



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Clinical Practice	Procedure: Guidelines for the Safe Handling, Storage and Disposal of Medication	
Last Updated: 10/06/2021	Owner: MCCMH Nursing Administrator	Pages: 10

I. PURPOSE:

To define and describe the operational guidelines regarding safe handling, storage and disposal of medications and the documentation thereof, for MCCMH persons served.

II. APPLICATION:

This procedure shall apply to all directly operated and contract network providers of MCCMH involved in the handling of medications for persons served.

III. DEFINITIONS:

None.

IV. PROCEDURE:

A. Safe Handling of Medications for Persons Served

1. Logging in Medication

- a. All Medication coming to the clinic (sample medication, injectable medication, medication supply for individual Patient Assistance Program (PAP) persons served) will be given to the nurses and/or doctors directly, locked in the medication room, or locked in the medication storage cabinet.
- b. Key(s) should be kept by registered nurses and program supervisor. Those staff will be accountable for securing medication room key(s) at the clinic site.
- c. The medication room shall always be locked. Only authorized personnel (nurses, physicians, and program supervisor) shall have access to the medication room.
- d. Upon receiving the medication, all incoming medication will be logged in the Medication Logs (See Exhibit 1). If the medication is an injectable it will be

logged in to FOCUS (See Policy 10-065). The medication log will contain the following information:

1. Name of medication
2. Date logged in
3. Person's case number
4. Medication strength
5. Quantity of medication
6. Medication expiration date
7. Medication lot number
8. Name of prescribing doctor
9. Name of nurse
10. Indication whether is PAP medication or Sample medication
11. Status of action (i.e., "R" received, "P" Provided or Distributed or "D" Disposal)

e. Medication from a PAP will be labeled with the person's name.

2. Logging Out Medication

All medication will be logged out by a registered nurse or physician using the Medication Log (See Exhibit 1).

3. Checking for Medication Expiration Date

a. Assigned nursing staff shall check all medication monthly for expiration date and be responsible for disposing all outdated medications in a timely manner according to the approved medication disposal procedure.

b. All medication will be initialed and dated upon opening the vial/bottle/box.

c. On a quarterly basis, the MCCMH pharmacy consultant, Chief Medical Officer, or Nursing Administrator will conduct a medication room inspection to ensure compliance with this process and shall document findings on the Inspection Form (See Exhibit 2).

4. Medication Distribution

a. All state and federal regulations pertaining to the handling and dispensing of the medication shall be followed:

1. Medication shall be administered as ordered by an appropriate licensed physician or nurse practitioner;
2. Medication shall be administered to the person only by or under the supervision of MCCMH credentialed personnel;
3. Administration of the medication should include checking the current medication order for:
 - a. Name of the medication
 - b. Dosage ordered
 - c. Route to be given
 - d. Frequency ordered
 - e. Ask for at least two means of a person's identification prior to medication administration

b. Injectable medication shall be administered as soon as possible after the dose has been prepared, except where unit dose packaging is used.

c. Injectable medication shall be administered by the nurse who prepared the dose.

d. When an injectable medication is given, the registered nurse shall document it in the medication administration record.

e. Injectable medication shall be given in an area where the person's privacy can be protected.

f. Injectable medications ordered by a physician may be administered in a MCCMH clinic or in the community, except for a person who has Medicare or is Medicaid/Medicare dually enrolled, whose injection, to be billable, shall be administered in a MCCMH clinic with a physician on site.

g. Standard precaution shall be employed for preparing and administering the injection, to ensure use of:

