TITLE: Medication Storage, Destruction, and Transfer **Number: 416.00**

Policy:

It is the policy of Thrive Behavioral Network, LLC that all medications will be stored under proper conditions, including, but not limited to: correct temperature, lighting, labeling, segregation, and security. When medications are discontinued, become outdated (according to expiration date that will be found on the medication container or label) or need to be transferred, the facility nurse or designated staff will dispose of or transfer the medication according to state and federal regulations.

Only staff that have completed their medication administration training with the facility nurse and whom are in good standing with compliance with the medication policy, and only the specific staff person assigned to medication administration on the shift will be allowed access to stored client and facility standing ordered medications, including Schedule II to IV drugs.

Procedure:

416.10 Storage of Medications

Subpart 1 – Facility Designated Area

All client medications and common facility medications (standing ordered medications) will be stored in their original containers.

All medications will be kept in a designated, locked area within the facility, OR when appropriate in a locked container in the client's room in the case where the client is on the self-administration program. Schedule ll to lV substances must be kept under double-lock separate from other medications with a system in place to document accurate counts of controlled substances according to Policy 417.00 – Controlled Substances. Controlled medications are not subject to be part of a client's self-administration program and must always be kept in the medication room.

Schedule I controlled substances will not be stored at any Thrive location.

All newly received medications must be counted and recorded on Form 4006 – Master Medication Record and recorded in the client's electronic medication record.

The only medication that is exempt from this rule is Narcan (Naloxone), which shall be kept in an unlocked and accessible area to all staff and clients. Any client that has their own personal supply of Nasal Narcan may keep this on their person or in their personal belongings.

Subpart 2 – Medication Separation

All medications will be separated by physical barriers according to route, specifically but not limited to medications labeled "For External Use Only", or in a compartment that is separate from other client medication. For example: Medications labeled "For External Use Only" may be stored in a sealable Ziplock bag which is clearly labelled "External Use Only" and kept in the client's medication bin with the rest of that client's medications

Medications that are prescribed for individual clients will be kept in individual compartments labeled with the client's name and date of birth.

Subpart 3 – Refrigerated Medications

Medications that require refrigeration will be kept in a locked, designated medication refrigerator or in a locked, labeled container within the main refrigerator.

Refrigerators which hold medications must be checked for the correct temperature daily and recorded on Form 4052 – Refrigerator Temperature Log. This log shall be kept in the medication room and any time the temperature is outside of the acceptable limits the nurse and program director shall be informed immediately.

Subpart 4 – Discontinued Medications

After permanent discontinuance of any medication or expiration or deterioration, the medication will be placed in a separate storage area until client discharges at which time medications will be returned. This container will be provided with a lock or will be kept in the locked medication cabinet. Medications may be destroyed per a Licensed Prescriber's order if it is determined the client is in imminent danger of self-harm or per client's request. (See parts 416.20 and 416.30 of this policy) The medication package will clearly be labelled in red "Discontinue – Do Not Administer" for all discontinued medications.

For discontinued controlled medications, these items will continue to be locked in the controlled substances lock box and these medications must also continue to be counted at each shift change with all other controlled medications. When possible, tamper evident seals may be used on these containers, so that they may be counted once and sealed. The count of the medications at the time of the container being sealed along with the seals serial number will be documented on Form 4031- Controlled Substances Count Log. Each time medications are counted; staff will ensure this label is affixed to verify count accuracy.

At no time may any staff person administer a medication prescribed to one client, give that medication to a different client. This includes but is not limited to medications that are expired, have been discontinued for use or in any way are no longer given to the prescribed client. These are called "legend drugs" and they not allowed to be administered.

Subpart 5 – Labeling of Medication

All prescribed medications will be kept in their original containers with proper pharmacy labeling including:

- Prescription number
- Name of medication
- Strength and quantity
- Expiration date of time-dated medications
- Directions for use
- Client's name
- Licensed Prescriber's name
- Date of original issuance or most recent date refilled

- Address and phone number of the pharmacy issuing medication
- Number of refills remaining

Subpart 6 – Defective Labels

Whenever a label is found to be excessively soiled, worn, incorrectly labeled or missing necessary information, the staff noting the problem will be responsible to contact the pharmacy immediately for re-labeling as soon as possible. The contents of any drug container having no label or with an illegible label will be returned to client upon discharge as per 416.10 Subpart 4.

416.20 Destruction of Medications (all medications)

Subpart 1 – Destruction Procedure

The facility nurse or designated staff will destroy the unused portion of the medication, with a second staff witnessing its destruction, by using a commercial drug disposal system, i.e. "Med Buster." Follow directions for using this method on the label of the container and document the destruction on Form 4013 – Medication Destruction Certificate. This process is the same for both regular prescribed medications as well as for controlled medications.

Subpart 2 – Destruction Record Contents

Notation of the medication destruction will be made in the Form 4013 – Medication Destruction Record by the facility nurse or designated supervisor. This record will include:

- Facility Name
- Client Name
- Client's date of birth
- Medication Name
- Whether the medication is a controlled substance or not
- The strength of the medication
- The prescription number of the medications
- The quantity being destroyed
- The method of destruction
- Signature of the destroyer
- Signature of the witness
- If the medication is being destroyed per Prescribers orders or clients request, a signature for the client or an indication if the client refused to sign.

Subpart 3 – Record Maintenance

This record will be maintained in the healthcare section of the client's case file.

416.30 Transfer of Medications Upon Discharge from the Facility

Subpart 1 – Releasing Medications

Program staff must return all property to the client upon service termination or transfer regardless of the client's service termination status, with the exception of medications that have been determined by either the prescribing clinician or another licensed prescriber, after examining the client, to be harmful and this prescriber gives a specific order to destroy this medication. Documentation of this exception must be made on Form 4013 and kept in the client's file. Without this exception medications are considered personal property and must be returned to

the individual regardless of status at discharge. Regardless of the type of discharge; all property including medications must be retained for a minimum of 30 days if the client does not reclaim property upon service termination. Staff will attempt to notify the client via telephone call or mail. After 30 days from the time of the client's discharge, medications may be destroyed per policy.

Illicit drugs, drug paraphernalia, drug containers and any prescribed medications that the client has brought in that are not prescribed to that client are subject to forfeiture to local law enforcement and are not to be returned to the client at any point.

Subpart 2 – Record Contents

A record of the medication discharge transfer will be recorded in Form 4015 – Medication Transfer Record. This will include, but not be limited to:

- Date
- Client's name
- Address of new residence
- Names of medications being released
- Prescription number
- Amount of medications
- Releasing staff legal signature
- Client's signature

Subpart 3 – Record Maintenance

The medication transfer record will be maintained in the healthcare section of the client's case file.