

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 16-08	Policy # 11.25
Applicability: <input checked="" type="checkbox"/> All DJJ Staff <input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDC and YDC)	Related Standards & References: 21CFR1300.01 O.C.G.A § 26-4-88 NCCHC Juvenile Health Care Standards, 2015: Y-D-01 ACA Standards: 3-JDF-4C-18, 4-JCF-4C-28, 4-JCF-4C-61 DJJ 8.12, 11.26	
Chapter 11: HEALTH AND MEDICAL SERVICES	Effective Date: 6/10/16	
Subject: MEDICATION STORAGE	Scheduled Review Date: 6/10/17	
Attachments: A – Medication Receipt Log B – Inventory Destruction Form C – Approved Over-The-Counter Medications	Replaces: 11/1/13 Division of Support Services, Office of Health Services APPROVED: 	
Avery D. Niles, Commissioner		

I. POLICY:

All medications shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Over-the-counter and prescription medications shall be stored in a secure (locked) area, which is inaccessible to youth and unauthorized staff. The Designated Health Authority shall ensure that all doses of medications, both prescription and over-the-counter, are accounted for.

II. DEFINITIONS:

Controlled Medication: A drug with abuse potential included in Schedule I, II, III, IV, or V of the Controlled Substance Act.

Designated Health Authority (DHA): The individual responsible for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

Regional Health Services Administrator (RHSA): Licensed health service staff that provides support to facility health staff and oversight to ensure the quality and accessibility of all health services provided in the facility.

III. PROCEDURES:

- A. The Designated Health Authority is responsible for the oversight of all medication processes, to include:
1. Verifying the medication;
 2. Monitoring medication storage practices;
 3. Monitoring administration practices; and

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4. Monitoring the Medication Administration Records for medication discrepancies.
 - B. Each facility will have local procedures for receipt of medications (e.g., from courier or during intake) and timely delivery to the health services unit, including receipt of medications after clinic hours.
 - C. All medication received with a youth upon intake will be inventoried, counted, recorded on the Medication Receipt Log (Attachment A) by Medical Staff and stored in the health services unit. (Medications received from other facilities that are already recorded on the Release of Responsibility Form (DJJ 11.26, Medication Administration, Attachment C) need not be recorded on the Receipt Log.)
 1. When a youth's medication is left at the facility after he/she has been released, the nurse will log the medication for destruction. The medication will be held until picked up by the parent/legal guardian or case manager or until the Regional Health Services Administrator (RHSA) destroys it. The parent/legal guardian or community case manager must sign the Release of Responsibility Form (DJJ 11.26, Medication Administration, Attachment C).
 - D. All medications will be stored in a locked area that is not accessible to youth, visitors, volunteers, and unauthorized staff. Medication storage areas will remain clean, well-lit, and free of clutter.
 1. Keys to medication storage areas will be highly restricted and only licensed health care staff may sign in/out (See DJJ 8.12, Key Control).
 2. All medication will be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medication storage areas should be maintained at 59°F to 86°F.
 - a) Medications requiring refrigeration will be maintained in a refrigerator at 36°F to 46°F in the health services unit. The refrigerator will be locked after clinic hours. The temperature will be recorded twice daily.
 - b) Lab specimens or other items will not be stored in the medication refrigerator.
 - c) Food may be stored in the medication refrigerator only if it is to be used for the purpose of medication administration. Any food not in the original container will be labeled, dated, timed, and discarded within 24 hours. Food will be stored in a separate container on a separate shelf from the medications.

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- d) No food will be stored in the refrigerator or freezer designated to store vaccines. Vaccines will be initialed and dated when opened and discarded upon the expiration date.
3. Medications will be stored separately according to categories by topicals, eye solutions, ear solutions, toxics, injectables, and ingestibles.
4. Multi-dose containers of injectable medications will be initialed and dated when opened and discarded upon expiration or 90 days, whichever comes first.
5. Insulin and PPD multi-dose containers will be initialed and dated, and then discarded 30 days after being opened.
6. If a multi-dose vial shows visible evidence of precipitation or contamination, it will be discontinued immediately and recorded for disposal.
7. The following medications will be immediately removed from stock, recorded for disposal, and re-ordered from the pharmacy:
 - a) Expired, contaminated, or deteriorated medications; and
 - b) Medications in containers that are cracked, soiled, or without secure closures.
8. Medications to be administered after clinic hours may be stored in a locked container in the central control center. Access will be restricted to Certified DJJ Medication Administration Trained Staff according to DJJ 11.26, Medication Administration. All doses of any medication stored in this box (including over-the-counter medications) will be accounted for by perpetual inventory, and the administration of the medication must be documented in the youth's health record. When any items from this container are used, licensed medical staff will check the container the following day to verify accuracy of inventory.
- E. Controlled medications will be stored behind two different locks that remain locked except when in use. Each dose will be accounted for by perpetual inventory using the DJJ Controlled Drug Record Book.
 1. Nursing staff will count controlled medications at each shift change.
 2. Nursing staff will document all controlled medications coming into and leaving the facility.
 3. All unused (discontinued, expired, etc.) controlled medications will be immediately moved to inactive stock and logged on the Inventory

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Destruction Form (Attachment B). Controlled medications held in inactive stock will be stored behind two different locks that remain locked. Access to these controlled medications will be limited to the licensed nursing staff.

4. All medications will be disposed of in accordance with Drug Enforcement Agency (DEA) regulations.
- F. The Pharmacy and Therapeutics Committee will establish a list of Approved Over-The-Counter Medications for secure facilities (Attachment C). A limited supply of over-the-counter medications for minor complaints, which do not require a sick call visit, may be maintained in the secure areas of facility living units or control rooms so staff trained in medication administration may administer to youth upon request.
1. All medications stored outside of the designated medication storage area will be securely locked and remain in the original labeled container and will be accounted for by perpetual inventory.
- G. Each facility with trained medical staff will have a supply of emergency medications and antidotes readily available, as approved by the Office of Health Services.
- H. The Poison Control Center phone number will be conspicuously posted in the health services unit, control room(s), and facility's emergency plans.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO