



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

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### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 11, POLICY 016

#### CONTROL, ACCESS, AND ACCOUNTABILITY OF MEDICATIONS AND MEDICAL SUPPLIES

- A. PURPOSE:** To ensure that medications, prescription forms, syringes, needles, and medical supplies are properly stored, maintained, properly disposed of when expired/abandoned/deteriorated, and safely kept from persons not authorized to access, administer, or handle such items.
- B. FORMS REQUIRED/ATTACHMENTS:** N/A
- C. DEFINITIONS:** N/A
- D. POLICY:** Yolo County Health and Human Services Agency (HHSA) staff will adhere to the control, access, and accountability guidelines outlined below for maintaining and administering County-retained medications and medical supplies intended for HHSA clients. HHSA recognizes the following licensed health care professionals to administer, dispense, and/or dispose of medications and handle or request medical supplies: psychiatrist; nurse practitioner (NP); physician assistant (PA); registered nurse (RN); licensed vocational nurse (LVN); and licensed psychiatric technician (LPT). The Medical Assistant (MA) may assist in ordering supplies and receiving sample medications from pharmaceutical representatives.
- E. PROCEDURE**
1. The HHSA Medical Director or his/her designee will define who has access to medications and medical supplies, and shall be responsible for the overall medication supply and how supply will be obtained, monitored, and administered within HHSA.
  2. Access to medications and supplies are limited to medical and nursing staff authorized to administer and/or dispense medications and handle medical supplies, as recognized above. Authorized medical/nursing staff and the MA will be the only personnel to possess keys to the medication room, medication cabinets, and medication refrigerator, with the exception of a key also kept by the administrative support staff supervisor in the event of a lost key.
  3. Medical staff may not leave any prescription pads in open or unattended areas. Prescription pads shall be secured in the psychiatrist's/NP's/PA's locked personal desk or locked medication room.
  4. The medication room, medication cabinets, medication refrigerator, and medical supplies at each clinic shall be locked at all times when not in use.
  5. Clinic supervisors, managers, and quality management (QM) are responsible for oversight of medication rooms, but may not be in the medication room unless accompanied by authorized

medical/nursing staff. Clinic supervisors, managers, and/or QM may verify that the medication room meets standards of HHSa and the Department of Health Care Services (DHCS) by:

- Auditing medication dispensing and disposal logs
  - Verifying medication and medical supplies are not expired or deteriorated
  - Ensuring medication room and medication refrigerator temperatures are recorded and maintained within the required temperature ranges
  - Reporting discrepancies or concerns to the HHSa Medical Director and the Behavioral Health Compliance Officer
6. To ensure compliance with federal and state laws regarding medication storage, all medications will be labeled and stored per guidelines in HHSa policy "Labeling and Storing Medications" (PP 5-11-010).
  7. Authorized medical/nursing staff shall document all routine administered and/or dispensed medications in a progress note. Any medications used from "samples" shall also be logged on the Medication Sample Dispensing Log (HHSa PP 5-11-013-B). Medical/nursing staff shall log any disposed medications, with witness signature, on the Medication Disposal Log (HHSa PP 5-11-015-A). All logs shall be retained in a binder in the medication room for at least three (3) years.
  8. No medication shall be administered or dispensed without a psychiatrist/NP/PA order. MD/NP/PA documentation in the chart to continue medication will be considered a medication order for purposes of refills, in accordance with HHSa Policy "Medication Renewals" (PP 5-11-006).
  9. Authorized medical and nursing staff will be responsible for ordering stock medications for the clinic through the appropriate pharmacy, and medical supplies for the clinic through the current medical supply company. Medical supply orders shall be placed on an as needed basis, either on the ordering form or verbal order to the supply company.
  10. The appropriate pharmacy from which injectable client medications are ordered will deliver the medication to the HHSa clinic. Pharmaceutical representatives will deliver sample medications to the HHSa clinic. The Medical Assistant receives sample medications and logs them in the Sample Medication Log (HHSa PP 5-11-013-A). Clinic staff receive medications delivered by the pharmacy and will give them to the nurses for review and proper storing. Nursing staff will review all medications received from pharmacies and pharmaceutical representatives.
  11. Any expired, contaminated, deteriorated, abandoned, or discontinued medication shall be disposed of in a manner consistent with federal and state laws, as described in HHSa policy "Disposal of Medications" (PP 5-11-015). All disposed medication shall be logged on the Medication Disposal Log (HHSa PP 5-11-015-A). Expired or deteriorated medical supplies shall be disposed of following Medical Waste Guidelines (HHSa PP 5-11-016-A).
  12. In the event that the medication room for a clinic is found to be deficient or out-of-compliance with HHSa and DHCS standards during a review or certification period, the issue shall be reported to the Behavioral Health Compliance Officer for appropriate and immediate corrective action.

