

LESSON 6
STORAGE AND DISPOSAL OF
MEDICATION

CHAPTER 6 STORAGE AND DISPOSAL OF MEDICATION

OBJECTIVES

- 6.1 Identify procedures for storing and securing medications to comply with laws and regulations
- 6.2 Explain procedures for maintaining an inventory of controlled substances
- 6.3 Identify procedures for disposal of medications to comply with regulations

PERFORMANCE OBJECTIVE

Given information regarding guidelines for storing medications and several examples of medication, including Schedule II-VI drugs, demonstrate understanding of proper procedure for storing and securing these medications by completing a written test with 80% accuracy.

Drug Classifications, Schedule I, II, III, IV, V

The FDA has been overseeing drugs in the US since the beginning of the 20th century.

In 1970 the FDA released the following drug classifications, or drug schedules, under the Controlled Substance Act (CSA).

The schedules organize drugs into groups based on risk of abuse or harm.

Those drugs with high risk and no counterbalancing benefit are banned from medical practice and are Schedule I drugs.

From the
Drug Enforcement
Administration Office
of Diversion Control
**Controlled
Substance Schedules**

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules.

An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15.

Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

Some examples of the drugs in each schedule are listed below.

Schedule I Controlled Substances

Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in **Schedule I** are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine (“Ecstasy”).

Schedule II/II-N Controlled Substances (2/2N)

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of Schedule II narcotics include:

**Hydromorphone (Dilaudid),
Methadone (Dolophine),
Meperidine (Demerol),
Oxycodone (OxyContin, Percocet),
Fentanyl (Sublimaze, Duragesic).**

Other Schedule II narcotics include:

**Morphine
Opium,
Codeine.**

**Examples of Schedule IIN
stimulants include:**

Amphetamine (Dexedrine, Adderall).

Methamphetamine (Desoxyn),

Methylphenidate (Ritalin).

Other Schedule II substances include:

Amobarbital,

Glutethimide

Pentobarbital.

Schedule III/IIIN Controlled Substances:

Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependency

Return Demonstration:

Complete sample forms for maintaining an inventory of controlled and non-controlled medications.

Upon Completing of Chapter 6, Student will demonstrate understanding of the chapter content by completing a written test with 80% accuracy.

KEY TERMS

- Controlled substances drug
- Inventory external medications
- Internal medications
- Verification form

6.1 Identify Procedures For Storing And Securing Medications to Comply with Laws and Regulations.

INTRODUCTION:

Medications not being given must be safely stored.

Storage varies from one work setting to another but some precautions and guidelines should be followed wherever the Medication Aide works.

Students must understand the importance of preserving the integrity of the medication, principles of infection control, and laws and regulations to be considered when storing drugs.

'TOPICAL OUTLINE

A. Importance of storing medications properly

To ensure the safety and integrity of the client.

To ensure the safety and integrity of the all medications.

- ✓ To comply with federal and state laws and regulations
- ✓ Federal Regulations
- ✓ Virginia DSS

B.. The medicine cabinet, container or compartment.

The space should be designated for medication storage only.

Virginia DSS regulations for assisted living facilities requires the following:

The storage area shall be locked

Schedule II drugs should be kept under a double lock, e.g. a locked cabinet within a locked storage area or a locked container within a locked cabinet.

Other schedules locked according to facility policy.

Exception:

When the facility uses a unit dose packaging system in which the quantity stored is minimal and a missing dose can be readily detected.

The person responsible for the administration of controlled substances must keep the controlled substance key's protected from possible misuse.

c. The storage area must be well-lighted when in use but darkened when not.

d. When medications require refrigeration: The refrigeration area must be in a locked storage area.

e. When it is necessary to store medications in a refrigerator that is routinely used for food storage, the medications must be stored in a locked container in a clearly defined area.

f. A resident who is capable of self-administering may be permitted to keep his medication in his room. The medications must be in a secure storage area that is inaccessible to other clients.

-

g. The person responsible for medication administration shall keep the keys to the storage area on his/her person.

h. Medication storage areas should be kept clean & free from clutter.

The pharmacy container

1. The pharmacy dispenses medications in containers that meet legal requirements, including requirements of good manufacturing practices, where applicable.
2. Medications must be kept and stored in these original pharmacy containers.
3. Transfer of medications from one container to another is done only by a pharmacist.

Storing internal and external medication

1. Orally administered medications must be kept separate from externally used medications such as creams, liquids, lotions, and suppositories.
 2. Eye drops should be stored separate from internal or external medications.
- E. Storing medications which require a specific temperature

Medications requiring storage at "room temperature" must be kept at temperatures ranging from 15° (59°F) to 30°C (86° F).

