



STATE OF ALABAMA DEPARTMENT
PUBLIC HEALTH

Donald E. Williams
State Health Commissioner

May 28, 2002

MEMORANDUM

TO: Area Health Officers
Area & Assistant Area Administrators
Area Nursing Directors
Area Disease Control Directors & Program Director
Area Home Care Directors
Area Home Care Managers
Area Clerical Directors
County Office Managers
County Home Care Supervisors
County Clinic Supervisors

FROM: Charles C. Thomas, Pharmacy Director
Office of Professional & Support Services

RE: Policy on Prescription Medication Security & Accountability
Policy #02-09
(Replaces Policy #98-20)

*Charles
your copy*

Attached is the Policy on Prescription Medication Security & Accountability (Policy # 02-09). This policy replaces Policy #98-20. Please destroy that version.

Section II. Procedure, G. Inventories, has been revised. There have also been several editorial changes. If you have any questions, please contact me at 334-206-5666 or e-mail me at: charliethomas@adph.state.al.us.

CT/f
Enclosure

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PRESCRIPTION MEDICATION SECURITY AND ACCOUNTABILITY

I. PURPOSE

To provide for the appropriate security and accountability for prescription medications used and dispensed in the health department clinical programs.

A. Policy

Chain of custody must be observed in all transactions involving medications in the department. When a drug or a group of drugs changes hands from one person to another, a record must be made of that transaction in such a way that drugs can be traced from entry to exit in the public health system.

B. General Considerations

1. Medications must be in the custody of a specific person while they are in the health department. When a drug or a group of drugs changes hands from one person to another, a record must be made of that transaction. In this way drugs can be tracked from entry to exit in the public health system. The following is an example of how to accomplish this goal:

When an order for drugs is received in a clinic, a clerk, aide, or nurse signs the invoice or packing slip and verifies those drugs were received. That group of drugs is then in the custody of the person who signed for them. That person then must take the drugs to the drug room in the clinic and releases them to the nurse in charge of the drugs. This nurse then initials the invoice or packing sheet again verifying the drugs were brought to the drug room and entered into the drug inventory. When a nurse, clerk, or aide transfers drugs from the drug room to a treatment room, he/she signs the drugs out of the drug room using the form Medication Requisition/Inventory form (ADPH-PH-3/3-98(BS)) (copy attached). The nurse, clerk, or aide then takes them to a treatment room and locks them in a drawer or cabinet. When the medicine is dispensed, a record is made in the patient's chart. Only a nurse, pharmacist, or physician can keep keys to the locked drugs.

2. In the case of small counties where the supply of drugs goes directly to the treatment room, the inventory form can just reflect that the drugs are in the treatment room. If the nurse is not in the clinic when the drug order is delivered then the clerk or aide can lock them up with general supplies, while keeping them still sealed in the delivery box, until the nurse comes to the clinic.
3. In the above scenario, someone has custody of the drugs at all times. When a drug is transferred from one clinic to another, picked up and taken back to central office, or mailed or otherwise disposed of, a record must be made each time the drug or drugs changes hands. The form for this is entitled, ADPH Medication Requisition/Inventory Form ADPH-PH-3/3-98(BS).

II. PROCEDURE

A. Receiving Medications into a Clinic

When an order is received, the invoice must be dated and the drugs verified as being received by the signature of the health department employee who received them. The invoice copy must be kept for a minimum of two years at the clinic where the drugs were received. The invoice must be forwarded for payment, to the program manager or

proper finance personnel, with the information recorded on the invoice. The drugs must be put under lock and key awaiting further dispensation. The drugs are to be entered into the running inventory on the inventory sheet at this time.

B. Transferring Drugs from Drug Storage to a Treatment Room

When drugs are taken out of bulk storage and put in a treatment room, the nurse, clerk, or aide who transfers them out of bulk storage must fill out the form entitled Medication Requisition/Inventory Form (ADPH-PH-3/3-98(BS)). In the case of vaccines, the current method (as of February 1998) of accountability is acceptable.

C. Dispensing Medications

When a medication is dispensed to a patient, proper documentation is entered in the CHR and other programmatic documents. Refer to Filling of Prescriptions, Policy #98-13 for full information about dispensing medications.

D. Documentation

When drugs are removed from the health department or destroyed, the transaction must be recorded on the form Medication Requisition/Inventory Form (ADPH-PH-3/3-98(BS)). Copies of documentation should be sent to the program director according to program protocol, within 30 days, and retained at the county health department facility for at least 2 years. Document the following information (as required on the corresponding numbers on the form.):

Date destroyed, transferred, etc.

15., 16., 17., 18., 19. Name of drug, quantity, strength

15. NDC # of drug

19. Lot No.

20. Expiration date

11.-14. Names and signatures of witnesses or persons receiving medications.

E. Security

1. When not under the direct supervision of a nurse, pharmacist, or physician prescription medication must be kept locked in a separate location from other supplies. Certain non-prescription (e.g. Monistat) medications may also be kept locked with the prescription medication as may be deemed necessary. These drugs may be locked in a separate cabinet with the prescription drugs within a supply room area or elsewhere, in a separate room, or in locked cabinets. Refrigerated items must be kept in the refrigerator: A drug is considered to be a prescription medication when the following words are printed on the container: "Caution: Federal (US) law prohibits dispensing without prescription".

2. Storing drugs.

All prescription legend drugs must be kept separated from all other supplies and under lock and key. Only a nurse, pharmacist, or physician can have a key.

F. Drug Disposal Policy

Expiration dates, drug recalls, and defective drugs should all be monitored on a regular basis. Stock should be rotated with shortest expiration dates used first.

- b. Complete a PH3 form to document the transaction if the drug was destroyed.

6. Family Health Medications

Contraceptives:

- a. Contact local drug company representative. Most of them will replace outdated, recalled, or defective medications.
- b. If you are given credit and instructed to destroy the medication, destroy it in a sharps container, document it on the form entitled, ADPH Medication Requisition/Inventory Form (ADPH-PH-3/3-98(BS)) and sign the form with at least one other witness.

7. Other drugs:

Document them on the Medication Requisition/Inventory Form (ADPH-PH-3/3-98(BS)). Destroy in sharps container, and sign the form with at least one other witness.

8. Emergency medications:

Pre-filled syringes or medication with needles attached, liquid medication, broken glass and emptied vials/ampules should be discarded in sharps container.

9. Out-of-date Drugs

a. Separate Locked Storage

All out-of-date drugs should be taken out of stock and stored, locked, on a separate shelf or area designated for out-of-date drugs until they are sent back, or destroyed. Outdated refrigerated drugs should also be put there.

b. Where to Send

Out-of-date drugs should be sent back to the program director or manufacturer for credit. Refer to the policy for each program.

- c. Always dispose of outdated, recalled, and defective drugs in a timely manner (at least every 3 months).

G. Inventories

All drugs must be inventoried by a registered nurse or by a clerk or aide under the direct supervision of a nurse **within the last ten working days** of each quarter using the ADPH Medication Requisition/Inventory Form (ADPH-PH-3/3/98(BS)). Quarters are defined as January-March, April-June, July-September, and October-December.

H. Return Drugs from Patients

Alabama law does not allow prescriptions/medications to be returned for any reason once they leave the clinic.