

MCINTOSH TRAIL
COMMUNITY SERVICE BOARD

POLICY NO. 2217
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SUBJECT: MEDICATION STORAGE

APPROVED BY:

EFFECTIVE
DATE: 04-01-05 (replaces 03-15-02)

Executive Director

Reviewed (no changes): 06-25-09 9-01-07
02-04-11

Pharmacist

Medical Director

POLICY

It is the policy of McIntosh Trail CSB that medications that are held by staff for consumers in a site other than a consumer's independent home are stored and monitored so as to insure consumer safety. (This would include medications held at a residential site, day program, outpatient facility, case management office.)

PROCEDURE

1. Consumer's medications are labeled with name of consumer, name of medication, and clear directions for use, including length of time the order for use is effective.
2. Each consumer's medications are stored clearly separated from medications for other consumers.
3. Oral and topical medications are kept separated, as are prescription and over-the-counter medications.
4. All medications are kept in a locked storage area and accessed only by staff who have completed agency training in supervised self-administration of medication.
5. Records are kept to indicate when medication was initiated, by whom medication was ordered, and when discontinued.
6. Records are kept to document the supervised self-administration of medication according to procedures in agency training for supervised self-administration of medication.
7. All discontinued medications will be brought to the pharmacist to be destroyed. A log of destroyed medications will be kept.
8. Empty bottles should be destroyed by removing the labels, shredding them, and discarding the bottles.
9. Pharmacy staff will review medication storage biannually at each site for expiration dates, proper storage (attachment: Inspection Sheet). Documentation kept by Pharmacy. Follow-up on needed corrections done by Pharmacist.
10. Nursing staff will monitor residential sites for compliance with procedures related to medication storage and supervised/self-administered medications.

SITE MEDICATION STORAGE CHECKLIST

DATE: _____ SITE: _____

STORAGE	Prescription Meds	Indigent Meds	Sample Meds	PRN's
Locked				
Temperature OK				
Labeled				
Clean Area				
Separate by Consumer				
No Expired Meds				
No Empty Bottles				
Disposal Record				

Findings: _____

Recommendations: _____

To be corrected by: _____

Audited by: _____ Date: _____