



**Department of Juvenile Justice
Health Services Operating Procedure**

HSOP VOL IV – 4.3 – 3.03	Statutory Authority: Title 66 of the <u>Code of Virginia</u>
Subject: Medication Storage	Regulations: 6VAC35-71-1070
	Board Policy: 12-001; 12-004; 12-005
	ACA # 4-JCF-2A-23; 4-JCF-4C-28 NCCHC # Y-D-01

3.03-1.0 PURPOSE

To ensure all medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.

3.03 -2.0 SCOPE

These procedures apply to all Juvenile Correctional Center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

3.03-3.0 DEFINITIONS

Controlled Medication – Drugs that come under the jurisdiction of the Federal Controlled Substances Act. They are divided into five schedules (I through V). Requirements of the Controlled Substances Act and a list of controlled drugs can be obtained from any office of the Drug Enforcement Administration (DEA).

Local Health Authority – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility: for the management of all health services in the facility; including medical nursing, and dental; and for ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

Medical Department – The location at which the health services staff are located in the JCCs to provide health services to residents. The medical department may include nursing stations, examination rooms, infirmary, and dental office.

Over-The-Counter Medication (OTC) – Any drug that normally does not require a physician's prescription. Examples include the types of medications, which may be purchased in a retail store, such as Tylenol, Motrin, Advil, etc.

3.03-4.0 PROCEDURES

3.03-4.1 Medication Storage

The Local Health Authority shall ensure all medications are stored in secure medication carts or a locked area. Medications shall not be accessible to residents, visitors, volunteers, and unauthorized staff. Medication storage areas shall remain clean, well-lit, and free of clutter.

1. The keys to the medication storage areas shall be maintained within the medical department. Each medication key ring shall contain, at a minimum, keys to the medication cart, the control box, medication storage areas, and supply area, as well as the key to the Medical Service Request box. The handling and inventorying of keys shall be in accordance with SOP VOL IV-4.1-2.18 (Key Control).
2. The key ring shall be transferred each shift to the on-coming nurse by the off-going nurse after the medication count. The receiving nurse shall be responsible for counting keys on the ring when issued and transferred. The receiving nurse shall also inspect keys and key rings for cracks, broken keys, and broken key rings and reported immediately to the shift commander via an incident report.
3. All medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.
4. The Local Health Authority shall ensure medications requiring refrigeration are maintained at 36°F to 46°F in the medical department. Medications requiring freezing shall be maintained at less than 5°F. The refrigerator and freezer shall be kept locked at all times. The temperature of the refrigerator and freezer shall be recorded twice daily on a temperature log. The thermometers shall have a current Original Certificate of Calibration. The manufacturer's number from the certificate must match the number on the thermometer.
5. Lab specimens or other items shall not be stored in the medication refrigerator or other medication storage areas.
6. Food may be stored in the medication refrigerator, only if they are to be used for the purpose of medication administration. Any food not in the original container shall be labeled, dated and timed, and discarded within 24 hours. Food shall be stored below the medications.
7. No food shall be stored in the refrigerator or freezer designated to store vaccines.
8. Antiseptics, other medications for external use, and disinfectants shall be stored separately from internal and injectable medications.
9. Multi-dose containers of injectable medications shall be initialed and dated when opened and discarded upon expiration or 90 days, whichever comes first. Insulin and PPD multi-dose containers shall be initialed and dated when opened, and then discarded 30 days after being opened.
10. Vaccines shall be initialed and dated when opened and discarded upon the expiration date.
11. Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications.

12. Expired, improperly stored, contaminated, or deteriorated medications and those in containers that are cracked or soiled shall be immediately removed from stock, disposed of, and re-ordered from the pharmacy. Medication disposals shall be conducted in accordance with HSOP VOL IV-4.3-3.11 (Disposal of Medications). Disposals of any vaccines obtained from the Virginia Vaccine for Children (VVFC) shall be reported in accordance with the VVFC requirements.

3.03-4.2 Controlled Medications

1. Controlled medications shall be stored behind two different locks that remain locked at all times, except when in use. Each dose shall be accounted for by perpetual inventory using the Controlled Medication Flow Sheet.
2. Two nurses shall inventory controlled medications at each shift change in accordance with HSOP VOL IV-4.3-3.05 (Inventory of Medications).
3. The nurse shall document all controlled medications coming into and leaving the facility on the Controlled Medication Flow Sheet.
4. The nurse shall immediately move all unused (discontinued, expired, etc.) controlled medications to inactive stock and log the update on the Controlled Medication Inventory Sheet. Controlled medications held in inactive stock shall be stored behind two different locks, that remain locked at all times, except when in use. Access to these controlled medications shall be limited to the health services staff.
5. All controlled medications shall be disposed of in accordance with Drug Enforcement Agency (DEA) regulations.

3.03-5.0 RESPONSIBILITY

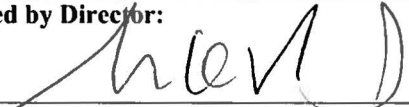

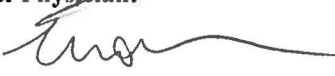
The Local Health Authority shall be responsible for implementing this procedure.

3.03-6.0 INTERPRETATION

The Health Services Administrator shall be responsible for the interpretation and the exception approval to this procedure.

3.03-7.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: 	Date: 9/10/2014
Approved by Health Administrator: 	Date: 9/15/14
Approved by Chief Physician: 	Date: 9/15/14
Effective Date: October 13, 2014	Office of Primary Responsibility: Health Services
Supersedes: July 8, 2013	Forms: None.