



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Date: January 14, 1999

BHRS POLICY: 99-03

SUBJECT: Medication Room Management

AUTHORITY: 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

SUPERSEDES: MH Policy 94-05: Destruction of Medications

AMENDED: November 8, 2006, February 13, 2008; Technical Edits February 11, 2020

ATTACHMENTS:

- A. Controlled Substance/Emergency Supply Record
- B. Medication Samples Log
- C. Sample Medication Label
- D. Record of Medication Storage and Removal for Destruction
- E. Medication Room Inspection
- F. Storage of Meds until Retrieval by Client
- G. Medical Waste Registration Application (Replaced and Renamed 2-11-20)
- H. Medical Waste Management Plan (Replaced and Renamed 2-11-20)
- I. Stock Medication Order Form (Added 2-11-20)

NOTE: Previous Attachment I- Limited Quantity Hauling Exception Obsolete

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.

Security

1. Access to medications is limited to those medical personnel authorized to prescribe, dispense, and/or administer medication.
2. Clinic medication rooms and cabinets must have keys that are separate from other keys in the building.
3. 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.
4. 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.
 - Regional medical chiefs shall have keys to all medication rooms that are under their areas of responsibility. The lead Child Psychiatrist and the Medical Director shall have keys to medication rooms at sites that do not have a regional medical chief.

Storage

1. All medications in the clinic should be stored in locked cabinets in the medication room(s) or refrigerators in the medication room as appropriate. This includes any samples received by clinic psychiatrists for client use.
 - Exception: Where efficiency and good clinical care would otherwise be compromised, a locked closet in a remote area in a clinic may contain a locked medication storage unit accessible only to medical personnel.

- a. All other applicable medication management protocols identified in this policy will apply.
 - b. Controlled substances may not be stored in this location.
2. Stock medication must be in its original packaging. Stock medications are ordered using Attachment I of this policy.
3. Current medication for clients must be clearly marked with full prescription information.
4. Only physicians and pharmacists may alter prescription labels.
5. The Poison Control Center 24-hour number should be posted in each medication room.
6. Client medication:
 - Medication being held for a client that is not covered by a current order is stored in an area clearly separate from stock, sample, and the client's current medications.
 - Medication held for a client should be screened for expiration date and assessed for risk of misuse prior to being returned to the client upon the client's request or discharge.
 - Medication should be securely stored pending removal from the clinic for destruction when a client leaves without notice, refuses to accept the return of the stored medication, or there are written orders not to give the stored medication to the client. (See section on Management of Medical Waste.)
7. 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. (Attachment A).
8. The stock supply of controlled substances must contain no more than 12 pills of any medication.
9. When re-ordering controlled substances:
 - The Medical Chief's signature is required.
 - Quantity ordered will maintain a supply of no more than 12 pills of any medication.
10. Special care should be taken in the storage of syringes, needles, and any other equipment that may be at risk of misuse or theft.

11. Medications intended for external use must be kept clearly separate from medications intended for internal use.
12. Medications stored in a refrigerator must be kept clearly separated from any laboratory specimens.
13. Room and refrigerator thermometers should be in place in every medication room and in every refrigerator used for medications.
 - Medications stored at room temperature should be kept at 59 to 86 degrees Fahrenheit (15 to 30 degrees Celsius).
 - Medications stored in a refrigerator should be kept at 36 to 46 degrees Fahrenheit (2 to 8 degrees Celsius).

Infection Control

1. Appropriate infection control and safety precautions should be followed during the handling and administration of medication. See BHRS Policy 00-01, which includes "Avoiding Exposure to Bloodborne Diseases," dated January 10, 2000.
2. Every medication room should have hand washing supplies, gloves, needle disposal containers and spill kits for emergency clean-up.

Administration

1. Medications must be administered or dispensed by medically licensed personnel acting within their scope of practice.
2. Every medication, including samples, 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.
3. Every medication must be within its expiration date: medical staff should check the expiration date whenever they administer or dispense medication.
4. 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.
5. Prescription blanks are to be stored in a secure location in the MD's locked desk/drawer or in the medication room.
 6. The client's chart should have evidence of current medication consents.
 7. Medication information sheets should be available in English and Spanish and provided to clients.

Samples

1. Each clinic and contract agency shall have a written log documenting the receipt of medication samples. This log includes: name of medication, name of drug representative, date received with the name of staff receiving sample, strength, quantity, lot number and expiration date (Attachment B).
2. All sample medication in the clinic should be stored in locked cabinets in the medication room.
3. Every medication sample administered or dispensed is noted in the Medication Record of the client's chart. Document: medication name, date administered/dispensed, quantity, amount, lot # and expiration date.
4. All dispensed samples will be labeled with all information as required by applicable state and federal mandates. Whenever possible use the electronic form (Attachment C).
5. A medication information sheet must be provided to the client with the sample medication.

Receipt of Medications Delivered by Pharmacy

1. Medical personnel 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.
 - In the rare instance where medical personnel are unavailable, a Medical Office Specialist (MOS), or other staff designated by the Medical Chief or Unit Chief, may receive delivery.
 - Pharmacy courier and receiving clinic staff must co-sign delivery receipt.

2. The receiving staff person is responsible for securing the medication:
 - Medical personnel receiving delivery will immediately secure delivered medicines in the medication room.
 - If MOS or other designee receives delivery, the unopened pharmacy bag is to be placed in the mail slot of the locked medication room and given to the medical personnel as soon as they are available. Alternatively, medications may be temporarily stored in a locked medicine pouch that, in turn, is secured in a locked file drawer. The receiving staff will notify medical staff at the first opportunity. Medical personnel will then secure delivered medicines in medication room.
3. In the unusual event that clinical staff determines it is in a client's best interest to have medication delivered to the clinic for re-delivery to the client, a specific protocol will be developed and then approved by the Pharmacy Services Director and the Medical Chief before implementation of the protocol.

Management of Medical Waste

1. For purposes of this Mental Health policy, 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
2. **No medications shall be destroyed at the clinical or residential site.**
3. Medical waste shall be stored in locked medication rooms until transported for destruction. Disabled syringes are stored in red hazardous materials plastic containers. Medications to be destroyed (including glass vials) are stored in white containers (blue lids) that are required to be labeled "For Incineration".
4. Each clinic and residential site has a written log documenting the storage and removal for destruction of stock, sample, and client medications. The log (Attachment D) should include:
 - Name of client, or identified as sample or stock medication
 - Name of medication, strength and quantity (latter if controlled substance)
 - Reason for destruction

- Date of storage pending destruction
 - Appropriate signature(s) of medical staff preparing the medication for storage pending removal and destruction.
5. Scheduled and controlled drugs (most often Clonazepam and/or Lorazepam) require the signature of two people with the licenses of RN, MD or PharmD who witness the storage of the drug pending removal and destruction.
 6. Medical waste must be transported to 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.
 7. **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 G). 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 H) 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.
 - The registration, the 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 for Destruction (Attachment D).

Monitoring

1. The Medical Chief of each clinic/site is responsible for routine maintenance and quarterly monitoring of the medication room(s). A medical staff member will monitor medication room practices quarterly, using the Medication Room Inspection Form (Attachment E). Completed reports will be faxed to QM, due at the end of September, December, March, and June. QM will keep reports on file for at least three years.
2. The Controlled Substance Record and the Record of Medication Storage and Removal for Destruction (Attachments A and D) 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.

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