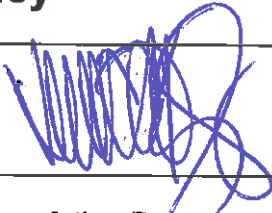


**San Bernardino County
Department of Behavioral Health**

**Control, Access and Accountability of Medications and
Medical Supplies Policy**

Effective
Revised

03/21/2003
12/07/2018



Veronica Kelley, Director

Policy

It is the policy of the Department of Behavioral Health (DBH) that staff members adhere to the control, access, and accountability guidelines set forth for maintaining and administering DBH-owned medications and medical supplies intended for DBH clients.

Purpose

To ensure medications, prescription forms, syringes, and other medical supplies are properly stored, properly disposed of when expired/abandoned/deteriorated/contaminated, and are safely kept from persons not authorized to access, administer, or handle such items. Additionally, certain medications are to be immediately accessible to ensure use as required in an emergency.

Definition(s)

Drug Administration: The act of administering a single dose of a prescribed drug or biological given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously labeled container, including a unit dose container, verifying the dose with the prescription orders, giving the individual dose to the proper patient, and promptly recording the time and dose given.

Drug Dispensing: Dispensing is the act of interpreting an order for a drug or biological and, pursuant to that order, the proper selection, measuring, packaging, labeling, and issuance of the drug or biological for a patient.

Medications: DBH property prescribed by a Psychiatrist/Physician for a DBH client or donated to DBH for a client or abandoned at a DBH clinic.

Continued on next page

**San Bernardino County
Department of Behavioral Health**

**Control, Access and Accountability of Medications and
Medical Supplies Policy, Continued**

**Authorized
Medical Staff**

The DBH Medical Director authorizes the below staff members to prescribe, administer, and/or dispense medications:

DBH Staff	Activity
DBH Psychiatrists/Physicians	Prescribe, dispense, and administer medication(s)
DBH Registered Nurses (RN)	Dispense and administer medication(s)
DBH Licensed Vocational Nurses (LVN) and Licensed Psychiatric Technicians (PT)	Administer medication(s)
DBH Psychiatrists/Physicians, RNs, LVNs and PTs	Handle or request medical supplies
Opioid Overdose Responders (Includes any DBH employee that has completed the appropriate training in Relias)	Administer opioid overdose medication(s)

**Access and
Security of
Medication
Rooms**

The Associate Medical Director or DBH Medical Director in absence of Associate Medical Director, defines who has access to medications and medical supplies. Access to medications and supplies are limited to medical staff authorized to prescribe, dispense, and/or administer medications as described above. Authorized medical staff members will be the only personnel to possess keys to the Medication Room, medication cabinets, and medication refrigerator. Opioid overdose medication shall be stored in a designated overdose emergency cabinet accessible to trained opioid overdose responders.

DBH Facilities & Project Management shall issue keys to the Medication Room to authorized DBH medical staff for his/her assigned clinic. These keys are not universal and cannot be given to classifications not listed above.

Note: If DBH staff from one of the above-named classifications has not been assigned to work in a DBH clinic, he/she will not be issued keys nor will have access to Medication Room, medication, or medical supplies. Additionally, only DBH employees that have completed the Relias training should administer opioid overdose medication in the event of emergency distribution.

Medical staff is prohibited from leaving prescription pads in open unattended areas; prescription pads must be **locked** in psychiatrist/physician's desk or Medication Room.

Continued on next page

San Bernardino County Department of Behavioral Health

Control, Access and Accountability of Medications and Medical Supplies Policy, Continued

Control of Medication Room

The DBH Medical Director authorizes DBH medical staff, including Psychiatrists/Physicians, RNs, LVNs, and PTs to maintain control of the DBH clinic Medication Rooms. The Medication Room, medication cabinets, medication refrigerators, and medical supplies shall be locked at all times when not in use. Additionally, since DBH Clinic Supervisors and Program Managers are responsible for DBH clinic operations, the DBH Medical Director delegates oversight of Medication Rooms to these classifications; however, these classifications cannot be in the Medication Room unless accompanied by authorized medical staff. DBH Clinic Supervisors and Program Managers can verify that the Medication Room meets DBH and Department of Health Care Services (DHCS) standards. Verification of meeting standards includes, but is not limited to the following:

- Auditing medication logs,
- Verifying medication and medical supplies are not expired,
- Ensuring the refrigerator and Medication Room are/have been within the required temperatures and
- Reporting discrepancies or concerns to the Associate Medical Director, Chief Compliance Officer, or DBH Medical Director.

Note: Refrigerators must have a DBH approved lock and thermostat. Medication Rooms must have a DBH approved standard wall thermometer not requiring a power source.

