


<b>Catholic Charities Disabilities Services</b>	
<b>Agency Standard and Procedure</b>	
<b>Standard Category</b>	Residential
<b>Standard Title</b>	Controlled Substances
<b>Regulations</b>	14NYCRR 633 10NYCRR 80
<b>Original Issue Date</b>	12/19/2014
<b>Latest Revision Date</b>	12/23/2019 4/13/2023
<b>Number of Pages</b>	4
<b>Attachments</b>	
<b>Approved by:</b> Paula Jubic, Executive Director	

**Standard:**

All controlled substance will be stored, administered and accounted for in conformance with applicable state and federal laws, rules and regulation.

**Procedure:**

Only individuals legally authorized to administer medication (RN, LPN, Approved Medication Administration Personnel [AMAP]) may accept, have access to, and administer controlled substances.

All controlled substances must be in blister packs, including those administered by third parties (i.e. Hospice).

**Receiving Controlled Substances**

1. When controlled substances are delivered to a residence, a staff member legally authorized to administer medication will immediately count the controlled substance and confirm the medication is correct. If there is not a staff member legally authorized to administer medication present at the time of delivery, the delivery person from the pharmacy shall secure it in the delivery cabinets near the front door in all residences. Whenever an AMAP arrives on shift, the delivery cabinets should be checked.
2. Nurses are responsible to ensure that a picture of prescribed controlled medications is present in the formulary. AMAP staff will be trained to observe what prescribed controlled medications look like to determine if the medication is correct. During each count, AMAP staff verify by the picture that the medication is correct.
3. If there is a discrepancy in the count or observed appearance, staff will notify the pharmacy and notify the residence RN or RN On-Call. Staff are not to accept responsibility for a controlled substance when there is a discrepancy in the count or appearance unless directed to do so by the residence RN or RN On-Call.

Standard: *Controlled Substances, 2014.12.19.*

4. If the count and appearance is correct, the staff will:
  - a) sign for the delivery; unless there is not an AMAP staff available
  - b) complete the top section of the controlled drug chronological count sheet, sign the form and place it in the medication administration record binder;
  - c) verify the individual's MAR and the label on the controlled substance match regarding the name, strength, dose, and frequency of administration;
  - d) if the medication is not yet recorded on the MAR, the staff will enter the name, strength, dose, frequency of administration and times of administration on the MAR and initial and date the form in the lower right hand corner of the box;
  - e) place the controlled substance in the double locked narcotic storage cabinet/box.

### **Securing Controlled Substances**

1. All controlled substances will be maintained in a double locked cabinet or double locked box of substantial construction.
2. Locks will be individually keyed. Spring type or combination locks are not to be used.
3. The controlled substance cabinet will remain double locked at all times except when it is necessary to access the medication.
4. Keys for the controlled substance cabinet will remain on an AMAP staff assigned to administer medications or in the key locker.

### **Administering Controlled Substances**

1. Controlled substances will only be administered upon the written, signed prescription or order of a legally authorized medical practitioner.
2. Staff who administer a controlled substance will initial the back of the blister pack immediately below or next to the blister from which the medication was removed, initial the MAR, and complete the controlled substances chronological administration count sheet.
3. In the event that a person refuses the medication or it is not administered for any other reason, the staff will circle their initials on the MAR and indicate the non-administration on the controlled substances chronological administration count sheet. The reason for the non-administration will be documented on the back of the MAR. The medication will be disposed of in accordance with policy.

### **Counting Controlled Substances**

1. Frequency of counts:
  - a) In residences where there are two staff who are legally authorized to administer medication at each change of shift, the controlled substances will be counted jointly by those two staff at each change of shift. Staff will verify that there are no discrepancies in the medication's appearance.
  - b) In residences where there are not routinely two staff legally authorized to administer medication at the change of shift, controlled substances will be counted jointly by two

staff on no less than a weekly basis. A day and night shift shall be designated when two authorized staff can count the controlled substances. Staff will verify that there are no discrepancies in the medication's appearance.

2. Counting controlled substances:
  - a) One staff person will count the number of pills remaining, and report the number to the second staff person who will compare the number to that on the controlled substances chronological count sheet.
  - b) Once staff have counted all of the controlled substances, and verified that the amount of medication on hand corresponds to the amount reflected on the controlled substances chronological count sheet, both staff will sign the controlled substance count form, indicating the date and time of the count, and if the count is correct.
  - c) If only one staff is present to conduct the count, it will be documented on the controlled substance count sheet and confirmed by the next AMAP staff on shift.
  
3. Discrepancies in the count:
  - a) If there is a discrepancy in the count or appearance of medication (E.g. pills are different), staff will indicate such in the comments column of the controlled substance count sheet, immediately notify the residence RN or the RN On-Call, and remain at the residence until released by the nurse.
  - b) The residence RN or designee will investigate any discrepancy. If it is not possible to reconcile the count, the RN will notify the Nurse Manager and/or the administrator on call and complete a GER.
  - c) If the missing controlled substance is a Schedule II medication, or if a significant amount of Schedule III, IV, or V is missing, the Nurse Manager and/or the administrator on call will notify the Executive Director or designee, local law enforcement and complete the required documentation to the NYS Department of Health, Bureau of Controlled Substances.

### **Disposal of Controlled Substances**

1. The disposal of a controlled substance shall be completed by two staff legally authorized to administer medication when possible.
  
2. The disposal shall be conducted in a manner such that the drug is non-retrievable:
 

If the medication is a pill, liquid capsule, etc.:

  - Crush any pills, open capsules if possible and pour out contents
  - Place in hot water to dissolve
  - Place the water with the dissolved medication in kitty litter, liquid dish or hand soap, coffee grounds and mix well
  - Place the mixture in a zip top bag
  - Place the bag upside down in another zip top bag
  - Place the bag in the garbage

If the medication is a patch:

  - Place the sticky side of the patch on something that it will not easily be removed from such as toilet paper or tissues

- Fold the patch in half, sticky side together and place in a zip top bag
  - Place the bag upside down in another zip top bag
  - Place the bag in the garbage
3. Once disposal is complete, the staff conducting the disposal shall complete the information required on the "Controlled Substance Disposal Sheet."
  4. The second staff person will sign the "Controlled Substance Disposal Sheet" as a witness.
  5. The disposal sheet will be maintained in the front of the MAR book.