1. Appropriate needles and syringes
2. Gloves

3. Alcohol swabs
 4. Sharps disposal container with biohazard labeling
- h. Administration of the medication shall be documented in each person's clinical record and shall contain the signature and title of everyone who administered the medication. The record of a person will also indicate whether his/her medication is from the PAP or Stock medication.
- i. Dispensing medications ordered from PAP or Sample Medication
1. PAP medication
 - a. The person's physician will write a prescription for the medication to be dispensed, including the name of the medication, dosage and direction, the quantity to be dispensed, and the number of refills.
 - b. If the medication is in a multi-dose bottle, the nurse will monitor, and educate the individual as they place the medication into medication boxes for the prescribed amount of time.
 - c. When a person no longer needs any PAP medication stocked at the clinic site and the person had signed the letter of receipt of medication (see Exhibit G to MCO policy 2-051), the PAP medication could be used for other persons served.
 2. Sample Medication
 - a. Sample medication will be provided per physician's order and labeled with direction for use of the medication and person's name.
 - b. Sample medication shall be provided in the original packaging.
 3. A list of all current medication (including instructions of taking medication) shall be given to the person with medication.
 4. Medication is provided in safety closure containers (child proof container) unless the person consents to a non-child proof container or medication box.

5. Medication information will be provided for each new medication the person receives, and this information will be documented in the person's chart.
 - j. The Registered Nurse will have the person /parent/guardian initial the Medication Log (Exhibit 1) to indicate receipt of medication and instructions.
 - k. There shall be documentation in the person's plan of service if he/she is in need of assistance in taking oral medication or has special dietary needs and restrictions associated with medication use. Regular evaluation of the need for assistance shall be documented in the person's file through periodic plan of service reviews.
 - l. The telephone number of the nearest poison control center shall be visibly posted for use at all locations where medication is administered.
5. Inventory Control - Sample/PAP Medications
- a. Nurse documents receipt of all sample medications as received (batch by quarter).
 - b. Nurse/Doctor maintain a Medication Log of each medication dispensed (Exhibit 1).
 - c. Nurse conducts a quarterly audit of all sample medications on hand (all medications, all doses)
 - d. Nurse/Doctor selects a random medication(s) and dose/doses for audit:
 1. $[\text{Number at last audit} + \text{number received}] - \text{number dispensed} = \text{number remaining}$.
 2. When audit reveals greater than a 5% discrepancy, access and dispensing of sample medication will be reviewed.
 3. Record of audit will be maintained on file for at least 2 years.
6. Controlled Medication
- a. No staff, other than approved individuals (nurses, physicians and authorized case managers) shall handle, have access to, count, distribute or in any other way touch, and identify any of the controlled medication.
 - b. All controlled medication will be logged in on the person's Controlled Medication Inventory form on the same date that they are received. (See Exhibit 4).

- c. All controlled medication will be stored under two locks in a designated area.
- d. All controlled medication, when being placed in the medication box for distribution, will be logged out on the person's Controlled Medication Inventory form (Exhibit 4).

B. Storage of Medications Using Medication Boxes

This is a stepwise/progressive process in helping individuals achieve self-reliance for adherence to their own medication management.

STEP ONE:

1. A person's medication may be stored on the clinic premises on a time limited basis according to the written plan of service where the following criteria exist:
 - a. The person has difficulty complying with an oral medication regimen;
 - b. The I-Team determines a clinical need to monitor the person's level of medication adherence;
 - c. The person agrees to having his/her medications stored at clinic site; and
 - d. The person is evaluated, and it is determined he/she has difficulty complying with and or understanding his/her medication regimen.
2. Where the treatment team has determined that there is a need to hold and distribute the person's medication on an agreed upon schedule:
 - a. The person must agree to have clinic staff hold and distribute medication;
 - b. The registered nurse will assist the person in setting up the person's medication in med box pursuant to individual need;
 - c. The registered nurse will deliver the medication to the person (or a person designated as responsible for giving the medications to the person served) on an agreed upon schedule.
 - d. At time of delivery, the staff will exchange "filled" med boxes for "empty" med boxes and make notation on the progress note for any discrepancies in medication adherence, changes in symptoms or side effects, etc. Staff will inform physician of all noted discrepancies;
 - e. Staff will obtain person's signature on the Medication Form to indicate receipt of the medication(s) (See Exhibit 3); and

- f. A list of all current medications (including instructions of taking medication) will be provided to the person along with the medications box.

