



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	POLICY NO. 306.03	EFFECTIVE DATE 10/03/2016	PAGE 1 of 8
APPROVED BY:  Acting Director	SUPERSEDES 306.03 02/15/2006	ORIGINAL ISSUE DATE 09/09/1987	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish a uniform standard for storing, administering, disposing, and accountability of medications. This policy sets forth the principles for ensuring countywide compliance with State of California Drug Distribution Service Requirements. (Reference 1)
- 1.2 To inform Legal Entities and contracted providers of the policy and procedures in Section 3 with the expectation that similar policy and associated procedures are established in their programs.

POLICY

- 2.1 The Medical Director of the Los Angeles County Department of Mental Health (LACDMH/Department) or permissible designee shall be responsible for the overall medication supply and for how the supply will be obtained, monitored, and administered within the Department.
- 2.2 Each LACDMH program shall identify a permissible designee who shall have responsibility for implementing the standards contained in this policy and ensuring compliance with those applicable standards.
- 2.3 Program standards shall conform to County, State, and Federal Regulatory agency requirements. (LACDMH Policy No. 1100.01, Quality Improvement Program [Reference 2]; California Business and Professions Code Division 2 Chapter 9 - California Pharmacy Law [Reference 3])



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	306.03	10/03/2016	2 of 8

PROCEDURE

3.1 Medications: Acquiring, Administering, Disposing, and Accountability

3.1.1 No medications shall be administered or dispensed except on the order of a person lawfully authorized to prescribe for and treat human illness. All such orders shall be in writing and signed by the person giving the order. The name, quantity or duration of therapy, dosage and time of administration of the medication, the route of administration if other than oral and the site of injection when indicated shall be specified. (Reference 4)

3.1.2 The medication supply at each clinic is the direct responsibility of program manager or permissible designee. Medications including syringes and needles may be obtained from the pharmacy via LACDMH prescription or on a LACDMH Special Request form from the Department's Medication Distribution Center (MDC) located at LACDMH Headquarters, 550 S. Vermont Ave., Los Angeles, CA 90020. Other medical supplies to administer medications (e.g., gloves, alcohol swabs, etc.) can be obtained through the Service Catalog from the Administrative Support Bureau (ASB).

3.1.3 Incoming (Receipt) Medication Log must be kept for: (Reference 4)

- Prescriptions for individual clients
- LACDMH Special Request for medications
- Sample medications

3.1.4 Medication administered in an outpatient clinic shall be done only under the direct supervision of prescriber. For each medication administered at the clinic, the following data must be recorded on the Medication Log:

- Date
- Client Name



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	306.03	10/03/2016	3 of 8

- Medication
- Amount given
- Administration Site
- Administering Staff Signature

3.1.5 Each time the clinic stock is replenished, it needs to be entered onto the ongoing medication log. The completed log shall be kept for at least three (3) years after the date of the last entry made.

3.1.6 All multi-dose vials shall be clearly initialed, marked with the date the first draw is taken, and discarded 30 days from that date or manufacturer expiration date if earlier.

3.1.7 The permissible program designee shall review the medication log for accuracy on a quarterly basis and report any significant discrepancies to the Pharmacy Services Chief.

3.2 Temperature Monitoring in the Medication Storage Area

3.2.1 Medications shall be stored at appropriate temperatures.

3.2.2 All programs must have a thermometer to monitor the room and refrigerator temperature in their medication storage area.

3.2.3 The temperature of the storage area shall be entered into a log on a weekly basis with each entry signed by the person responsible for monitoring.

3.2.3.1 Medications required to be stored at room temperature shall be stored at a temperature between 59 °F (15 °C) and 86 °F (30 °C).

3.2.3.2 Medications requiring refrigeration shall be stored in a refrigerator between 36 °F (2 °C) and 46 °F (8 °C).



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	306.03	10/03/2016	4 of 8

3.3 Pharmaceutical Samples

3.3.1 Non-formulary psychotropic medication samples must be approved by the Pharmacy Services Chief or Medical Director before they can be stored and/or dispensed at any LACDMH operated clinic.

3.3.2 Pharmaceutical samples may be stored and utilized in LACDMH programs under the following conditions:

3.3.2.1 The sample medications shall be stored only in the medication room in a locked cabinet or other locked storage container.

3.3.2.2 All medications, including sample medications, shall be stored only in areas specifically designed as medication storage areas.

3.3.2.3 Any program in which sample medications are dispensed shall have a medication control system that is approved by the Pharmacy Services Chief and include a secure medication storage area and logging system.