2. Medications requiring "refrigeration" or "temperatures between 2° C (36° F) and 8° C (46°F)" are kept in a refrigerator with a thermometer to allow temperature monitoring.

3. Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label.

Storing floor-stock drugs

1. Floor-stock drugs are not permitted in Virginia assisted living facilities.
2. When an over-the-counter drug is prescribed, the client must have an individually labeled container with instructions which are specific to the client.
Note: This is a DSS labeling requirement.

However, because it is OTC drug, the pharmacy may not label the bottle, (though some long-term care pharmacy providers may offer this service), and it is not acceptable for the pharmacy to send a label for a nurse or a Medication Aide to affix to the bottle.

What is required by regulation is that the nurse or Medication Aide write the client's name and room number on the original container.

Writing instructions on the label by facility staff is not permitted. Follow the HCP orders in the client's record for administration instructions.

6.2 Maintain An Inventory of Medication Including Controlled Substances

INTRODUCTION:

To avoid a medication error resulting from drug availability, there must be a system for insuring renewal and delivery of client medications.

Procedures for drug renewal should be included in the facility medication management plan.

Because of their potential for addiction and abuse, it is a good practice to routinely reconcile Schedule II-VI drugs.

The times (may be every shift, every 24 hours, or every week; laws and Regulations do not specify a time frame.), forms and procedures may vary in different facilities but the goal is always to maintain an inventory of these drugs in compliance with laws and regulations.

Maintaining an inventory of individual client medications

1. New prescription drug orders

- a. Must be filled promptly unless otherwise ordered.
- b. Client has the right to choose the pharmacy provider.
- c. Should be received or "checked in" when the drug arrives from the pharmacy according to facility policy.

Refilling prescription drug

a. A Medication Aide may reorder a refill of a drug from the pharmacy if the prescription has refills. When the number of refills expires, the HCP must renew the order. Medication Aides may NOT renew a prescription, but they may order a refill.

- b. -Client medication supplies must be monitored regularly and reordered from the pharmacy when supply is low.
- c. c. If the drug is not available, it is the responsibility of the facility to notify the pharmacy, physician, family, or other supplier.

If the client requests a PRN drugs frequently, it is important to closely monitor the supply.

Some PRN drugs may need to be reordered weekly or even more frequently.

Note: It is inappropriate to document 'drug not available' on the MAR without making an effort to get the drug and documenting the results of the effort.

B. Maintain an inventory of controlled substances

- 1..Schedule II drugs are reconciled and counted for by two staff members according to facility policy, usually at least every 24 hours.
- 2.The medication container may have a label identifying the drug as a controlled substance.

3. If the count is incorrect, first check the addition and subtraction.

a. If an addition or subtraction error is identified, the Medication Aide should draw a single line through the error and write her initials next to the line and then write in the correct information and initial.

b. If an error must be corrected:

- Do not use correction fluid (White Out or correction tape).
- Do not erase or scribble over the error.

Note: The Count Book is a legal document.

4. If the count is still not correct and the Medication Aide is unable to account for the missing medication, she should notify her supervisor immediately or follow facility policy governing count inaccuracies/discrepancies.

5. When the count of all controlled substances is complete, each staff person must document the count on the Controlled Substance Count Verification form.

6.3 Identify Procedures for Disposal of Medications to Comply with Regulations

Introduction: Disposal of medications is one of the duties that the Medication Aide may be asked to perform.

This includes destruction of the medication so that it is unusable, as well as documentation of the destruction.

Destruction must be done according to laws, regulations and the facility policy.

Reason for disposal of medications

1. The client refused after it was poured.
2. The medication is dropped on the floor or contaminated
3. The medication has expired
4. The client for whom it was prescribed is discharged from the facility or program.
5. The medication has been discontinued by the HCP.

B. Guidelines for medication disposal

I. Acceptable procedures:

- a. Dispose of the medication in accordance with state and federal regulations and facility policy.
- b. Return to provider pharmacy if allowed by state and federal law.
- c. When disposing of drugs at the facility, a witness must observe the destruction.

A witness must be one of the following:

1. director of nursing;
2. facility administrator and pharmacist providing services to the facility;
3. another employee authorized to administer medication,

Acceptable methods of disposal (when allowed by law).

- a. Burn at an approved waste disposal site
- b. Flush down the toilet

- c. Melt in boiling water
- d. Crush into a fine dust and place in bio-hazardous waste container.
- e. Mix with bleach

Documentation of medication disposal

1. Follow facility policy
2. Document controlled substance destruction.
3. Use the Medication Disposal Record (See Student Handout 6.3.A)

Medication losses

1. Missing medications must be reported following facility procedures.
2. Missing medications can result in failure of the client to receive treatment.
3. Depending on the client's insurance, there may be difficulty replacing the medication.

