



<b>Policy Number:</b>	99-03
<b>Policy Name:</b>	Medication Room Management
<b>Authority:</b>	CCR Title 9, Sect 1810.435(b)(3); MHP Contract with DHCS Exhibit A, Attachment 8, Section G (10); San Mateo County Health Medical Waste Program; San Mateo County Environmental Health Division
<b>Original Policy Date:</b>	January 14, 1999
<b>Policy Last Revised:</b>	March 5, 2025
<b>Supersedes:</b>	94-05
<b>Attachments:</b>	<ul style="list-style-type: none"> <li><b>A.</b> Controlled Substance/Emergency Supply Record</li> <li><b>B.</b> Record of Medication Storage and Removal</li> <li><b>C.</b> Report for Quarterly Medication Room Inspection</li> <li><b>D.</b> Medical Waste Registration Application</li> <li><b>E.</b> Medical Waste Management Plan</li> <li><b>F.</b> Stock Medication Order Form</li> <li><b>G.</b> Long-Acting Injection Medication Administration</li> </ul>

**PURPOSE**

Establishes a uniform policy and procedures for the management of medication rooms in Behavioral Health and Recovery Services (BHRS) clinics and serves as an advisory document for contract agencies that have medication management responsibility as part of their residential or outpatient treatment programs.

**POLICY**

The following procedures apply to every BHRS clinic and are recommended for implementation by contract agencies. Medical staff should consult with the Quality Management (QM) Manager when exceptions to these procedures appear indicated. This policy outlines procedures for medication room security, storage of medication, infection control, administration of medications, medication samples, ordering stock medications, and management of medical waste and monitoring.

**I. Responsibility**

BHRS and BHRS-affiliated clinic staff shall be in compliance with this policy and procedure, and with state and federal laws and regulations for medications including the accessing, ordering, receiving,



storage, prescribing, dispensing, administration and disposal of medications.

## II. Security

- A. Access to medications is limited to those medical personnel authorized to prescribe, dispense, and/or administer medication.
- B. Clinic medication rooms and cabinets must have keys that are separate from other keys in the building.
- C. Medication rooms and cabinets should remain locked at all times when a medically licensed staff member is not present in the room. It is the medical staff's responsibility to make arrangements to have the room cleaned under staff supervision.
- D. Badge access and keys opening medication rooms and cabinets are issued to medically licensed personnel who are assigned to work at the site.
  - A medically licensed person is responsible for issuing medication keys to new personnel and for retrieving the keys from departing staff members. These staff members are expected to maintain possession of the keys and to return the keys when they are no longer assigned to the clinic.
  - A medically licensed person is responsible for authorizing and discontinuing electronic access to the medication room.
  - Regional medical chiefs shall have keys to all medication rooms that are under their areas of responsibility. The lead Child Psychiatrist, Medical Director, and Deputy Medical Director shall have access to medication rooms at all sites.
  - Any lost medication room keys must be immediately reported to the Clinic Medical Chief and/or Medical Director, who will work with the appropriate program and facilities personnel to ensure only authorized staff will have access.

## III. Storage

- A. The medication room/storage area shall be secure, clean, and orderly.
- B. All medications in the clinic should be stored in locked cabinets in the medication room(s) or refrigerators in the medication room as appropriate.
- C. All other applicable medication management protocols identified in this policy will apply.
- D. Controlled substances may only be stored behind double locks in a locked medication room in locked cabinets or refrigerators.
- E. The Controlled Substance/Emergency Supply Record must be maintained for all controlled medication stored in the medication room, with notations for each dose administered or dispensed (See Attachment A - Controlled Substance Emergency Supply Record).
- F. Stock medication must be in its original packaging. Stock medications are ordered using Stock Medication Order Form (See Attachment F)
- G. The stock supply of controlled substances must contain no more than 6 pills of any medication.



- H. When re-ordering-controlled substances:
  - The Medical Chief's signature is required.
  - Quantity ordered will maintain a supply of no more than 6 pills of any medication.
- I. Special care should be taken in the storage of syringes, needles, and any other equipment that may be at risk of misuse or theft.
- J. Medications intended for external use must be kept clearly separate from medications intended for internal use.
- K. Medications stored in a refrigerator must be kept clearly separated from any laboratory specimens.
- L. Room and refrigerator thermometers should be in every medication room and in every refrigerator used for medications.
- M. Medications stored at room temperature should be kept ideally between 68 to 77 degrees Fahrenheit, but excursions to 59- and 86-degrees Fahrenheit (15 to 30 degrees Celsius) are acceptable. (per [FDA](#))
- N. Medications stored in a refrigerator should be kept at 36 to 46 degrees Fahrenheit (2 to 8 degrees Celsius).
- O. Medication should be securely stored pending removal from the clinic for destruction.
- P. Only physicians and pharmacists may alter prescription labels.
- Q. The Poison Control Center 24-hour number should be posted in each medication room.
- R. Medication samples and drug vouchers are not allowed in the clinics.
- S. Client medications:
  - Client medications must be current prescriptions, be clearly marked with full prescription information, and be kept separate from stock medications.
  - Client medications must be recorded upon receipt following the procedures outlined under [Receipt of Medications Delivered by Pharmacy](#)
  - Removal of client medication must be recorded upon removal on Record of Medication Storage and Removal (Attachment B) or recorded in client's electronic Medication Administration Record according to procedure outlined in Attachment J
  - Medications held for a client should be screened for expiration date.
  - Medications that are not current or expired will be disposed of according to the procedure outlined in the Management of Medical Waste section below.