3.3.2.4 Requirements for (Receipt) Sample Medication Log:

- Client
- Prescriber Signature
- Dispensed Amount
- Remaining Amount
- Transaction Date
- Lot Number
- Expiration Date

3.3.2.5 Sample medications shall be logged into the program's medication control system before they are dispensed to clients.



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	306.03	10/03/2016	5 of 8

- 3.3.2.6 Sample medications shall be dispensed only by a California Licensed Physician, Psychiatric-Mental Health Nurse Practitioner (PMHNP), or Physician Assistant.
- 3.3.2.7 Sample medications shall be dispensed only with appropriate documentation in the client medical record and medication control system.
- 3.3.2.8 Sample medications shall be dispensed only when the date of dispensing is prior to expiration date.
- 3.3.2.9 The Sample Medication Log must be kept a minimum of three (3) years.
- 3.3.2.10 Samples medications shall be dispensed in the original manufacturer’s packaging with ample directions on how to take the medication.
- 3.3.2.11 This policy does not authorize the storage of pharmaceutical samples at any location other than the locked medication storage area as indicated in Section 3.3.2.1.

3.4 Medication Disposal

- 3.4.1 When a medication has expired, the disposal of the medication must be logged. The log should include the following information:
 - Client Name if applicable
 - Medication Name and Strength
 - Prescription Number or Lot Number and Expiration Date
- 3.4.2 Expired medications shall be placed in a sealable container, sealed, and transported to the MDC by the program manager or permissible designee no later than one month after the expiration date. The program manager must ensure expeditious transfer of the expired



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	306.03	10/03/2016	6 of 8

medication. The Director of Pharmacy Services will have the expired medications disposed of in a manner prescribed by law.

3.4.3 Medications shall not be kept in stock after the expiration date on the label, and no contaminated or deteriorated medications shall be available.

3.4.4 Sharps and used syringes and needles shall be disposed in the onsite sharps container provided through a contracted vendor as approved by the ASB.

3.5 Compliance

3.5.1 On a quarterly basis, the program manager or permissible designee shall conduct and document reviews of the medication storage area of the clinic and facility. (Attachment 1)

3.5.2 On a quarterly basis, the program manager or permissible designee shall inspect the medication storage area and process of the program for compliance with the standards of this policy and document the results. The documentation shall be submitted to the Pharmacy Services Chief for review and development of necessary corrective action.

3.6 Labeling and Storage of Medications

3.6.1 Containers that are cracked, soiled, or without secure closures shall not be used. Medication labels shall be legible.

3.6.2 All medications obtained by prescription shall be labeled in compliance with State and Federal laws governing prescription dispensing.

3.6.3 No person other than a pharmacist, physician, or PMHNP shall alter any prescription label.



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	306.03	10/03/2016	7 of 8

- 3.6.4 Non-legend medication shall be labeled in conformance with State and Federal Food and Drug Law.
- 3.6.5 Test reagents, germicides, disinfectants, and other household substances shall be stored separately from medications.
- 3.6.6 Internal use medication in liquid, tablet, capsule, or powder form shall be stored separately from medication for external use.
- 3.6.7 Medications shall not be stored in the same refrigerator with food or beverages.
- 3.6.8 Medications shall be stored in an orderly manner in cabinets, drawers, or carts of sufficient size to prevent crowding.
- 3.6.9 Medications shall be stored in a key locked, secure area and not accessible to clinic patients or unauthorized staff.
- 3.6.10 Medications shall be accessible only to licensed medical, nursing, or pharmacy personnel designated in writing by the facility (Reference 2). Each clinic will have a site specific key control policy delineating which authorized staff have access to the keys.
- 3.6.11 The medication of each patient shall be kept and stored in their originally received containers. No medication shall be transferred between containers.

AUTHORITY

1. California Business and Professions Code Division 2 Chapter 9 - California Pharmacy Law
2. LACDMH Administrative Directive Office of the Medical Director - Pharmacy Services
3. State of California Drug Distribution Service Requirements



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
STORING, ADMINISTERING, DISPOSING, AND ACCOUNTABILITY OF MEDICATIONS	306.03	10/03/2016	8 of 8

ATTACHMENT (HYPERLINKED)

1. [LACDMH Medication Storage Area Inspection Form](#)

REFERENCE

1. State of California Drug Distribution Service Requirements
2. LACDMH Policy No. 1100.01, Quality Improvement Program
3. California Business and Professions Code Division 2 Chapter 9 - California Pharmacy Law
4. California Code of Regulations Title 22 Sections 73313, 73351, 73353, 73361, and 73369
5. California Code of Regulations Title 9 Section 1810.435(b)

RESPONSIBLE PARTY

LACDMH Office of the Medical Director