BHS Policies and Procedures

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: BHS Medication Handling in Residential Facilities

Issued By:

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References: California Business and Professions Code, Section 4081; California Code of Regulations, Title 9, Section 1810.435, and Title 22, Sections 80075, 81075, 87465.

Substantive revision. Replaces Policy 3.01-5 dated November 2, 2022.

Equity Statement:
The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, members, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, lead with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse members. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our members' needs and lived experiences.

Purpose:

This policy and procedure serves as a guideline for compliance with state and federal laws and regulations as well as for general safe practice medications standards to ensure member medication safety in the MH (Mental Health) Residential, and Substance Use Disorder (SUD) Residential Treatment Facilities (RTF) setting.

Scope:
This policy applies to all DPH/BHS affiliated Residential Facilities licensed by California Department of Social Services (DSS) -Community Care Licensing Division (CCL), and SUD RTFs licensed by California Department of Health Care Services (DHCS).

Policy:

1) **Responsibility**
    a) Residential Facilities shall be in compliance with state and federal laws and regulations in the storage, disposal, and administration of medications. The Facility Administrator and Designees have shared responsibility to ensure that staff and premises are in compliance.
        i) The Facility Administrator and Designee are responsible in assuring that all staff are trained and supervised in the handling and securing of medications.
        ii) The Facility Administrator has responsibility to ensure compliance with policies and procedures, and laws, and regulations related to medication management.

2) **Medication Storage**
    a) The medication room/storage area shall be located in premises that are secure.
    b) The medication room/storage area shall be secure, clean, sanitary and orderly, with no clutter or extraneous items. Drugs are organized in a manner that prevents crowding and/or confusion. The facility shall have a schedule or procedure for cleaning and upkeep of the medication storage area.
    c) Medications labeled and intended for external use only (i.e., topical) shall be stored separately from medications intended for internal user (i.e., oral and injectable medications).
    d) Germicidals, cleaning agents, and test reagents are stored separately from all drugs.
    e) Drugs stored at room temperature are between 59° and 86°F. Room temperatures shall be logged each working day on the Room Temperature Log form (Attachment 1). For any out-of-range temperatures, contact your pharmacy provider or BHS pharmacy immediately to determine whether medications can still be used. Document actions taken on the Room Temperature Log form. Retain logs for at least three (3) years.
    f) Drugs requiring refrigeration are stored in a refrigerator between 36° and 46°F.
    g) Refrigerator temperatures shall be logged each working day on the Refrigerator Temperature Log form (Attachment 2). Contact your pharmacy provider or BHS Pharmacy immediately for instructions for any out-of-range temperatures to determine whether medications can still be used. Document actions on Refrigerator Temperature Log form. Retain Logs for at least three (3) years.
    h) If any vaccines are stored in refrigerators, storage and handling must be in compliance with the Center for Disease Control (CDC) guidelines. Refrigerator temperatures must be logged at the beginning and end of each working day. Vaccines cannot be stored in dormitory-style refrigerators which have a combined refrigerator and freezer in the same compartment.
    i) Drugs shall not to be stored in a refrigerator with any food or lab specimens. However, in an emergency, drugs must be stored in a locked closed container separated from food, and clearly labeled “DRUGS.”
    j) Except for certain vaccines, multiple dose injectable medications will be initiated and will have the expiration date recorded on the label when opened. Once opened, multiple dose vials expire in 28 days. Any open vial that appears to be contaminated or discolored shall be discarded and not used.

k) Vaccines in multidose vials that do not require reconstitution can be administered until the expiration date printed on the vial or vaccine packaging if the vial has been stored correctly and the vaccine is not visibly contaminated, unless otherwise specified by the manufacturer.
l) Drug containers are not cracked, soiled, or without secure closures.
m) Expired, contaminated, or deteriorated prescription medications, Over-the-Counter (OTC) medications, and/or medical supplies are not available for use and shall be properly disposed of. All medications and supplies shall be checked for expiration.
n) Medication, including over the counter medications and medical supply, expiration dates will be checked and documented on a monthly basis by a designated person with legal access to the medication room. Facilities may use the Monthly Expired Medication Review form (Attachment 3) to document completion. Records shall be retained for at least three (3) years.
o) Medication samples and drug vouchers are not allowed in the Residential Facilities.

