

Each SAPC contracted treatment agency shall coordinate the appropriate administration, storage, and/or disposal of each addiction medication (described within **Attachment B**) that is aligned with the agency's level of care and in accordance with which addiction medications are available on-site and/or through referral to external partners. Provider agencies may submit their own administration, storage, and disposal of medication policies alongside the below, provided that their policies are aligned with this policy guidance (which was adapted from the California Department of Health Care Services' sample Incidental Medical Services documentation¹), as a component of their addiction medication policies.

All prescribed and over-the-counter medications, specifically including each of the required and recommended addiction medications (described within **Attachment B**) that have been prescribed to the patient, are all allowable medications. Patients being treated with controlled substance medications will not be denied admission due to their medication regimen.

If, in the course of an individualized assessment, the agency's treatment team identifies that the patient would benefit from clarification of the appropriateness of any current controlled substance medication treatment, the patient should be scheduled for a medical evaluation with a medical LPHA operating within the scope of practice of their license (licensed prescribing clinician) (as described within **Attachment C**) who can make any necessary adjustments in the patient's medication treatment(s).

Documentation and Handling of Medications Taken On-Site

1. Medications administered by the agency practitioners shall be handled only by authorized staff.
2. Under the designation and supervision of the licensed prescribing clinician and/or a designated LPHA supervisor, authorized staff shall be responsible for maintaining the following medication log:
 - a. Medication Self-Administration Log
 - b. Medication Dispensing Log
 - c. Disposal/Destroyed Medication Log
3. Authorized staff shall conduct, at minimum, weekly reviews of the medication storage areas and documentation logs (e.g. reconciliation of medications stored and medication logs) and work to reconcile any discrepancies.

Administration of Medications

1. Medications administered on-site may include oral and injectable medication formulations in accordance with their established medication administration protocols.
2. All authorized staff will be trained about the use of the medications in accordance with **Attachment E**.
3. Staff directly administering medications shall operate within the scope of practice of their respective licensing board.

¹ California Department of Health Care Services. *Attachment: Sample IMS Submission Documents*. <http://www.dhcs.ca.gov/provgovpart/Pages/Training-and-Resources.aspx>

4. Patient self-administered medications shall be observed and documented by authorized staff.

Self-Administered Medications and Storage Requirements

On-site medications administered through their FDA-labeled oral, sublingual, intranasal, or inhaled routes of administration may be self-administered by patients under authorized staff supervision.

Only authorized staff should have access to a medication storage area within the designated medication room. All medications administered on-site other than those designed for emergency self- or peer-administration should be stored in a locked cabinet in a designated medication room. Within the medication room, all controlled medications should be stored in a separate locked bin or safe and inventoried with each shift change to monitor for and prevent medication diversion. Medications will also be routinely checked to ensure that they did not expire and are administered as prescribed.

Emergency medications which patients are permitted to have on their person in all settings of care include, but are not limited to, naloxone for overdose reversal, epinephrine for allergic reaction reversal, and medications FDA approved for the acute reversal of an asthma attack, such as albuterol inhalers.

Orders for medications administered on-site should include the following six components:

1. The name of the patient
2. The date and time when the order is written
3. The name of the medication to be self-administered and the reason
4. The dosage
5. The route and any special directives regarding its self-administration
6. The time of self-administration and/or frequency

Staff will verify that the correct medication and the correct amount of medication were taken by the patient. The staff and the patient will sign the Medication Self-Administration Log to indicate that the patient has taken the medication and document medication administration in the patient's chart within 24 hours. The Medication Self-Administration Log includes the following components:

- Daily log that identifies all medications taken by the patients
- List that describes all licensed prescribing clinicians' orders written on a given day
- All medications logged by staff on the form once they are prescribed by the licensed prescribing clinician
- The dosage taken
- When applicable, when the patient declines to take their medications and staff notification to the licensed prescribing clinician
- Which staff monitored the patient's self-administered medications

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Attachment D: Administration, Storage, and Disposal of Addiction Medications

Patients being treated with addiction medications (including but not limited to methadone) dispensed by an opioid treatment program (OTP) shall be supported receiving their OTP-dispensed addiction medications through care coordination with that OTP. This may include care coordination to support the patient receiving their OTP-dispensed medication doses on-site at the OTP medication unit or coordinating the patient taking their take-home opioid addiction medication to be taken on-site a non-OTP site of care. Patients who bring their methadone to be taken on-site are supported through secured transportation and on-site storage of the OTP dispensed medication using a lock box accessible by authorized staff. The authorized staff will count the doses, document the count and secure the OTP dispensed medication in the lock box within a locked cabinet.

