



<b>VOLUME 9: PHARMACY SERVICES</b>	Effective Date: 06/2002
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<b>9.6 AFTER-HOURS MEDICATION SUPPLY PROCEDURE</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. PROCEDURE OVERVIEW

The pharmacy shall establish a supply of medications accessible to designated licensed nursing staff without entering the pharmacy. The Automated Dispensing Cabinet (ADC), also known as an Omnicell unit, is intended for use during times when the pharmacy is closed. In the event that necessary medications are not available in the ADC, refer to Inmate Medical Services Policies and Procedures (IMSP&P), Volume 9, Chapter 7, After-hours Pharmacy Services.

## II. PURPOSE

To establish guidelines for the use of ADCs to meet the needs for medication supplies and provide continuity of care via secure means during times when the pharmacy is closed.

## III. DEFINITIONS

**After-hours:** Times when the pharmacy is closed or unavailable including holidays, weekends, and after regular business hours.

**Automated Dispensing Cabinet:** A controlled storage unit that permits licensed nursing staff controlled access to necessary medications after the pharmacy's normal business hours.

**Controlled Access:** The means to prevent unauthorized access to the ADC either by lock and key or electronic device using fingerprint access or passwords.

**Pharmacy Administrator:** Pharmacy staff designated by the Pharmacist-in-Charge (PIC) to oversee the maintenance of databases within the ADC inclusive of the drug formulary and access rights.

**Cycle Count:** An inventory auditing procedure involving a small subset of inventory in a specific location counted on a specified day. The purpose of cycle counting is to verify the inventory accuracy and to identify the root causes of inventory errors.

## IV. PROCEDURE

### A. Automated Dispensing Cabinet Use

1. Medications shall be removed from the ADC only upon authorization by a pharmacist after reviewing the order and the patient's profile for potential contraindications and adverse drug reactions except as described in IV(A)(1)(b) pursuant to regulations.
  - a. Use of the ADC during pharmacy business hours is only permitted in licensed units and Triage and Treatment Areas when the medication is ordered for "STAT" (immediate) administration in an emergency situation.
  - b. A pharmacist shall review the orders for medications withdrawn from the ADC for emergency administration no later than the next business day.

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2. With the exception of a rescue inhaler and sublingual nitroglycerin, a sending institution shall not withdraw from the ADC to provide transfer medications.
3. When a patient arrives at an institution without medications, the licensed nurse shall withdraw any missing medications from the ADC on a dose-by-dose basis to ensure continuity of medical care. Unit-of-use medications ordered Keep-On-Person (KOP), such as eye drops or topical medications, shall be taken to the nurse administration area (e.g., pill room) to be administered by licensed nursing staff until the pharmacy can label the medication to provide it as KOP to the patient.

## **B. Contents of the Automated Dispensing Cabinet**

1. In consultation with the Chief Medical Executive; Chief Executive Officer; Chief Nurse Executive (CNE); Chief Psychiatrist or Senior Psychiatrist; and Supervising Dentist or their respective designees, the PIC and the local Pharmacy and Therapeutics Committee or equivalent shall prepare, update, and approve the types, dosages, and quantities of drugs stocked in the ADC to meet the reasonable needs of the institution.
2. The contents of the ADC shall be reviewed by the PIC in collaboration with the staff listed in Section IV(B)(1) above for appropriateness on a regular basis, but not less than annually.
3. Controlled Substances are prohibited from placement in the ADC without the written permission of the Statewide Chief of Pharmacy Services.
4. Over-the-counter (OTC) nurse protocol medications shall not be stored in the ADC.
5. Medications stored and dispensed from the ADC shall conform to federal and state laws and regulations pursuant to a valid prescription order in accordance with IMSP&P Volume 9, Chapter 9 Prescription Requirements.

## **C. Functionality**

Any issues with the function or contents of the ADC shall be reported to the Supervising Registered Nurse II (SRN II) on duty and the PIC upon discovery.

## **D. Security**

1. The PIC and the CNE or respective designees are responsible for ensuring that access to the ADC is limited to appropriate designated licensed staff.
2. The PIC or designee shall have administrative access to the ADC.
3. The PIC is responsible for designating the “access level” for each licensed nursing staff granted access to the ADC.
  - a. The Pharmacy Administrator(s) shall maintain the permanent staff access file within the ADC.
  - b. The CNE or designee is responsible for providing updates for licensed nursing staff access to the PIC or designee.
4. Temporary access may be granted by the CNE or supervising nurse. The CNE or supervising nurse granting the access shall provide the PIC via e-mail the Last Name, First Name and classification of all licensed nursing staff granted access.
5. All temporary access expires in 24 hours.
6. Information Security policies shall apply and be enforced for accountability of after-hours access.
7. Medications shall be removed from the ADC by licensed nursing staff only after entering patient-specific information.

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## **E. Pharmacists' Responsibilities**

The PIC or designee shall have the following responsibilities:

1. Train pharmacy staff prior to their use of the ADC.
2. Maintain accountability for the drugs in the ADC.
3. Ensure medications stored and dispensed from the ADC conform to federal and state laws and regulations pursuant to a valid prescription order in accordance with IMSP&P, Volume 9, Chapter 9, Prescription Requirements.
4. Conduct a monthly ADC inspection to ensure that medications continue to meet drug dating, labeling, and storage requirements (including proper location) within the ADC.
5. A cycle count of each location within the ADC shall be conducted at least quarterly.
6. Each business day when the pharmacy opens, the PIC or designee shall:
  - a. Review the medication usage since the pharmacy last closed.
  - b. Enter the information from the ADC into the prescription database to create the patient drug profile.
  - c. Verify providers' orders against the ADC transaction log.
  - d. Investigate discrepancies and resolve at the ADC level. Discrepancies involving nursing shall be referred to the CNE or designee for resolution.
7. Restock the ADC up to the established par level at intervals determined by electronic prompting by the ADC.

