



**Administrative Policies and Procedures: 20.17**

<b>Subject:</b>	<b>Management of Pharmaceuticals and Medical Instruments/ Devices in Youth Development Centers</b>
<b>Authority:</b>	TCA 37-5-105(3), 37-5-106, 63-10-101, 63-10-102
<b>Standards:</b>	<b>ACA:</b> 4-JCF-2A-25, 4-JCF-4C-28, 4-JCF-4C-61, 4-JCF-4C-62; <b>DCS Practice Standards:</b> 8-306
<b>Application:</b>	To All Department of Children's Services Youth Development Center Clinic Employees

**Policy Statement:**

All Department of Children's Service Youth Development Centers shall control and regulate the handling of medications and medical instruments used at the facility in accordance with professional standards of care, standardized security practices, and appropriate state and federal laws and guidelines.

**Purpose:**

To ensure proper management of pharmaceuticals and medical devices in youth development center clinics.

**Procedures:**

**A. Facility clinic procedures**

- Each Health Administrator must maintain, in the health services operators manual, written procedures covering the control of medications, syringes, needles, and medical instruments/devices within the clinic.
1. **Storage** – The procedures must identify and describe the secure container or secure storage room for the safe storage of medication, syringes, needles and other medical instruments/devices in accordance with ACA standards.
  2. **Keys** – The procedures must restrict the use of keys and must identify staff that has approved access to the items listed above.
    - a) The medication room must not be accessible to youth or unauthorized personnel and it must provide security for the medications and medication preparation.
    - b) Access must be limited to health care personnel authorized by the Health Administrator and Superintendent.
  3. **Inventory** – The procedures must require the nursing staff keep and accurate perpetual inventory covering:
    - a) Needles
    - b) Syringes

	<ul style="list-style-type: none"> <li>c) Medical instruments/devices</li> <li>d) Narcotics</li> </ul> <p>4. <b>Records</b> – The procedures must require records concerning medications, needles, syringes, and medical instruments are to be maintained either in a central warehouse or in the clinic. The records must include:</p> <ul style="list-style-type: none"> <li>a) Purchase orders/ requisitions</li> <li>b) Items received at the facility</li> <li>c) Date of delivery and signature of person who received the items.</li> </ul> <p>5. <b>Disposable needles and syringes</b> – The procedures must specify how to dispose of used needles and syringes.</p> <p>6. <b>Medication disposal</b> – The procedures must describe the process for disposal or return to pharmacy of outdated or discontinued medications in accordance with the Tennessee Board of Pharmacy Laws and Regulations and must require that a record be maintained of such disposal/return.</p> <ul style="list-style-type: none"> <li>a) Discontinued or excess prescription medications are returned to the pharmacy.</li> <li>b) Each medication returned to the pharmacy must be listed by medication name, strength and quantity on form <b>CS-0526, Medications Returned to Pharmacy</b> or equivalent form.</li> <li>c) A licensed pharmacist must destroy discontinued or excess controlled medications to be discarded. This is done on-site with a witness and documented on form <b>CS-0712, Medical Disposition Record</b>.</li> <li>d) Discontinued medication must not be used for another youth.</li> </ul> <p>7. Management of bio-hazardous waste and decontamination of medical and dental equipment/instruments must comply with applicable local, state, and federal regulations.</p>
<p><b>B. Prescription medication</b></p>	<ul style="list-style-type: none"> <li>1. Prescription medications are administered with an order from a licensed physician, dentist, or other independent provider licensed to prescribe medications.</li> <li>2. A physician may delegate the prescribing of certain medications to a physician assistant (PA) or nurse practitioner (NP) in accordance with DCS policy <a href="#"><u>20.1 Health Care Administration</u></a>.</li> <li>3. The contract provider must document prescriptions on the Physician’s Order Sheet.</li> <li>4. Prescriptions received from an outside consultant must be reviewed by the contract physician who will take appropriate action. If the prescription is not used, the contract physician will write VOID on it and put it in the youth’s chart.</li> <li>5. Verbal orders – Licensed providers’ verbal orders for medication must be given only to a licensed nurse, pharmacist, or PA/NP. They must be recorded immediately in the health record on the Physician’s Order Sheet and signed by the person receiving the order.</li> </ul>