Storage of Medication

To ensure compliance with state and federal laws regarding the storage of medications, DBH requires the following:

- All areas within the Medication Room are neat, clean, and well organized.
 - Medications and medical supplies shall not be stocked beyond locked storage capacity.
 - Room temperature medications and medical supplies shall be kept in a locked cabinet within the locked Medication Room.
 - Unauthorized medications shall not be present.
 - Externally applied medications shall be kept separate from internally administered medications.
 - Medication shall not be retained after its expiration date. See DBH Standard Practice Manual MDS2023: [Medication Disposal Procedure](#).
 - Contaminated or deteriorated drugs shall not be retained.
-

Continued on next page

San Bernardino County Department of Behavioral Health

Control, Access and Accountability of Medications and Medical Supplies Policy, Continued

Storage of Medication, continued

- Opened vials showing any discoloration shall not be retained.
 - Opened vials shall be labeled appropriately (see **Labeling** section).
 - Opioid overdose medication shall be stored in designated cabinets accessible to trained opioid overdose responders.
 - Opened multi-dose vials shall not be retained after 28 days unless otherwise specified by manufacturer.
 - Non-refrigerated medications must be stored at proper temperatures of 59-86 degrees Fahrenheit (15-30 degrees Celsius).
 - Opioid overdose medications shall be stored at proper temperatures of 59-77 degrees Fahrenheit (15-25 degrees Celsius).
 - Refrigerated medications shall be stored in a locked refrigerator maintained at 36-46 degrees Fahrenheit (2-8 degrees Celsius).
 - Sample medications will only be injectable (excluding Needles Clinic).
 - No food storage in the same refrigerator or cabinet where medications are stored.
-

Labeling

All prescription drugs shall be appropriately labeled in compliance with federal and state laws and may be altered only by persons legally authorized to do so. Persons legally authorized to do labeling shall date, initial, and label (with permanent ink) injectable multi-dose vial and box when opened.

Recordkeeping

Authorized medical staff shall enter the receipt, storage, administration, and disposal of medications on the appropriate log(s) immediately for accurate recordkeeping. All logs shall be retained in the appropriate binder within the Medication Room for three (3) years.

Medication shall be administered or dispensed only when a psychiatrist/physician's order is written in the client's medical record. When a medication is administered or dispensed, the authorized medical staff shall document it in the client's medical record.

In accordance with [California Civil Code § 1714.22](#), the DBH Medical Director shall maintain a standing order issued by a physician for the administration of opioid overdose medication during an opioid-related overdose.

Continued on next page

**San Bernardino County
Department of Behavioral Health**

**Control, Access and Accountability of Medications and
Medical Supplies Policy, Continued**

**Ordering
Medication(s)
and Supplies**

Each DBH Clinic Associate Medical Director or DBH Medical Director in absence of a Clinic Associate Medical Director, will designate authorized medical staff to be responsible for ordering stock medications for the clinic through DBH Procurement. Stock medications may only be ordered based on the signature approval and direction of the Clinic Medical Director or designated psychiatrist/physician. The designated person ordering shall send a copy of the form to the DBH Medical Director for final payment approval prior to placing the order. Orders shall be placed on **Requisition for Bulk or Stock Medication** form and sent to DBH Procurement. DBH Procurement will not accept supply orders from other levels of clinic staffing.

**Delivery of
Medication(s)**

The following parties are responsible for the delivery of medications:

- Outside pharmacies deliver specific injectable patient medications.
 - Pharmaceutical representatives deliver sample injectable medications directly to the DBH psychiatrist/physician.
 - Delivery couriers transport Patient Assistance Program (PAP) medications to the clinics.
 - At the direction of the psychiatrist/physician, RN, LVN, or PT shall pick up medications from the applicable pharmacy and deliver to the clinic the same day.
-

**Medication
Disposal**

Expired, abandoned, deteriorated or contaminated medications are disposed of in a manner consistent with state and federal laws and recorded in **Pharmaceutical Waste Log**, as described in the **Medication Disposal Procedure**.

DBH shall not accept client medication for destruction/disposal unless it impacts client safety. If the DBH psychiatrist/physician determines client's medication will be accepted for destruction/disposal, the medication must be logged in the **Client Pharmaceutical Log** and logged for disposal on the **Pharmaceutical Waste Log**.

Inspection

Authorized medical staff will utilize the **Monthly Medication Inspection Checklist** on a monthly basis when inspecting the Medication Room, medication cabinets, medication logs, opioid overdose emergency kits and refrigerator, and then send the report to the Clinic Medical Director. After reviewing and approving the inspection checklist, the Clinic Medical Director shall send the report to the Associate Medical Director of Operations.

Continued on next page

**San Bernardino County
Department of Behavioral Health**

**Control, Access and Accountability of Medications and
Medical Supplies Policy, Continued**

Non-compliance

In the event the Medication Room for a clinic is found to be deficient or non-compliant with DBH policy and procedure during an inspection or review, the matter shall be reported to the DBH Medical Director and Chief Compliance Officer for appropriate and immediate corrective action.

Related Policy or Procedure

DBH Information Notice:

- Standing Order Requirement for Administering Intranasal Naloxone Hydrochloride (NARCAN® Nasal Spray): IN 18-08

DBH Standard Practice Manual:

- Control, Access and Accountability of Medications and Medical Supplies Procedure: [MDS2008-1](#)
 - Sample Injectable Medications Policy: [MDS2012](#)
 - Prescription Policy: [MDS2015](#)
 - Medication Disposal Procedure: [MDS2023](#)
-

Reference(s)

- Board of Registered Nursing <http://www.rn.ca.gov/>
 - Bureau of Vocational Nursing and Psychiatric Technicians <http://www.bvnpt.ca.gov>
 - CA Business and Professions Code, Section 2725.1 also known as the Nursing Practice Act
 - California Civil Code, Section 1714.22
 - CA Code of Regulations, Title 9, Sections 1810.435(b)(3)
 - CA Health and Safety Code, Section 1406 (o)
 - CA Welfare and Institutions Code, Section 5667 (a)(b)(1)
 - Mental Health Plan Contract, Exhibit A, Attachment 1, Section 4.L.10
 - Standing Order to Dispense Naloxone Hydrochloride
-