#### **IV. Receipt of Medications Delivered by Pharmacy**

- A. Medical personnel only are authorized to receive delivery from pharmacy courier:
  - By arrangement with the pharmacy, delivery is to be scheduled at a time when



medical staff is available.

- When pharmacy courier arrives, administrative staff calls or walks the courier to available medical staff to receive delivery.
  - Receiving medical staff checks medications against delivery receipt and signs and dates delivery receipt. If there is discrepancy, medical staff makes note of any issues/errors/returned meds on med receipt sheet and reconciles the discrepancy with the pharmacy.
  - If the delivery receipt is itemized, medical staff notes each medication received with a check mark.
  - Receiving medical staff makes a copy of the signed delivery receipt and stores it in a designated binder in the medication room.
  - Medical staff receiving delivery will immediately secure delivered medicines in the medication room.
  - If the pharmacy delivery receipt is not itemized for each medication, then receiving medical staff must Record the received medication in Record of Medication Storage and Removal (Attachment B)
  - Medication delivery receipts will be kept in the medication room for one year.
- B. Medical staff may determine if it is in a client's best interest to have medication delivered to the clinic for re-delivery to the client.

## V. Infection Control

- A. Appropriate infection control and safety precautions should be followed during the handling and administration of medication as per the [Bloodborne Pathogen Exposure Control Plan | County of San Mateo, CA](#)
- B. All medical staff with access to Medication Rooms will complete Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens Training upon hire and again annually.
- C. Every medication room should have a clean water source, hand washing supplies, gloves, needle disposal containers, and spill kits for emergency clean-up.

## VI. Administration

- A. Medications must be administered or dispensed by medically licensed personnel acting within their scope of practice.
- B. Authorized personnel administering a medication are responsible for:
  1. Knowing a drug's usual dosage range, indications, side effects, toxicity, stability, expiration date and the client's hypersensitivity or allergies.
  2. Ensuring that the fundamentals of medication administration are followed: right client, right drug, right dose, right route, and right time.



- C. 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).
- D. Client shall not be left alone in the medication room during drug administration.
- E. Every medication administered or dispensed must be noted in the Medication Record of the client's chart. Document: medication name, date administered/dispensed, quantity, amount, lot # and expiration date.
- F. Every medication must be within its expiration date: medical staff should check the expiration date whenever they administer or dispense medication.
- G. When giving Long-Acting Injectable Medication, follow Attachment G: Long-Acting Medication Administration; and record in client's electronic Medication Administration Record.
- H. Multi-dose vials of intramuscular (IM) medications must:
  - Be dated and initialed when opened.
  - Have the expiration date noted on the vial itself, not just on the box in which the vial was packaged.
  - Have the original label from the box stored with the medication.
  - Be discarded 28 days from date of opening or by the vial's expiration date, whichever is earlier.
- I. Client medications shall not be "shared" or utilized as floor stock medications under any circumstance. Client medications shall only be administered to the specific client for whom it was prescribed and labeled.

## **VII. Management of Medical Waste**

- A. General requirements: Every clinic that maintains a stock of drugs must keep records of their acquisition and disposition (*B&P Code 4081.4105,4180*). All medications shall be disposed in accordance to applicable federal, state, and local regulations for disposal of chemicals and potentially dangerous or hazardous substances.
- B. Medical waste includes:
  - medications that are out of date or otherwise unusable
  - empty vials from injectable medications
  - partially filled vials if expired or otherwise unusable
  - syringes and needles
  - Items soiled with bodily fluids
- C. Client Confidentiality
  - Client identifiers are protected health information (PHI), include the client's name, medical record number, address, and date of birth.
  - Labels or documents containing PHI are disposed of by placing in confidential waste or by physically removing or fully obscuring with a permanent marker.
- D. No medications shall be destroyed at the clinical or residential site.



