patient Assistance Program.

- D. Homeless patients may request that their ‘patient-specific’ medications (including non-psychiatric medications) be stored in the locked medication room by a psychiatrist or the nursing staff. The medication must be logged in, and then logged out when returned to the patient or disposed of. The medications may be disposed of as described in section XII A when the patient verbally indicates they no longer need the medications, or when the patient is discharged from the clinic.

IX. Storage of Medication in the Medication Room

- A. The stock of all medications and syringes shall be kept at a minimum level to safely and effectively meet the specific needs of the individual clinic.
- B. The clinic physician and nursing staff shall consult with the Service Chief/Program Director to determine the need for medications to be acquired for storage in the clinic medication room.
- C. Medications and syringes shall be kept in a locked cabinet within a locked medication room or locked refrigerator.
- D. The secured keys for the medication room, medication cabinet(s) and refrigerator shall be available only to medical personnel. (Medical personnel shall exercise the highest level of vigilance in keeping assigned keys secured).
- E. Multiple programs sharing a medication room shall keep medications separated by program and clearly labeled.
- F. No controlled medications shall be stocked at clinic locations.
- G. All medication shall remain in its original and clearly marked packaging.
- H. Medications labeled with patient’s names are for use only with that patient and shall be kept separate from samples and medications.
- I. Oral and injectable medications will be stored separately from one another.
- J. Expired medication will be removed immediately to disposal/waste container (see section XII B).
- K. Opened vials of long-lasting antipsychotic medication shall be labeled with date and staff initials. These vials should be discarded within 28 days after initial puncture, unless the manufacturer specifies a different period (longer or shorter).
- L. Medications, testing supplies, or laboratory samples requiring refrigeration shall be stored in a refrigerator maintained between 2 to 8 degrees Celsius (36 to 46 degrees Fahrenheit) and temperatures shall be monitored and logged on the Medication Refrigerator and Room Temperature Record (F346-709 Rev. 9/14) (this form will be referred to as Temperature Log for the purpose of this document)

at least weekly. When there is nothing stored in the refrigerator for extended periods of time, this shall be indicated on the Temperature Log. Room temperature medication shall be stored between 15 to 30 degrees Celsius (59 to 86 degrees Fahrenheit) and room temperature shall be monitored and recorded on the Temperature Log at least weekly.

- M. Food shall not be kept in the medication refrigerator.
- N. Externally applied medications shall be kept separate from internally administered medications.

X. Administration/Dispensing of Medications from the Medication Room

- A. Medication shall be administered or dispensed only when a physician's order is written in the patient's chart/Electronic Health Record (EHR) chart.
- B. When medication is administered or dispensed, the nursing staff shall enter a progress note into the patient's chart/EHR record and complete the Medication Log: Date and Time Administered/Dispensed; Amount; Dosage; Route of Administration/Pick-up and signature of authorized staff who administered the medication.
- C. If vital signs are taken or physical observations of the injection site are made, these shall be recorded in patient's chart/EHR record.

XI. Return of Medication

- A. Medication that was acquired from pharmacies may be returned for possible credit if it is not needed.
- B. A copy of the routing slip or receipt from the pharmacy shall be kept in a binder or with the Medication Log for three years.

XII. Disposal of Medication

- A. All disposed medication must be logged in the Disposal section of the Medication Log and must include Date, Prescription number, Amount of Medication Destroyed/Returned, Type (waste, return, finished) and signatures of two witnesses.
- B. All other expired or unused medication is to be kept in a rigid container provided by the medical waste contractor and shall be labeled "**Pharmaceutical Waste – Incineration Only**" with the start date of when the first waste was placed inside the container.
- C. Nursing staff work with the front office staff when disposal containers are ordered. The front office staff tracks the receipts of disposal containers.

- D. The medical waste contractor shall be contacted by the clinic nurse to pick up the pharmaceutical waste annually, or when the amount approaches ten pounds, whichever occurs first.
- E. A receipt from the medical waste contractor shall be kept either with the Medication Log, or in a unique binder. These receipts shall be retained for three years.

XIII. Disposal of Non-Pharmaceutical Bio-Hazardous Waste

- A. When all sharp-proof containers are full, they may be placed in the larger “red-bagged bio-hazardous waste” containers or kept separate until pick-up.
- B. Other potentially infectious waste, including gloves and swabs, will be placed in “red-bagged bio-hazardous waste” containers.
- C. All containers receiving infectious waste shall be picked up every thirty days.
- D. A copy of the receipt will be kept for three years in a binder or with the Medication Log.

XIV. Transportation of patient specific medication (oral or injectable) to patient’s home or between clinic sites

- A. Medication with labels containing Protected Health Information (PHI) shall not be left in an unattended vehicle at any time.
- B. Medical personnel will complete the Administration/Dispensing section of the Medication Log noting that medication was delivered. If patient refuses medication, medication shall be logged in again after return to medication room and proper pill/vial count.
- C. Place PHI-labeled medication and PHI documentation in a locked compartment, such as: locked carrier, banker’s bag or locked trunk of a vehicle. If placed in the locked trunk of a vehicle, a separate locked container is not required.
- D. When transporting injectable medication to a site other than another County clinic, medical personnel will also transport a sharps disposable container.

XV. Review and Monitoring of the Medication Room

- A. The medication room and all records shall be reviewed at least annually by the BHS Medical Director or their designee, ensuring policies and procedures are followed. Findings and plan of corrections will be documented on the Orange County BHS Medication Room Annual Review Checklist and submitted to the BHS Medical Director or designee for approval. The completed Orange County BHS

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Medication Room Annual Review Checklist will be submitted to AQIS within 30 days of completion date.