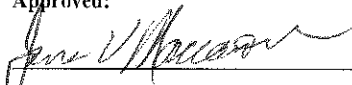


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
OAKLEY YOUTH DEVELOPMENT CENTER**

Subject: Pharmaceutical Receipt, Storage, Inventory and Disposal Management		Policy Number: 31
Number of Pages: 6		Section: XI
Attachments	Related Standards & References	
Non-Prescription Pharmaceuticals Control Form XI.31.A Contingency Medication and Controlled Substance Daily Count Sheet XI.31.B Non-Prescription Pharmaceuticals Supply Monitoring Form XI.31.C	ACA Juvenile Health Care Performance Based Standards 2009: 4-JCF-4C-28, 4-JCF-4C-61	
Effective Date: 06/09/06 Revision Date: 05/01/07, 04/25/08, 05/01/11, 11/01/13 Review Date: 11/1/14, 11/12/15	Approved:  James V. Maccarone, Director	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that standard procedural guidelines shall be established to ensure management of pharmaceuticals. Instructions delineating specific pharmacy inventory management, as well as, the applicable drug laws of Mississippi. Medical and dental supplies are securely stored, controlled and perpetually inventoried. (4-JCF-4C-28; 4-JCF-4C-61)

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Controlled Substances: are any “dangerous drugs” that fall in the schedule of I, II, III, IV, or V medication of the Federal Food and Drug Act.

Schedule I Controlled Substance: any medication that requires the highest degree of control. Most drugs in this schedule are illegal for use in the United States, e.g. Phencyclidine, Mescaline, and Marijuana.

Schedule II Controlled Substance: any medication that can be used routinely, but legal controls are extensive, e.g. *narcotics*: Morphine, Methadone, Percodan/Percocet, Levomethorphan, Demerol; *stimulants*: Dexedrine, Ritalin, Adderall; and *depressants*: Seconal, Nembutal, Amytal.

Schedule III & IV: any medication that is a stimulant, depressant, or narcotic, but do not require as much control as Schedule II medications, e.g. Valium, Phenobarbital, Klonopin, Tylenol with Codeine #3, and Cylert.

Schedule V: any medication that has the least control of the scheduled medications, e.g. Terpin Hydrate with Codeine, Novahistine DH.

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III. PROCEDURE

In accordance with the Drug Laws of Mississippi, the policies and procedures of the Contract Pharmacy Services shall govern the responsibility for accountability of all prescription pharmaceuticals. The Facility Medical, Dental, and Nursing Staff shall adhere to accountability policies and procedures as specified in the following procedure.

- A. Prescription pharmaceuticals received from the Contract Pharmacy shall be delivered to the Medical Department and shall be labeled in accordance with the Mississippi State Board of Pharmacy guidelines. (4-JCF-4C-28)
 1. These prescription medications shall be verified by a nurse with the packing list. The nurse shall sign (first initial, last name), title and date the bottom section of the packing list indicating that the ordered medications are labeled and inventoried. The nurse shall also inspect the packaging of drugs to ensure their integrity.
 2. The Contract Pharmacy shall provide the Director of Medical Services with a list and cost of the monthly prescription medications that have been issued.

- B. Prescription pharmaceuticals received from sources other than the Contract Pharmacy Services shall be labeled in accordance with the Mississippi State Board of Pharmacy guidelines. (4-JCF-4C-28)
 1. These medications may be delivered to the facility clinic by a variety of facility staff that has been designated by the Facility Administrator/designee to pick up and transport the medication.
 2. Upon receipt the nurse shall cross-reference the medication with the package label or invoice and physician order. The nurse shall sign and date the package label or invoice to verify the correct medication and count was received. A copy shall be maintained in the Medical Department files.
 3. The medication shall be then placed in the appropriate area for storage and the receipt noted on the Medical Department Shift Report Form XI.10.A.