Patients will take medication under the observation of authorized staff. Training and competency for observation of patient self-administration will be documented in the employee's personnel file. The staff and patients will be educated regarding all aspects of the process required for the safe self-administration of medication. Patients will self-administer their medication as directed in the presence of and under the direct supervision of the qualified staff on duty. Appropriate health care practitioners will document that a patient has been educated and is appropriate to self-administer medications. The education will include, but not be limited to the following:

- Definition of a supervised self-administration medication system
- Staff's role in providing supervision and monitoring
- Safe storage of medication
- Side effects
- Monitoring the effectiveness of medication
- Issues to report to the licensed prescribing clinician
- Situations requiring emergency intervention

Authorized staff providing medications are trained to handle medications and provide assistance in the self-administration of medications in the designated medication room:

1. Removing the container in which the patient's medications are stored from the secured and locked medication storage area.
2. Handing the container in which the patient's medications are stored, to the patient whose identity is confirmed by facility staff, including a system to correctly identify the patient and to ensure that the correct patient receives the appropriate medication.
3. Observing the patient self-administer their medication. Staff should immediately report any unusual signs, reactions, symptoms, or actions on the part of the patient that was observed to a licensed prescribing clinician.
4. Retrieving the container in which the patient's medications are stored and returning the container to a secure storage area.
5. The program staff who assists the patient in the self-administration of the patient's medication shall record and sign the Medication Self-Administration Log within the patient's medical record.
6. Prescription medications shall be stored in the original prescription container. Non-prescription medications shall be stored in the manufacturer's original

container. All prescribed medications shall have a label that includes the patient's name, dosage, prescriber, name of pharmacy, medication name, strength, and quantity. Sample medications given by the prescribing licensed prescribing clinician must have a prescription attached to them. No bulk prescription medications will be used or kept at the facility.

7. Medications needing destruction will be stored in designated bins away from the remainder of the patient's medications.
8. Any medication that requires refrigeration will be kept in a refrigerator in the medication room. The temperature of the refrigerator shall be checked daily and noted on the refrigerator log. No staff items can be stored in this refrigerator.
9. Health care practitioner or qualified staff will inspect the medication area daily. Any deficiencies will be reported to the licensed prescribing clinician immediately.

Disposal of Medications

No expired, contaminated, or deteriorated medications, or used syringes will be kept on site. Staff follow the procedures listed below for disposal of these items:

1. Medications that have expired shall be disposed of within fourteen (14) working days of the expiration date by authorized staff.
2. Medications that are contaminated or have deteriorated shall be disposed of within fourteen (14) working days of discovery by authorized staff.
3. Unused medication will be sent with the patient at discharge if approved by the licensed prescribing clinician. If not approved, the unused medication will be destroyed under the destruction policies outlined here.
4. All used syringes and other medical sharps will be discarded in rigid sharps containers and when $\frac{3}{4}$ full will be disposed of as hazardous waste through a contract with a third-party vendor.
5. Authorized staff shall place all medications to be destroyed in a designated, destruction bin that is rigid-sided, sealable and secure, which will be either transported to, or picked up by a third-party contractor, for proper destruction.
6. Each medication that is to be discarded shall be listed in a Disposal/Destroyed Medication Log. The receipt and destruction of the medication(s) by the third-party vendor shall be noted on the Disposal/Destroyed Medication Log. In the case of destroying medications not removed by the patient upon departure, staff shall sign a record, to be retained in the patient for at least three years, and that lists the following:
 - a. Name of the patient
 - b. The prescription number and the name of the pharmacy
 - c. The medication name, strength and quantity destroyed
 - d. The date of destruction
7. At minimum, authorized staff shall conduct weekly reviews of the medication storage areas and documentation logs (e.g. reconciliation of medications stored and medication logs) and work to reconcile any discrepancies.

Disposal of Controlled Medications

Authorized staff must follow the procedures listed below for the disposal of controlled medications:

1. Controlled medications that need to be disposed of will be collected by authorized staff.
2. All identifying patient information from the controlled medication will be removed.
3. Two authorized staff members will empty controlled medications into a designated, destruction bin that is rigid-sided, sealable, and secure. One authorized staff member will dispose of the medication and the other authorized staff member will witness disposal.
4. Disposal of controlled medications will be documented in the Disposal/Destroyed Medication Log by authorized staff member disposing of the controlled medications and co-signed by witnessing authorized staff member. The controlled medications are disposed of through a third party medication disposal vendor. Agencies may consider dispensing controlled substances through one of the collection centers or events posted via <http://dpw.lacounty.gov/epd/hhw/Pharmaceuticals> while establishing a third party vendor to coordinate collection and destruction of controlled substance medications.