## **F. Nursing Responsibilities**

The CNE or designee shall be responsible to establish and maintain nursing procedures to provide for control and accountability of medications removed from the ADC.

1. The CNE or designee shall ensure only licensed nursing staff acting within their scope of practice are designated to have access to the ADC and are scheduled to allow uninterrupted access to the ADC after pharmacy hours.
2. The CNE or designee shall ensure licensed nursing staff:
  - a. Are trained prior to their use of the ADC.
  - b. Follow appropriate policies and procedures in the administration of medications from the ADC.
  - c. Have a valid provider's order corresponding to the medication or have a current unexpired prescription recorded in the Medication Administration Record (MAR) for any withdrawals from the ADC.
  - d. Do not withdraw OTC medications from the ADC to be administered or provided to a patient pursuant to nurse protocols.
  - e. Place a copy of the MAR or CDC 7221, Physician's Orders, in a designated area, or the order must appear in the patient's health record.
  - f. Complete all information requested by the ADC in the course of a medication withdrawal/return.
  - g. Complete the "null" transaction process when they open a container but do not remove a medication from the machine.
3. Oral medications shall be withdrawn from the ADC only on a dose-by-dose basis for immediate administration to the patient. Additional doses for future administrations shall not be withdrawn until the time of administration.
4. The only medications that shall be withdrawn from the ADC to be given to the patient for self administration (KOP) are rescue medications, namely sublingual nitroglycerin and bronchial inhalers.

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5. Oral medications, other than sublingual nitroglycerin, shall never be withdrawn to provide to the patient as KOP. This is considered dispensing under the law and places licensed nursing staff outside of their scope of practice.
6. Unit-of-use items (e.g., eye drops, creams) other than bronchial inhalers must be administered by licensed nurse staff until properly labeled by the pharmacy.
7. When multi-dose vials are withdrawn from the ADC, the remainder of the vial shall be kept at the administration location for future administration after documenting the “date opened” on the vial.
8. Each withdrawal is patient-specific. Medications for multiple patients shall not be removed in a single transaction.
9. Medications that are dispensed from an ADC without a corresponding patient name shall be managed as if it were a theft/loss and immediately reported by nursing staff to the CNE and PIC or their respective designees in accordance with IMSP&P, Volume 9, Chapter 21, Break-In, Theft/Loss from Pharmacy or Medication Storage Areas.

## **G. Troubleshooting**

1. In the event of ADC failure either due to mechanical issues or related to an institutional event such as power failure or a network outage, the SRN II on duty shall be notified immediately. The SRN II shall post a sign on the ADC indicating it is “out of order” and either direct the licensed nursing staff to an alternate ADC or activate alternate procedures.
2. For mechanical issues unrelated to institutional events, the SRN II on duty shall notify the 24-Hour Omnicell Help Desk at 1-800-910-2220. The Omnicell Help Desk will need the serial number located inside the top cabinet of the ADC.
3. Alternate procedures
  - a. In the event of complete ADC failure, the institution shall access after-hours pharmacy services in accordance with IMSP&P, Volume 9, Chapter 7, After-hours Pharmacy Services.
  - b. In the rare and documented event that institutional needs have not been met as described in Sections IV(G)(1) and IV(G)(2) each institution shall have a Local Operating Procedure (LOP) to ensure there is access to after-hours medications. This LOP shall include access to a set of ADC keys. As the ADC is legally considered part of the pharmacy, these keys must be maintained with the strictest of control.
  - c. The emergency access keys shall be controlled by custody such that they are inaccessible without notifications (e.g., within a glass key box). When accessed, there shall be a log kept which shall include date and time of issue, printed name and signature of the staff signing out the key, date and time returned, and printed name and signature of the staff returning the key.
  - d. The SRN II shall be notified of the need for emergency access with ADC keys. It is the SRN II’s responsibility to notify the PIC of emergency access so the PIC can address the issue the next business day.
  - e. The CNE or designee shall designate licensed nursing staff that shall use the keys to access the ADC. The CNE or designee shall be responsible for training staff in the use of the keys to access the ADC unit.
  - f. When the ADC has been accessed with the keys, the designated licensed nursing staff shall remain with the ADC until the ADC has been secured.

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- g. When the ADC has been accessed with the keys, the supporting patient documentation required as described in Section IV(F)(2)(e) shall include a notation that medications were removed with keys and shall identify which drugs, strengths, and quantities were taken.

## H. Discrepancies

1. The Pharmacy Administrator shall schedule the ADC Discrepancy Report to be generated daily and e-mailed to the CNE and the PIC or their respective designees.
2. Discrepancies shall be immediately investigated by an SRN II for nursing staff issues and the PIC for pharmacy staff issues. A copy of the resolved discrepancy report shall be submitted to the CNE and the PIC or their respective designees.
3. Unresolved discrepancies or missing medications from the ADC shall be handled as a theft/loss and immediately reported by the discovering nursing or pharmacy staff or SRNII to the CNE and PIC in accordance with IMSP&P Volume 9, Chapter 21 Break-In, Theft/Loss from Pharmacy or Medication Storage Areas.

## V. REFERENCES

- California Business and Professions Code, Division 2, Chapter 9, Article 13, Section 4186
- California Correctional Health Care Services, Administrative Policies, Section 6, Information Technology
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 7, After-hours Pharmacy Services
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 9 Prescription Requirements
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 9, Chapter 21 Break-In, Theft/Loss from Pharmacy or Medication Storage Areas.