- C. Non-prescription pharmaceuticals may be received through the facility's Receiving Department or directly to the clinic. (4-JCF-4C-28)
 1. A perpetual inventory shall be maintained for all non-prescription pharmaceuticals. These pharmaceuticals shall be listed on the Non-Prescription Pharmaceuticals Control Form XI.31.A.
 2. Each time a new bottle/package non-prescription pharmaceutical is removed from inventory by the nurse, the nurse shall timely complete the Non-Prescription Pharmaceuticals Control Form XI.31.A to document usage.

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3. Any discrepancies in inventory shall be reported immediately to the Director of Medical Services for review and investigation as necessary.
- D. Pharmaceuticals shall be stored in accordance with both the Drug Laws of Mississippi, and manufacturer's recommendations of temperature control. (4-JCF-4C-28)
1. Medication storage carts shall be locked at all times, other than during scheduled medication administration times.
 2. Pharmaceutical storage areas shall be key-locked to keys only specific to the medical department and shall be strictly controlled in accordance with the policy Key Control, and related procedures. Only health care professionals may have keys to the pharmaceutical storage areas that are within the physical confines of the medication storage room.
 3. Refrigerators for medication storage shall be equipped with a thermometer. The temperature of the medication storage refrigerator shall be checked and recorded daily by clinic personnel. Refer to policy XI.4, Medical Facilities and Equipment and Environmental Monitoring.
 4. Annually, the Director of Medical Services or designated health care professional shall complete an inventory of all non-prescription pharmaceuticals.
 5. When a patient specific medication is discontinued the nurse shall complete all necessary paperwork (i.e. sign off doctor's orders, make changes on the MAR add the medication to the list of discontinued medications)
 - a. For patient specific, but not a controlled substance, the nurse shall take the patient specific medication card (blister pack) make a notation that the medication has been changed or discontinued on the Discontinued Medication Form and place the card in the locked bottom drawer of the locked specified medication cart.
 - b. For patient specific, controlled substances, the nurse shall take the patient specific medication card (blister pack) make a notation that the medication has been changed or discontinued complete the discontinued controlled substance form and place the card appropriate location
 - i. There is a bag used specifically to keep the controlled substance (medication) that has been discontinued there is a breakaway lock holding the zippers together so that access to the medications can only be had by breaking the lock.
 - The nurse shall obtain the log used specifically to note the opening of the bag for either the purpose of adding discontinued medications, or
 - Removing medications from the bag to be destroyed.

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- The nurse shall complete the log form noting the date, the student's name, the name of the controlled substance, and the number of pills left unused (and sealed) in the blister pack.
 - The nurse shall then place the blister pack in the bag; obtain a new breakaway lock, note the lock number and lock the bag with the new breakaway lock.
 - The nurse shall then place the locked bag back in the locked cabinet behind a locked door. The storage location for controlled substances shall be in a locked room with limited access to the key.
- E. At every shift change, both the off-going and on-coming nurse shall conduct a reconciliation count of contingency (back-up) medications, controlled substances, syringes, needles, and medical sharps. (4-JCF-4C-28)
1. Contingency (or back-up) medications shall be maintained in a locked cabinet located in the facility's pharmaceutical storage area and inventoried at every shift change.
 2. The nurse shall utilize the Contingency Medication and Controlled Substance Daily Count Sheets XI.31.B for reconciliation of contingency (back-up) medications.
 - a. After verifying count, the nurse shall sign (first initial, last name) this form.
 - b. Immediate notification of unaccounted loss of any Contingency (or back-up) medications shall be reported to the Health Services Supervisor for review and investigation as necessary.
 3. Controlled Substances that are currently being administered to youth shall be placed in a double locked medication cart and inventoried at every shift or medication nurse change.
 - a. The nurse shall utilize the Contingency Medication and Controlled Substance Daily Count Sheets XI.31.B for reconciliation of Controlled Substances, and the patient specific narcotic sign out sheet. After verifying count, the nurse shall sign (first initial, last name) to this form.
 4. When a controlled substance discrepancy is noted, the nurse will notify the Juvenile Care Worker in the clinic to stop all movement of students. The Shift Supervisor or Security Administrator shall be notified so that a search of all students and staff in the clinic can be conducted. The discrepancy shall be immediately reported to the Director of Medical Services who shall notify the Facility Administrator/designee. The nurses shall be conducting a thorough search of the clinical area. A facility Incident Report and an Agency Serious Incident Report (SIR) shall be completed.