STEP TWO:

1. When persons served medications are not stored on the clinic premises, a nurse will assist those persons served in setting up their own medication boxes on a time limited basis according to the written plan of service. This applies where:
 - a. Medication adherence is questioned, but the person has demonstrated ability to comply when med boxes are set up by nurse or set up by the person and nurse together.
 - b. The person complies with medication regimen but has requested some assistance on managing medication. Medication boxes may be provided as an assisted device to prompt self-management of the medication.
2. Registered nurse will assist consumer in setting up med boxes by completing the following steps:
 - a. The registered nurse will observe/assist persons served in reading the instructions and ensure complete comprehension of the instructions, identifying the appropriate medications, and setting them up in the medication boxes.
 - b. Provide health teaching for medication management to support persons served in managing and adhering to the prescribed regimens.
3. In addition to the above, the registered nurse or other treatment team members will document in the record any of the following:
 - a. When it is determined the person is not taking his/her medication or not taking it as prescribed, the staff member will record the amount and duration of this deviation in the progress notes and inform physician.
 - b. Per physician's order, when a medication is withheld by the registered nurse for medical reasons, the registered nurse records this data in the progress notes. An ongoing monitoring of person's response to the change will be maintained and documented.

C. Safe Storage of Medication (General)

1. Only authorized personnel (nurses, physicians as authorized by the Chief Medical Officer) will have access to the medication storage area.

2. All medication shall be kept in the locked medication room or locked medication cabinets. Related items, such as syringes, needles, sharps containers, and latex gloves shall be kept in the same area but separated from the medication.
3. All medication and supplies will be stored in appropriate conditions to protect their integrity, stability, and effectiveness. The storage room will have adequate control of temperature, light, ventilation, and moisture. The refrigerator shall be cleaned and defrosted by assigned staff on monthly basis, and temperature shall be maintained at least 45-degree Fahrenheit and monitored by a thermometer.
4. Assigned nursing staff will monitor medication room or medication cabinets on a monthly rotation schedule to ensure adequate supplies are in stock. The supplies include, but are not limited to, sample medication, injectable medication and other medical supplies, such as gloves, syringes, and alcohol swabs, needles, etc.
5. Assigned nursing staff is responsible for placing orders and obtaining the injectable medication.
6. Assigned nursing staff will fill out a purchase requisition and submit to clerical staff to order appropriate medical supplies as needed.
7. The assigned staff is responsible for restocking the supplies.

D. Safe Disposal of Medication

1. All outdated or otherwise unusable medications shall be disposed of through the approved Medical Waste Management System. Disposal of all medication shall be documented on the Medication Log (See Exhibit 1) and signed by a MCCMH registered nurse and one witness.
2. A secured designated area will be appointed to store all medical waste until pick up at each work site.
3. Disposed medication shall be placed in a container with biohazardous signs. Containers shall be provided by Medical Waste Management System.
4. The approved Medical Waste Management System picks up all medical waste on a quarterly schedule or as needed.

E. Safe Disposal of Needles / Syringes

1. After using a needle, discard the needle without recapping in the sharp's container.
2. Sharps containers:
 - a. Must be readily and easily accessible;

- b. Must not be overfilled (up to $\frac{3}{4}$ full only);
 - c. Must be properly labeled, or color coded as biohazard.
 - d. Must be closed immediately prior to removal or replacement; and
 - e. Must be replaced after 90 days of starting use, or $\frac{3}{4}$ full.
3. Contaminated disposable needles shall not be bent, broken, or removed. Shearing or cutting the needles are also prohibited. When the disposal box is almost filled, seal the box and store it in a rigid cardboard container marked "Biohazard" until incinerated or picked up by a licensed vendor for proper disposal.
 4. Safety self-sheathing needle and syringes are standard equipment for injectable medication administration, except unit dose packaging.
 5. Secured sharp container units are placed in a rigid container with biohazard emblem to transport and dispose regulated medical waste.
 6. Do not discard used or unused needles into trash receptacles.
 7. In the event of a needle stick injury, the employee should:
 - a. Immediately wash the wound vigorously with soap and running water.
 - b. If desired, apply alcohol or hydrogen peroxide to the wound; and notify the supervisor of the incident as soon as possible.
 - c. Macomb County Bloodborne Pathogen Exposure Procedure shall be followed.