3) Medication and Sharps Disposal

a) Medications for disposal include:
    i) Medications which are not taken by member upon termination of services.
    ii) Discontinued medications.
    iii) Discontinued, expired, abandoned, contaminated, or deteriorated medications.
b) Medication disposal documentation
    i) Medications disposed of shall be documented on a Centrally Stored Medication and Destruction Record form (Attachment A) by the facility administrator or a designated substitute and one other adult who is not a member. The Centrally Stored Medication and Destruction Record shall be placed in a member's medical record and retained per medical record policies, but not less than three (3) years. The Centrally Stored Medication and Destruction Record form shall include the following:
        (1) Name of the member.
        (2) Medication name and strength.
        (3) Quantity destroyed.
        (4) The prescription number and the name of the pharmacy.
        (5) The date medication was filled.
        (6) The date of destruction.
        (7) Names and signatures of the facility administrator or a designated substitute and one other adult who is not a member.
    ii) Additionally, a centralized readily retrievable record of medication disposal is required. A Medication Destruction Log (Attachment 4) shall be completed to document disposal, or a copy of the member's Centrally Stored Medication and Destruction Record may serve as a Medication Destruction Log and shall be retained for at least 3 years. (See Attachment A– Centrally Stored Medication and Destruction Record)

c) Proper medication and sharps disposal
    i) All medications shall be disposed of in accordance with applicable federal, state, and local regulations for the disposal of chemicals and potentially dangerous or hazardous substances.
    ii) Member medications may be returned to the dispensing pharmacy for disposal, or disposed of at the clinic through the use of a contracted medical waste disposal service (e.g., Stericycle) or destruction container (e.g., RxDestroyer)
    iii) Medication disposal "hazardous substances" bins are stored in a secure location not accessible to members.
    iv) Solid dosage form medications (e.g., pills, capsules) are removed from their original containers before disposal.
        (1) Non-Controlled Substances:
            (a) Non-Controlled pharmaceutical waste shall be place in the white waste container with the blue top that is puncture resistant and sealable when full. This container is labeled "Pharmaceutical Waste" and shall be stored in the medication room or other secure medication storage area.
            (b) The waste shall be removed by a licensed medical waste disposal company.
        (2) Controlled Substances
            (a) Controlled substances shall be placed in the "RxDestroyer" which is a white, puncture resistant container with a red top and sealable when full. This container is labeled "RxDestroyer," and shall be stored in the medication room or other secure medication storage area. RxDestroyer should only be used for destruction of controlled substances. All other pharmaceutical waste must be destroyed by placing in the blue and white pharmaceutical waste container as described above.
            (b) Directions for using "RxDestroyer"
                (i) Load medications into the bottle
                (ii) Tightly replace cap
                (iii) Gently shake to mix solution over medications. The bottle contains a solution that will dissolve medications on contact. Active medication ingredients are adsorbed or neutralized by activated charcoal.
                (iv) Note that the outer shells of capsules or patch materials will not dissolve
                (v) Bottle is full when contents are 2 inches from the cap. Do not overfill.
                (vi) When full, the full container shall be discarded into regular trash receptacle.
    v) Only individuals with authorized access to the medication may dispose of discontinued, expired, abandoned, contaminated, or deteriorated medications

vi) Sharps containers are stored in a secure location not accessible to members. Containers are disposed of in accordance with applicable federal, state, and local regulations for disposal of chemical and potentially dangerous or hazardous substances. The method of disposal may include the use of a contracted medical waste disposal service.

vii) Member Confidentiality

(1) Member identifiers, which are protected health information (PHI), include the member's name, medical record number, address, and date of birth. (Refer to San Francisco Department of Public Health Privacy and Data Security Policies)

(2) Labels or documents containing PHI are placed in confidential waste or physically destroyed, which may be accomplished by cross-cut shredding, pulverizing, pulping, incineration, or a combination of these techniques.

4) Handling of Members' Own Medications

a) Member medications are centrally stored under the following circumstances:

i) Preservation of the medication requires refrigeration.

ii) Any medication determined by the physician to be hazardous if kept in the personal possession of the member for whom it was prescribed.

iii) The medications are determined, by either the administrator or by the licensing agency, to be a safety hazard because of physical arrangements, the condition of the persons in the facility, or the habits of the persons in the facility.

iv) Medications may be released to a member upon the order of the prescriber

b) Record keeping requirements

i) For each member, the facility maintains the record of centrally stored prescription medications which are retained for at least three years and include the following:

(1) The name of the member for whom prescribed.
(2) The name of the prescribing physician.
(3) The drug name, strength and quantity.
(4) The date filled.
(5) The prescription number and the name of the issuing pharmacy.
(6) Expiration date.
(7) Number of refills.
(8) Instructions, if any, regarding control and custody of the medication.
(9) (See Attachment A – Centrally Stored Medication and Destruction Record)

c) Requirements for member medications which are centrally stored:

i) Medications are kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication. Logs of current approved personnel are maintained onsite at the facility. Each prescription vial identifies the items specified in the record keeping requirements of 1.2.2.

