



VOLUME 4: MEDICAL SERVICES	Effective Date: 10/2008
CHAPTER 11	Revision Date: 01/2016
4.11.3 MEDICATION STORAGE AND ACCOUNTABILITY PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

This procedure provides guidelines for the storage and accountability of medication in medication administration areas in the outpatient setting.

II. RESPONSIBILITY

The Chief Executive Officer or designee of each institution is responsible for the implementation, monitoring, and evaluation of and compliance with this procedure.

III. PROCEDURE

A. General Medication Storage Procedures

1. Controlled medications shall be stored separately from non-controlled medications.
2. Medications shall not be left exposed to the environment (i.e., out of containers or in containers with lids left off overnight) or left unsecured.
3. Medications shall be kept in the original and appropriately labeled containers until the time of administration.
4. Unused/unopened unit dose medication that has not left the control of licensed health care staff shall be returned to stock.
5. Opened, refused, or contaminated medications shall be disposed of in the appropriate pharmaceutical waste container in accordance with Inmate Medical Services Policies and Procedures (IMSP&P) Volume 9, Chapter 16, Expiration Dates, Beyond Use Dates and Disposition of Outdated, Contaminated, Mislabeled, or Overstocked and Recalled Medications.
6. Refrigerated medications shall not be stored with food, drink, or laboratory specimens.

B. Controlled Substance (DEA Schedules II-V) Accountability Procedures in Medication Administration Areas

1. Access to controlled substances shall be limited to designated licensed nursing staff who have a key to the controlled substances cabinet in the medication administration area. Designated nursing staff shall be responsible and accountable for the controlled substances during that shift.
2. Controlled substances shall be securely maintained and double locked in the medication area at all times unless being administered.
3. A record of all receipts, administration, and waste or return of controlled substances shall be kept in all areas that stock controlled substances using the approved inventory control method.
4. At every shift change, two licensed nursing staff (incoming and outgoing, if available) shall physically inventory the controlled substances for accuracy and accountability.

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5. Any discrepancies noted in the controlled substance counts shall be reported in accordance with IMSP&P Volume 9, Chapter 18. When a discrepancy in the count is noted, no staff shall leave the area until the Supervising Registered Nurse on duty is notified and an attempt is made to rectify the count. All participating staff shall document the incident and attempt to rectify the error. A list of all staff working in the area where the discrepancy is found shall be noted on the report and the Pharmacist In Charge or designee shall be notified immediately.

C. Returning Medications to the Pharmacy

Medications shall be returned to the pharmacy if:

1. The medication container has been filled with the wrong drug, dose, and/or quantity.
2. The container has been mislabeled (e.g., wrong administration method).
3. The medication is a duplicate order/issue.
4. The patient has paroled or transferred.
5. The medication has expired.
6. The medication has been discontinued.
7. The patient has refused to take all doses of a medication.
8. The medication has been confiscated and identification is needed.
9. The order has expired without renewal.

IV. REFERENCES

- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 16, Expiration Dates, Beyond-Use Dates and Disposition of Outdated, Contaminated, Mislabeled, or Overstocked and Recalled Medications
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 18, Ordering, Securing, and Disposing of DEA Schedule II, III, IV, and V Controlled Medications