V. EXHIBITS

- A. Medication Log (Sample)
- B. Medication Room Inspection Form
- C. Medication Form
- D. Consumers' Controlled Medication Inventory Form

VI. REFERENCES:

- A. MCCMH MCO Policy 2-051

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	10/13/21	Annual Update	Jeffrey Clark

MEDICATION LOG (Received, Provided, Disposal)

Sample) Risperdal Consta 12.5/25/37.5/50mg inj

Agency _____

DATE	CASE#	STRENGTH	# PILLS vials / syringes	EXPIRES	LOT #	DOCTOR	NURSE	CONSUMER / PARENT / GUARDIAN INITIAL	P A P	S A M P L E	R E C E I V E D	P R O V I D E D	D I S P O S E D
12/10/09		25mg	10	060/5/11	Z1904572	House	Nightingale			X	X		
12/12/09	845-253	25mg	1	06/05/11	Z1904572	Good wrench	Feelgood	J.C. (Joe Consumer)	X			X	

DATE	CASE#	STRENGTH	# PILLS vials / syringes	EXPIRES	LOT #	DOCTOR	NURSE	CONSUMER / PARENT / GUARDIAN INITIAL	P A P	S A M P L E	R E C E I V E D	P R O V I D E D	D I S P O S E D

* This form is to be used for Sample, PAP, and Injectable medications provided to consumers.

1. Check: "R" Received, "P" Provided (Distributed), or "D" Disposal. Ensure Consumer/Parent/Guardian initials where indicated.
2. Once completed, this form is to be retained in a secure place.
3. Forward a copy of completed forms to the Office of the Chief Medical Officer on a quarterly basis.

Medication Room Inspections

Location: _____

PRESCRIPTION MEDICATIONS

[Control, Accountability, and Security]

Policies / Procedures:

Clinic has policies and procedure which address the control for all medications (Samples & Industry Indigent Medications), needles and syringes.

Present:

YES NO N/A

Note: Reporting and review of significant medication errors and adverse drug reactions applies to all medications prescribed, including samples. Clinics may be required to have a formulary. *JCAHO standards are the same for hospitals and free-standing clinics.*

Obtaining sample medications:

Authorization provided by physician(s) for nurses to receive and/or store and dispense sample and indigent medication.

YES NO N/A

Documentation of all sample medications received by the clinic (folder of receipts or FOCUS log).

YES NO N/A

Medication storage/security:

Adequate control of temperature, light, moisture, and ventilation.

YES NO N/A

Orderly storage, e.g., therapeutic class, alphabetize
by medication. YES NO N/A

Documented routine inspection of storage area. YES NO N/A

All medications are within their expiration date. YES NO N/A

Medical waste management contract for disposal
of medications utilized. YES NO N/A

Locked limited access to medications, syringes,
needles. YES NO N/A

List of **all** individuals with access. YES NO N/A

Medication Room Inspections

(continued)

Appropriate labeling:

Sample medications YES NO N/A

Pharmaceutical Industry Indigent medications YES NO N/A

Child proof containers available in dispensing
area. YES NO N/A

Documentation of dispensing:

In Medical record YES NO N/A

On the dispensing log (or FOCUS log) YES NO N/A

A drug recall mechanism established YES NO N/A

Emergency Medications:

In a locked container YES NO N/A

Labeled with drugs, dosage range, and
expiration date YES NO N/A

Sign out sheet in container YES NO N/A

Injectables (decanoates):

Dated when opened YES NO N/A

Licenses:

Nursing (active license posted in drug room) YES NO N/A

Drug Control License YES NO N/A

Consumer Information Handouts available YES NO N/A

Signature of authorized inspector:

Date

MEDICATION FORM

CLIENT: _____

CASE # _____

WRITTEN INSTRUCTIONS

Date ordered:	Date ordered:

VISUAL INSTRUCTIONS

MEDICATIONS	AM	NOON	EVE	BED	MEDICATIONS	AM	NOON	EVE	BED

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____

_____ IM Given: Yes: _____ No: _____

Given: _____

_____ Scheduled Box Exchange

Taken as prescribed: _____

Other: _____

_____ Assessment of symptoms and/or side effects:

Comments: My med box is complete.

I understand my meds/med box and its use.