- E. Medical waste shall be stored in locked medication rooms until transported for destruction. Disabled syringes and glass vials are stored in Sharps containers. Medications to be destroyed are stored in White containers (blue lids) that are required to be labeled “For Incineration”.
- F. Sharps containers and White containers (blue lids)
- Shall be 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 contracted medical waste disposal service.
- G. Each clinic and residential site has a written record documenting the storage and removal of medications for destruction (Attachment B) which includes:
- Name of client, identified as client or stock medication
  - Name of medication, strength and quantity
  - Reason for destruction
  - Date of storage pending destruction
  - Appropriate signature(s) of medical staff preparing the medication for storage pending removal and destruction.
- H. Scheduled and controlled medications require the signature of two people with a medical license (e.g., MD/NP/RN/RPh) who witness the storage of the drug pending removal and destruction.
- I. For mobile clinics/teams, after completing Attachment B, bring the medical waste to the nearest regional clinic as soon as possible.
- J. Medical waste must be collected by a recognized destruction service. Currently, drugs may be collected by a certified agency dealing with medical waste, sent to San Mateo County Medical Center or, by established arrangement, given to a disposal agency or a local pharmacy for destruction.
- K. Special Procedures for Transport of Medical Waste
- All Behavioral Health sites generating and storing medical waste must apply for registration/permit from San Mateo County Health, Environmental Health Division <https://www.smchealth.org/medwaste> (Attachment D). Each Behavioral Health site should ensure that the registration/permit information is up to date. New registration is needed when the address or responsible personnel changes.
  - BHRS QM will monitor the registration process for new county sites and assist contract agencies with their application upon request.
  - Each site should create a Medical Waste Management Plan (Attachment E) that documents the type, quantity, and disposal plan of the medical waste generated at the site. Responsible personnel for this plan need to be identified on the form.
  - Medical personnel should receive adequate training on medical waste management as part of annual [bloodborne pathogen training](#).



- The registration certificate will be posted in the medication room.
- Waste management plan and the tracking documents shall be filed in the medication room in the binder maintained for the Record of Medication Storage and Removal (Attachment B).

**VIII. Monitoring**

- A. The designated nurse of each clinic/site is responsible for routine maintenance and quarterly monitoring of the medication room(s). If no designated nurse available, then the Medical Chief is responsible for delegating the task to another medical staff. A medical staff member will monitor medication room practices quarterly, using the Medication Room Inspection Form (Attachment C). Completed reports will be emailed to QM at [HS\\_BHRS\\_QM@smcgov.org](mailto:HS_BHRS_QM@smcgov.org) and cc the Medical Chief and the Medical Director. Inspection reports are due at the end of September, December, March, and June. QM will keep reports on file for at least three years.
- B. The Controlled Substance Record and the Record of Medication Storage and Removal (Attachments A and B) are used at the county clinics. Agency and residential sites may use these forms or they may develop similar ones that contain the required information.

**IX. Emergency Procedures**

- A. In the event of inoperability of the Medication Room (e.g., loss of power, flooding, construction, etc.) or when pest control sprays are needed, the medications and syringes should be bagged and transported to an alternate secure location, such as another regional clinic medication room or BHRS pharmacy storage room, located at 727 Shasta St, Redwood City.
- B. Unit Chief may designate administrative staff to assist nursing staff with bagging and cleaning of the medication room, and designate nursing staff for transportation of the medication.

**SIGNATURES**

Approved: \_\_\_\_\_ *Signature on File*  
 Dr. Jei Africa, PsyD, FACHE  
 BHRS Director

Approved: \_\_\_\_\_ *Signature on File*  
 Tasha Souter, MD  
 BHRS Medical Director

Approved: \_\_\_\_\_ *Signature on File*  
 Barbara Liang, PharmD  
 Pharmacy Services Director



**REVISION HISTORY**

<b>Date of Revision</b>	<b>Type of Revision</b>	<b>Revision Description</b>
3/05/25	Amend	<b>Policy:</b> amendments made to policy & procedures.
3/05/25	Amend	<p><b>Attachment A:</b> updated signature requirement.</p> <p><b>Attachment B:</b> Medication Samples Log retired and replaced with Record of Medication Storage and Removal. Additional form items added.</p> <p><b>Attachment C:</b> Sample Medication Label retired and replaced with Report of Quarterly Medication Room Inspection. Email info updated.</p> <p><b>Attachment D:</b> Record of Medication for Storage and Removal for Destruction renamed and moved to Attach B, replaced with Medical Waste Registration Application (Environmental Health Form)</p> <p><b>Attachment E:</b> Report of Quarterly Medication Room Inspection moved to Attach C and replaced with Medical Waste Management Plan (Environmental Health Form)</p> <p><b>Attachment F:</b> Storage of Medications Received from Pharmacy for Retrieval by Client retired and replaced with Stock Medication Order Form. Updates to medication list.</p> <p><b>Attachment G:</b> Medical Waste Registration Application moved to Attach D and replaced with Long-Acting Injection Medication Administration. Protocol updates.</p>
2/11/20	Technical Edits	<b>Policy:</b> technical edits
2/11/20	Amend	<b>Attachment J:</b> added
2/11/20	Technical Edits	<p><b>Attachment H:</b> replaced &amp; renamed.</p> <p><b>Attachment I:</b> replaced and renamed</p>
02/13/08	Amend	<b>Policy:</b> amended
11/08/06	Amend	<b>Policy:</b> amended