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- a. If the controlled substance is not found the State board of Pharmacy shall be notified as per Article XXV Inventory Requirements for controlled substances;
 - b. If a facility has a loss of controlled substances, a complete inventory of all remaining controlled substances shall be made within forty-eight (48) hours of discovery of the loss of controlled substances. This inventory shall be dated and signed by the pharmacist conducting the inventory. Any loss or suspected loss of controlled substances shall be reported directly to the Mississippi Board of Pharmacy immediately upon discovery and a written report made to the Mississippi Board of Pharmacy within fifteen (15) days. This written report shall include a copy of the inventory required by this ARTICLE.
 - c. Notification of unaccounted loss of any federally controlled substances shall be immediately reported to the Director of Medical Services and Facility Administrator/designee. Theft or unaccounted loss of controlled substances shall be reported whether or not the controlled substances is subsequently recovered and/or the responsible parties are identified and action taken against them.
 - d. When the Board of Pharmacy is contacted regarding the loss of a controlled substance, a Board of Pharmacy representative will give instructions to call the regional office of the Drug Enforcement Agency (DEA) in New Orleans, LA (phone number 504-840-1100),DEA Form 106
 - e. The Mississippi Bureau of Narcotics will send you forms to complete. A copy of this form will suffice for the report that is required to be sent to the Board. Copies of the written report or form must be submitted to the following agencies: the Board of Pharmacy, The Mississippi Bureau of Narcotics, and the DEA office in New Orleans and Mississippi Department of Human Services.
 5. Medical instruments, needles, syringes with needles, and sharps shall be placed in a locked cabinet located in the facility locked laboratory area and inventoried at every shift change. The nurse shall utilize the Medical Instrument, Needle and Sharps Inventory Daily Count Sheets for reconciliation of medical instruments, syringes, and syringes with needles. Refer to MDYS Policy XI.7, Medical and Dental Instruments Sharps Management. (4-JCF-4C-60)
- F. Disposal of pharmaceutical shall be in accordance with the Mississippi Drug Laws and Drug Enforcement Administration (DEA). (4-JCF-4C-28)
1. Pharmaceuticals dispensed by Contract Pharmacy shall not be sent back to the Pharmacy for destruction.
 - a. The 2 licensed nurses destroying prescription shall fill out the pharmaceutical destruction form provided by the contract pharmacy. The nurse shall provide a copy of this form to the Director of Medical Services and maintained in the Medical Department files. A copy of this form shall be provided to the contract pharmacy as requested.

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b. Disposal documentation shall be completed and maintained by the Contract Pharmacy and Director of Medical Services.

c. The methods of disposal are as follows:

i. Flushing small amounts up to 30 pills down the toilet. Flushing at least 5 times to make sure that pills are completely gone.

ii. Pour a sufficient amount of bleach into a sharps' container to cover the bottom of the container and up the side about one inch (1"). Drop all non narcotic medications to be destroyed in to the container. Pour enough bleach into the container to just cover the medications. This container must be kept in a locked secure location until transported off-site by the contract bio-hazardous waste handler.

A count of the medications destroyed should be done pre disposal and during disposal to ensure that all medications listed on the destruction form are correct.

2. Once a medication has been prepared for administration, the medication shall not be returned to the patient labeled blister package. This single dose may be destroyed at the facility regardless of source utilizing the Certificate of Drug Destruction Form provided by the Contract Pharmacy. Using one of the two methods described above.

G. The Director of Medical Services/designee shall complete the Non-Prescription Pharmaceuticals Supply Monitoring Form XI.31.C monthly. Any discrepancies shall reviewed and investigated.

H. The Director of Medical Services shall revise this policy as necessary.