Signature: _____

(Client)

(Staff)

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____

_____ IM Given: Yes: _____ No: _____

Given: _____

_____ Scheduled Box Exchange

Taken as prescribed: _____

Other: _____

_____ Assessment of symptoms and/or side effects:

Comments: My med box is complete.

I understand my meds/med box and its use.

Signature: _____

(Client)

(Staff)

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____

_____ IM Given: Yes: _____ No: _____

Given: _____

_____ Scheduled Box Exchange

Taken as prescribed: _____

Other: _____

_____ Assessment of symptoms and/or side effects:

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: _____

(Client)

(Staff)

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____

_____ IM Given: Yes: _____ No: _____

Given: _____

_____ Scheduled Box Exchange

Taken as prescribed: _____

Other: _____

_____ Assessment of symptoms and/or side effects:

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: _____

(Client)

(Staff)

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____

_____ IM Given: Yes: _____ No: _____

Given: _____

_____ Scheduled Box Exchange

Taken as prescribed: _____

Other: _____

_____ Assessment of symptoms and/or side effects:

Comments: My med box is complete.

I understand my meds/med box and its use.

Signature: _____

(Client)

(Staff)

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____

_____ IM Given: Yes: _____ No: _____

Given: _____

_____ Scheduled Box Exchange

Taken as prescribed: _____

Other: _____

_____ Assessment of symptoms and/or side effects:

Comments: My med box is complete.

I understand my meds/med box and its use.

Signature: _____

(Client)

(Staff)

<p>Date: _____</p> <p>_____ Eyes on Taken: Yes: _____ No: _____</p> <p>_____ IM Given: Yes: _____ No: _____</p> <p>Given: _____</p> <p>_____ Scheduled Box Exchange</p> <p>Taken as prescribed: _____</p> <p>Other: _____</p> <p>_____ Assessment of symptoms and/or side effects:</p> <p>_____</p> <p>_____</p> <p>Comments: My med box is complete.</p> <p>I understand my meds/med box and its use.</p> <p>Signature: _____</p> <p style="padding-left: 40px;">(Client)</p> <p>_____</p> <p style="padding-left: 40px;">(Staff)</p>	<p>Date: _____</p> <p>_____ Eyes on Taken: Yes: _____ No: _____</p> <p>_____ IM Given: Yes: _____ No: _____</p> <p>Given: _____</p> <p>_____ Scheduled Box Exchange</p> <p>Taken as prescribed: _____</p> <p>Other: _____</p> <p>_____ Assessment of symptoms and/or side effects:</p> <p>_____</p> <p>_____</p> <p>Comments: My med box is complete.</p> <p>I understand my meds/med box and its use.</p> <p>Signature: _____</p> <p style="padding-left: 40px;">(Client)</p> <p>_____</p> <p style="padding-left: 40px;">(Staff)</p>
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Form contains the following information:

Consumer's Name / Case Number

Complete **Written Instructions** of all current consumer's medication orders prescribed by the MCCMH Psychiatrist. When changes occur on consumer's medication orders, the Registered Nurse will highlight the discontinued medication and write the new medication order on the same page below.

Under **Visual Instructions**, each medication will be listed under medication, and corresponding quantity number of pill(s) will be indicated under each time slot per prescription order.

Date of the contact will be documented under **Date**.

If a consumer took medication in front of staff or an IM medication was administered, the staff will indicate those actions on the form.

The amount of medication supplied to the consumer in the med box will be indicated under **Given** column.

Any medication related to non-adherence behavior, reported symptoms or side effects will be documented on the form during contact. Detailed documentation and medication administration record will be reflected in consumer's electronic records after the contact.

Consumer and staff both will sign the form and indicate Medication Box delivery and receipt.

MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES

Consumer's Controlled Medication Inventory Form

Name:	Case #:	RN:	Dr: Agency:
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Pharmacy:	Phone #:	Fax #:
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Date	Medication	Dosage	Qty	Expiration	Rx#	In	Out	Bal	Disposed	RN Signature(s)

- * Dispose: Two (2) Nurses signatures are needed for disposal of meds
1. Once completed, this form is to be retained in a secure place.
 2. Forward a copy of completed forms to the Office of the Chief Medical Officer on a quarterly basis.