**F. REFERENCES:**

California Business & Professions Code, § 2725.1 (Nursing Practice Act)

California Business & Professions Code, Division 2, Chapter 9 – California Pharmacy Law

California Code of Regulations, Title 22, § 73313, 73351, 73353, 73361, 73369

California Code of Regulations, Title 9, § 1810.435(b)(3)

California Health & Safety Code, § 1406 (o)

California Welfare & Institutions Code, § 5667 (a)(b)(1)

Mental Health Plan Contract, Exhibit A, Attachment 1, Section 4.L.10

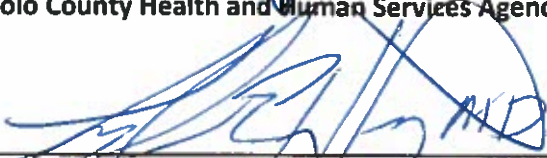
Occupational Safety and Health Administration (OSHA), *Occupational Exposure to Bloodborne Pathogens Standard* (1991)

**Approved by:**



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**Karen Larsen, Director**  
**Yolo County Health and Human Services Agency**

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Date 1/30/19



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**Leigh Harrington, Medical Director**  
**Yolo County Health and Human Services Agency**

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Date 1/31/19



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

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### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 11, POLICY 016-A

#### MEDICAL WASTE GUIDELINES

- A. All medications, medical waste, and supplies shall be disposed of in accordance with federal and state regulations, and per HHS guidelines outlined below.
- B. Biohazardous waste, or infectious waste, is any waste containing infectious materials or potentially infectious substances such as blood.
- C. All medication and biohazardous waste containers shall be sealed when full and remain in the locked medication cabinet until picked-up for appropriate disposal by Stericycle.
- D. HHS shall maintain a current Small Quantity Generator (SQG) medical waste permit.
- E. **Disposal of Medications**
  1. Any expired, contaminated, deteriorated, abandoned, or discontinued medication shall be disposed of in a manner consistent with federal and state laws, as described in HHS policy "Disposal of Medications" (PP 5-11-015). All disposed medication shall be logged on the Medication Disposal Log (HHS PP 5-11-015-A).
  2. All medications shall be disposed of in the appropriate designated medication disposal waste container. Only medications shall be disposed of in this container.
- F. **Disposal of Medical Supplies or Waste**
  1. The following items shall be disposed of in hard red biohazard containers:
    - Syringes
    - Needles
    - Broken glass ampules
    - Liquid or semi-liquid blood or other potentially infectious materials (OPIM)
    - Items contaminated with blood or OPIM and would release these substances in a liquid or semi-liquid state, if compressed
    - Items caked with dried blood or OPIM that are capable of releasing these materials during handling
    - Gloves and other disposable personal protective equipment (PPE) contaminated with blood or OPIM

2. The following items may be placed in the regular trash:

- Unsoiled gloves
- Empty medication packaging, after patient-identifying information is removed
- Bandages, if not releasing liquid or semi-liquid blood or OPIM
- Used tissues, if not releasing liquid or semi-liquid blood or OPIM