4. If medications are frequently lost, facilities may be required to investigate the possibility of drug theft.

TEST/QUEZ

**PERFORMANC
E OBJECTIVE**

1. Controlled Substances
are potentially dangerous
or habit-forming drugs
whose sales and use are
regulated by law.

a. True

b. False

a. True

2. *A drug inventory* is done to:

- a. to maintain an accurate count of OTC drugs
- b. to maintain generics of all drugs
- c. to maintain an accurate supply of client's medications stored in the facility
- d. to maintain accurate exchange of meds between residents
 - a. to maintain an accurate supply of client's medications stored in the facility

3. *External medications* include:

- a. Creams
- b. Ointments
- c. Patches
- d. Suppositories
- e. a, b, c only

a. a, b, c only

4. *Internal medications include:*

- a. PO
 - b. Rectally
 - c. Vaginally
 - d. Sub q
 - e. All of the above
-
- a. All of the above

5. *Verification form* requires two signatures that controlled substances have been accounted for accurately.

a. True

b. False

a. True

6. Which of the following statements about *medication storage* are correct?

- a. Proper storage ensures safety and integrity of medication
 - b. The pharmacy where the drugs are purchased make the rules
 - c. ALFs must comply with federal & state laws and regulations
 - d. Both a and c
-
- a. Both a and c

7. The *DSS Standards for Assisted Living Facilities* require which of the following regarding medication storage:

- a. Storage area must be locked, well-lighted and darkened when not in use
 - b. Schedule II-V drugs must be double locked and keys kept by person responsible for medication administration.
 - c. Residents may never keep medications in their rooms.
 - d. a and b only
- a. a and b only

8. Which of the following statements about *floor-stock drugs* and *stat boxes* apply to assisted living facilities in Virginia?

- a. It is advisable to keep a good supply of floor-stock drugs in the medication room.
- b. The pharmacy will supply the stat drug box for use by Medication Aides.
- c. Medication Aides are not allowed to take drugs from the “stat” drug box
- d. In an emergency, it is permissible for Medication Aides to use floor-stock drugs and stat drug boxes.
 - a. Medication Aides are not allowed to take drugs from the “stat” drug box

9. Which of the following is TRUE regarding individual client medications?

- a. The client has the right to choose the pharmacy provider.
- b. When drugs are delivered, they must be verified according to facility policy.
- c. PRN drugs must be monitored frequently to maintain adequate supply.
- d. all of the above.

a. all of the above.

10 Which of the following statements is FALSE regarding refilling medications?

- a. The number of refills is indicated on the prescription label.
- b. Medication Aides may renew refills when they expire.
- c. Medication Aides may order a refill if it is still valid.
- d. The family may renew refills for the client.

Medication Aides may renew refills when they expire

11. Precautions must be taken when storing internal and external medications. They include:

- a. Oral medications must be stored separately from external
 - b. Medications must be stored in original pharmacy container
 - c. Eye drops must be store separately from other meds
 - d. All of the above
 - e. a and c only
- a. All of the above

12. Considerations when storing drugs that require refrigeration are:

- a. Refrigerator temperature must be between 36 and 46 degrees F
 - b. Must be stored separately from food
 - c. Must be in locked box if required
 - d. a and b only
 - e. All of the above
- a. **All of the above**

13. Reasons to dispose of medications include:

- a. The client refuses the drug after it was poured
- b. The med is dropped or contaminated
- c. The med is discontinued by the HCP
- d. The client is discharged or deceased
- e. All but c
- f. a, b, c and d

f a, b, c and d

14. Three (3) guidelines for disposing of expired or discontinued medications are:

1. *Follow facility policy that complies with state and federal laws*
2. *Have a witness present when a drug is destroyed*
3. *Document the disposal according to facility policy*

a. True

b. False

a. True

15. The suggested practice for insuring that clients receive medications when they must be away from the facility is/are:
- a. Have the pharmacy package the drug for the length of the visit
 - b. Document the amount of the drug the client takes with him/her
 - c. Have client, caretaker, or transporter sign a release
 - d. All of the above
 - e. a and c only
- a. All of the above

16. Room temperature is 59 - 86 degrees F for medication storage.

a. True

b. False

a. True

17 Controlled drugs are not double locked.

a. True

b. False

a. False

18 Drugs that require special documentation are Schedule II drugs.

a. True

b. False

a. True

19 Refrigerator temperature for medication storage is 36 to 46 degrees F.

a. True

b. False

a. True

20 Prescription refills can be ordered by administrators.

a. True

b. False

a. False