<p><b>C. Periodic review of prescriptions</b></p>	<ol style="list-style-type: none"> <li>1. The physician must periodically review medication prescriptions for youth that ensure that the medication therapy remains appropriate to the needs of the student. Under all circumstances students must have their medication therapy reviewed by a physician dentist, or PA/NP no less frequently than every thirty (30) days and the medications reordered as appropriate.</li> <li>2. Automatic stop orders of medications apply to all medication orders unless:             <ol style="list-style-type: none"> <li>a) The order indicates an exact number of doses being prescribed</li> <li>b) A period of time or duration is specified, or</li> <li>c) The attending practitioner reorders the medication.</li> </ol> </li> <li>3. Automatic stop orders are as follows:             <ol style="list-style-type: none"> <li>a) Non-narcotic analgesics – 10 days</li> <li>b) Controlled substances Schedule II – 3 days</li> <li>c) Controlled substances Schedule III, IV, and V – 7 day</li> </ol> </li> </ol>
<p><b>D. Medication errors and omissions</b></p>	<ol style="list-style-type: none"> <li>1. See DCS Policy <a href="#">1.4 Incident Reporting</a> and the <i>Incident Reporting Manual for YDC's</i>.</li> <li>2. Incident reports must not be placed in the youth's medical record. The information will be used for risk management purposes to minimize the future occurrence of similar incidents.</li> </ol>
<p><b>E. Drug formulary</b></p>	<ol style="list-style-type: none"> <li>1. All YDC contract providers must utilize the TennCare Preferred Drug List (PDL) which is available on the Bureau of TennCare web site: <a href="http://www.state.tn.us/tenncare/pharmacy/pdlinfo.htm">http://www.state.tn.us/tenncare/pharmacy/pdlinfo.htm</a>.</li> <li>2. If a generic substitute or less costly alternative or an over-the-counter medication is available, that should be considered</li> <li>3. If a contract provider prescribes a medication not on the TennCare Preferred Drug List, form <b>C-0854, Prior Authorization for Non Preferred Medication</b>, must be completed and faxed to the Child and Adolescent Psychiatrist Consultant in Central Office for review.</li> </ol>
<p><b>F. Pharmacy services</b></p>	<ol style="list-style-type: none"> <li>1. Prescription medications and over-the-counter medications must be procured from a licensed pharmacy or by state contract in accordance with federal and state laws and regulations.</li> <li>2. YDC medical clinics must not procure or maintain bulk stocks of prescription medications. Over-the-counter medications may be stocked at each YDC clinic.</li> <li>3. Periodic inspections – the contract pharmacy services vendor must make quarterly documented periodic inspection of each YDC medical clinic in accordance with the pharmacy contract. This inspection must include review of all medications and pharmaceutical materials kept in areas of the clinic and the clinics adherence with state laws</li> </ol>

<b>G. Storage of pharmaceuticals</b>	<ol style="list-style-type: none"> <li>1. The Health Administrator must ensure there is a secure area, physically separate from other health care services, that is designated as the medication room.</li> <li>2. Arrangements must be made to ensure that emergency medications are secure yet conveniently accessible to health care personnel in the event of an emergency.</li> <li>3. All medications must be double-locked. Medications requiring refrigeration must be kept in a locked refrigerator. The refrigerator used for medications must not be used for food, lab specimens, or other storage.</li> <li>4. All medications must be in their original packaging and/or closed containers and correctly labeled.</li> <li>5. Care should be taken to rotate stock to minimize waste.</li> <li>6. Health care personnel must check medications at least monthly for removal of out-of-date, medications, unused prescriptions, or medications no longer needed.</li> <li>7. Over-the-counter medications such as acne creams and lotions, other dermatological creams and ointments, and special shampoos may be kept with a student in their dorm room if authorized by the Health Administrator.</li> </ol>
<b>H. Stat kits</b>	<ol style="list-style-type: none"> <li>1. The YDC Health Administrator may maintain a stat kit in a portable container for ease of movement in case of serious trauma or life-threatening illness or injury.</li> <li>2. The stat kit must be sealed and securely maintained so it is not accessible to unauthorized individuals.</li> <li>3. A perpetual inventory must be maintained of the contents of the stat kit.</li> </ol>
<b>I. Emergency medications</b>	<ol style="list-style-type: none"> <li>1. Each facility physician may authorize the maintenance of a limited quantity of emergency medications, in specific quantities, required for immediate use.</li> <li>2. A perpetual inventory must be maintained of the emergency medications kept in the facility and medications should be restocked as necessary.</li> <li>3. Authorized healthcare staff administering emergency medication is responsible for properly documenting use.</li> </ol>

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<b>Forms:</b>	<a href="#"><u>CS-0082, Medication and Treatment Errors/Omissions</u></a> <a href="#"><u>CS-0128, Controlled Drug Administration Record</u></a> <a href="#"><u>CS-0526, Medications Returned to Pharmacy</u></a> <a href="#"><u>CS-0712, Medical Disposal Record</u></a> <a href="#"><u>CS-0854, Prior Authorization for Non Preferred Medication</u></a>
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<b>Collateral documents:</b>	<a href="#"><u>Incident Reporting Manual for YDC's</u></a> <i>Tennessee Board of Pharmacy Laws and Regulations</i>
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