



Control, Access and Accountability of Medications and Medical Supplies Policy

Effective Date
Revised Date

03/21/2003
12/15/2022

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Policy

It is the policy of the Department of Behavioral Health (DBH) that staff 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, and are safely kept from persons who are not duly authorized to access, administer, or handle such items while preventing delays in access to medications 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 biologic 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.

Authorized Medical Staff

The DBH Chief Psychiatric Officer authorizes the following licensed medical staff to prescribe, administer, and/or dispense medications:

DBH Staff	Activity
DBH Psychiatrists/Physicians	Prescribe, dispense, and administer medication(s)
DBH Mid-Level Providers (NP/PA)	Prescribe, dispense and administer medications under the supervision of a DBH physician

Continued on next page

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

Authorized Medical Staff, continued

DBH Staff	Activity
DBH Licensed Vocational Nurses (LVN) and Licensed Psychiatric Technicians (PT)	Administer medication(s)
DBH Registered Nurses (RN)	Dispense and administer medication(s)
DBH Psychiatrists/Physicians, RNs, LVNs and PTs	Handle or request medical supplies
All Trained Personnel	Administer intranasal naloxone, and distribute Deterra Pouches.

Access and Security of Medication Rooms

- The Clinic Medical Director, or Associate Medical Director, or DBH Chief Psychiatric Officer (in absence of Clinic 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 are the only personnel authorized to possess keys to the Medication Room, medication cabinets, and medication refrigerator.
- Intranasal naloxone will be made accessible to all trained staff in designated overdose emergency cabinets.
- 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.
- 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.

Note: If DBH staff acting in 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.

Continued on next page

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

Control of Medication Room

- The DBH Chief Psychiatric Officer authorizes DBH medical staff, including Psychiatrists/Physicians, Nurse Practitioners, Physician Associates, 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 Chief Psychiatric Officer 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, if needed. 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 Clinic Medical Director, Associate Medical Director, Chief Compliance Officer, or DBH Psychiatric Officer.

Note: Refrigerators must have a lock and thermostat. Medication Rooms must have a 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;
 - Contaminated or deteriorated drugs shall not be retained;
 - Opened vials showing any discoloration shall not be retained;
 - Opened vials shall be labeled appropriately (see Labeling section);
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Control, Access and Accountability of Medications and Medical Supplies Policy, Continued

Storage of Medication, continued

- Non-refrigerated medications must be stored at proper temperatures of 59-86 degrees Fahrenheit (15-30 degrees Celsius), and
- Intranasal naloxone shall be stored at 59-77 degrees Fahrenheit (15-25 degrees Celsius).

Note: Medication shall not be retained after its expiration date. Please see the Medication Disposal Procedure (MDS2023) in DBH's Standard Practice Manual.

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.
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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 licensed medical provider'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.
 - For the purposes of administering intranasal naloxone during an opioid related emergency, a standing order issued by a physician pursuant to California Civil Code Section 1714.22 shall be kept on file by the Medical Director. A standing order has been issued and can be located in DBH's Information Notice (IN) 18-08 – Standing Order Requirement for Administering NARCAN® Nasal Spray.
 - Detera pouches may be tracked using the Non-Medication Resource Log (MDS032).
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Ordering Medication(s) and Supplies

- Each DBH Clinic Medical Director, or Associate Medical Director, or DBH Chief Psychiatric Officer in absence of a Clinic 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.
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Control, Access and Accountability of Medications and Medical Supplies Policy, Continued

Ordering Medication(s) and Supplies, continued

- The designated person ordering shall send a copy of the form to the DBH Chief Psychiatric Officer 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.
 - Deterra pouches will be ordered and distributed by DBH Program Managers. Orders may be placed by emailing the Office of Equity and Inclusion (OEI) at cultural_competency@dbh.sbcounty.gov.
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Controlled Substances

- Each DBH Clinic Medical Director, or Associate Medical Director, or DBH Chief Psychiatric Officer in absence of a Clinic Medical Director, will designate authorized medical staff to order, prescribe, store or dispense controlled substances when clinically indicated for Withdrawal Management or in support of Medication Assisted Treatment.
 - This medication will be stored in adherence with current DEA regulations including:
 - a separate substantial containment area, and
 - a separate locked storage area located within a locked room only accessible to a limited number of staff members.
 - The Sample Medication Log (NUR004) accompanying the designed storage area must be maintained:
 - When controlled substances are received, a corresponding log entry must be made including the date, time, medication, quantity and responsible staff.
 - When controlled substances are dispensed of, a corresponding log entry must be made including the date, time, medication, quantity and responsible staff;
 - This log should be reviewed on a monthly basis by supervisory level staff;
 - Irregularities must be reported to the Clinic Medical Director or DBH Chief Psychiatric Officer for further investigation, and
 - If warranted, a report should be made to the DEA by the responsible Clinical Medical Director or DBH Chief Psychiatric Officer in keeping with the Suspicious Opioid Reporting regulations.
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Control, Access and Accountability of Medications and Medical Supplies Policy, Continued

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, NP, PA, RN, LVN, or PT shall pick up medications from the applicable pharmacy and deliver to the clinic the same day.
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Medication Disposal

- Expired, contaminated, deteriorated, or abandoned 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.
 - Deterra Pouches may be given to clients/consumers to allow for drug disposal at home.
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Inspection

- Authorized nursing staff will inspect the Medication Room, medication cabinets, and medication logs, overdose emergency kit and refrigerator on a monthly basis.
 - Authorized nursing staff will utilize the Monthly Medication Inspection Checklist (NUR007) to record findings.
 - Authorized nursing staff will then send the report to the Clinic Medical Director.
 - After reviewing, the Clinic Medical Director shall send the report to the Associate Medical Director.
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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 Chief Psychiatric Officer **and** Chief Compliance Officer for appropriate and immediate corrective action.

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

Related Policy or Procedure

[DBH Standard Practice Manual and Departmental Forms:](#)

- [Control, Access and Accountability of Medications and Medical Supplies Procedure \(MDS2008-1\)](#)
- [Sample Injectable Medications Policy \(MDS2012\)](#)
- [Prescription Policy \(MDS2015\)](#)
- [Medication Disposal Procedure \(MDS2023\)](#)
- [Intranasal Naloxone Policy \(MDS2028\)](#)
- [Intranasal Naloxone Procedure \(MDS2028-1\)](#)
- [Narcan Distribution Project Policy \(MDS2032\)](#)
- [Narcan Distribution Project Procedure \(MDS2032-1\)](#)
- [DBH's Information Notice \(IN\) 18-08 – Standing Order Requirement for Administering NARCAN® Nasal Spray.](#)

[DBH Intranet](#)

- [Non-Medication Resource Log \(MDS032\).](#)
 - [Sample Medication Log \(NUR004\)](#)
 - [Monthly Medication Inspection Checklist \(NUR007\)](#)
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Reference(s)

- [California Board of Registered Nursing](#)
 - [Bureau of Vocational Nursing and Psychiatric Technicians](#)
 - [California Business and Professions Code, §2725.1 \(Nursing Practice Act\)](#)
 - [California Code of Regulations, Title 9, §1810.435\(b\)\(3\)](#)
 - [California Health and Safety Code, §1406 \(O\)](#)
 - [CA Welfare and Institutions Code, §5667 \(a\)\(b\)\(1\)](#)
 - [Mental Health Plan Contract, Exhibit A, Attachment 1, Section 4.L.10](#)
 - [California Civil Code §1714.22](#)
 - [Food and Drug Administration – Highlights of Prescribing Information](#)
 - [Naloxone Statewide Standing Order – Frequently Asked Questions](#)
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