ii) Controlled medications, schedule II-V, shall be counted by two staff members at each shift change or any change in medication access responsibility. Any discrepancies shall be promptly investigated and addressed.
iii) All medications are labeled and maintained in compliance with label instructions, state laws, and federal laws.
iv) No person other than the dispensing pharmacist alters a prescription label.
v) Each member's medication is stored in the originally received prescription vial.
vi) No medications are transferred between prescription vials.
vii) Member medications shall not be "shared" under any circumstances. Member medications shall only be distributed to the specific member for whom it was prescribed and labeled.
viii) "Automatic medication refills" (i.e., automatic medication requests shall not be utilized for member medications stored in the medication room in compliance with CMS requirements mandating member consent for all prescription deliveries, new or refill. Member medications shall be requested as needed when supplies are depleted.
ix) Medications intended for internal use shall be separated from the medications intended for external use.
x) Discontinued, expired, abandoned, contaminated or deteriorated drugs shall not be used and shall be first sent to the dispensing pharmacy for the billing to be reversed if possible. If the issuing pharmacy does not accept returned dispensed medications, medications shall be disposed of as a hazardous medication waste.

5) Medication Monitoring

a) Non-injection medications
i) Medication monitoring shall occur for member self-administration of prescription and nonprescription medications.
ii) In adult facilities, staff who receive training may assist members with metered-dose inhalers, and dry powder inhalers if the following requirements are met:
(1) Facilities staff must receive training from a licensed professional. The facility shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures.
(2) The facility ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.
(3) All staff training is documented in the facility personnel files.

b) Injection medications
i) Facility staff, except those authorized by law, must not administer injections. However, staff designated by a licensee are authorized to assist members with self-administration of injections as needed.
ii) Assistance with self-administration does not include forcing a member to take medications, hiding or camouflaging medications in other substances without the

member's knowledge and consent, or otherwise infringing upon a member's right to refuse to take a medication.

c) As needed or "PRN" medications
   i) For every prescription and nonprescription medication to be taken as needed or "PRN" medication for which the licensee provides assistance, there is a signed, dated, prescription order from a physician.
   ii) The prescription order must be maintained in the member's file and the medication must be properly labeled.
   iii) Both the physician's order and the medication label must contain at least all of the following information:
      (1) The specific symptoms which indicate the need for the use of the medication.
      (2) The exact dosage.
      (3) The minimum number of hours between doses.
      (4) The maximum number of doses allowed in each 24-hour period.
   iv) If the member's physician has stated in writing that the member can determine and clearly communicate his/her need for a prescription or nonprescription PRN medication, facility staff are permitted to assist the member with self-administration of the PRN medication.
   v) If the member's physician has stated in writing that the member is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee are permitted to assist the member with self-administration, providing all of the following requirements are met:
      (1) There is a written direction from a physician, by prescription order, specifying the name of the member, the name of the medication, all the information in 3.3.3, instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.
      (2) Once ordered by the physician the medication is given according to the physician's directions.
      (3) A record of each dose is maintained in the member's record. The record includes the date and time the PRN medication was taken, the dosage taken, and the member's response.
   vi) If the member cannot determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, are permitted to assist the member with self-administration, provided all the following requirements are met:
      (1) Facility staff contacts the member's physician prior to each dose, describes the member's symptoms, and receives direction to assist the member in self-administration of that dose of medication.

(2) The date and time of each contact with the physician, and the physician's directions, are documented and maintained in the member's facility record.
(3) The date and time the PRN medication was taken, the dosage taken, and the member's response are documented and maintained in the member's facility record.

d) High-risk medications
   i) Medications designated below are high-risk for medication errors in BHS residential. In addition to the above requirements, the following is required prior to distributing the medication each time the medication is distributed:
      (1) Two individuals must document review of the member name and medication dose. This can be completed with two staff or one staff and the member. (See Attachment 9)
   ii) High-risk medication list
      (1) Methadone

6) Storage of Medications for Public Health Benefit

a) County-sponsored or State-sponsored programs may provide medications for Residential Facilities to distribute for public health benefit. For example, the DHCS-sponsored Nasal Distribution Project provides nasal naloxone, a life-saving medication, to assist in the opiate epidemic. (https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx)
b) On-site storage of medication obtained through these programs are permitted after review and approval by the MH Residential Facility Administrator/Designee or SUD RTF Program Director/Medical Director, and the BHS Pharmacy Director. These medications are not required to be stored within a medication room. However, if stored in a medication room, they must be stored separately from other medications and must follow any additional guidelines set out by the sponsoring program.

7) Medication Storage Compliance Checklist

a) The Medication Storage Compliance Checklist is a tool available to facilities to assist in auditing compliance to the storage and disposal of medications and should be used in conjunction with the contents of this entire policy and procedure, relevant laws and regulations.
b) The Medication Room Compliance Checklist form (Attachment 5) shall be completed each quarter (every 3 months) by designated staff.
c) The results of the audit shall be reviewed by the Medical Director, Facility Administrator, or Designee as appropriate. Any areas of non-compliance shall be promptly addressed to ensure that the staff are in compliance.

Contact Person:

Director, BHS Pharmacy Services

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