

	<p style="text-align: center;">MOREHOUSE STUDENT HEALTH AND WELLNESS CENTER POLICY AND PROCEDURE</p>	POLICY	
		DATE	May 2018
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	<p>SUBJECT: Policy for the Distribution of prescribed medication(s) / In-house Dispensary in Student Health and Wellness Center</p>	SUPERSEDES	

1.0 PURPOSE

This policy gives guidance for the Student Health and Wellness Center (SHWC) MDs, NPs, and RNs in dispensing medication(s) to their clients in a safe manner consistent with Georgia Pharmacy Practice Act §26-4-1 Rules and Regulations and under the guidance of the chief Medical Officer.

2.0 POLICY

Dispensing of medications shall be pursuant to the order of a person authorized to prescribe a drug or device and in accordance with the scope of their licensure. Licensed individuals must dispense only medications within the formulary; and dispense to clients within the practice. (Attachment A).

3.0 DEFINITIONS

For the purpose of this policy, the following definitions apply:

Provider: Practitioner means a physician, advanced practice level provider licensed under the laws of Georgia to dispense, prescribe and administer drugs in connection with medical treatment to the extent provided by the laws of Georgia. O.C.G.A. §26-4-5(33).

Client: An individual that is a patient of Student Health and Wellness Center.

- a. The covered entity (SHWC) has established a relationship with the individual, such that the covered entity maintains records of the individual's healthcare and
- b. The individual receives healthcare services from a healthcare professional who is employed by the Morehouse School of Medicine – Student Health and Wellness Center.

Medications: Only non-controlled prescription medications and over the counter drugs will be in the dispensary.

Employee: Staff members employed by MSM working in the Student Health and Wellness Center

Nurse: Person who is a registered professional nurse licensed as such under Article 1 of Chapter 26 of Title 43. O.C.G.A. § 43-34-23 (a)(6). The RN will be designated “in charge” of inventory.

Nurse Practitioner (NP): Person who is a registered nurse with advanced training and National Board Certification; recognized by Georgia’s Advanced Practice Registered Nurses (APRNs). The NP will be responsible for supervising and overseeing the implementation of this policy.

Dispense: Issuing one or more doses of any drug in a suitable container with appropriate labeling for subsequent administration to, or use by, a patient. O.C.G.A. § 43-34-23 (a) (3.1)

4.0 DRUG STORAGE AND RECORD KEEPING

- 4.1 All drugs shall be stored in a designated area known as the medication room to insure proper sanitation, room temperature, light, ventilation, segregation and security.
- 4.2 All drugs will be stored in a secured area (under lock and key when not in actual use). All access entries to the medication room must be locked at all times prohibiting outside entry. Security of the medication room must be maintained 24 hours a day. Authorization to the medication room must be reserved to those employees performing functions requiring access such as dispensing and inventory management and control.
- 4.3 Upon receipt of pharmaceuticals, invoices must be signed and dated. Any discrepancies must be clearly signed and dated. Any discrepancies must be clearly noted on the invoice and reported within one business day to the distributor. Resolution must be noted on the invoice. All invoices must be maintained on file for five years.

5.0 INVENTORY

1. The Dispensary will use the PD-Rx net dispensing software. All medications will be ordered and tracked according to the inventory.
2. Using the PD-Rx net tracking software, medications will be received into the dispensary facilitating appropriate tracking of inventory.
3. Medications must always be scanned with the Bar code scanner before dispensing to facilitate tracking of inventory.
4. The bar code scanner scans the Lot number which identifies the drug, expiration date and dose. This scan secures appropriate handling of Drug Recalls or Expired medications.
5. No medication should be dispensed to a client without scanning.
6. A running inventory of drugs received, dispensed, and removed from the designated storage area must be verified by actual count at least monthly. Discrepancies in inventory should be researched and findings should be clearly noted. Reconciliation should occur immediately if variances are found. The electric and manual inventories must coincide.
7. Corrective actions will be determined by the nature of the discrepancy to include chart review for resolution or reporting to the Office of Compliance.

6.0 RECALLED OR OUTDATED DRUGS

1. Medication inventory will be examined at least monthly and outdated stock will be removed. Documentation of the medications will be recorded according to the quantity, name, dose, date of expiration and lot number. Documentation will be maintained for two (2) years.
2. If a drug recall for pharmaceutical supplies is issued by a manufacturer or other authorized agency, SEHWC will be notified of the procedure to follow to ensure that all recalled issued drugs are removed from stock.
3. Expired drugs will be discarded appropriately using the MHC bio-waste disposal services.

7.0 IMPLEMENTATION

1. Dispensing Medications:
 - a) Verify current, valid prescription in client's record which must include:
 - Client's full name;
 - Date of issuance;
 - Name of medication;

- Strength, dosage, and quantity prescribed;
 - Directions for use;
 - Number of refills (if applicable); and
 - Prescribing provider's (the provider who signed the prescription or the standing order/protocol) original signature. Use of EMR acceptable.
- b) Prepare medication label to include: Labels from PD-Rx acceptable
- Name of client;
 - Name of the prescribing provider;
 - Name, address and phone number of the clinic;
 - Date of dispensing;
 - Name of drug and strength;
 - Directions for use;
 - Cautionary statements, if any, as required by law; and
 - Manufacturer's expiration date, or an earlier date after which the client should not use the drug.
- c) Complete Dispensing Log
- All dispensed medications will be recorded on a pharmacy dispensing log - this may be recorded on a paper log or documented through the EHR.
 - The dispensing log is established as a continuous record for accountability of all medications dispensed to clients.
 - The logs / prescriptions must be retained for a minimal of two years.
 - A separate log may be established for satellite clinics.
 - All logs contain confidential information and should be handled accordingly.
 - The log and or EMR should contain:
 - 1) Client's name;
 - 2) Name of medication, or generic name and name of manufacturer;
 - 3) Lot number;
 - 4) Quantity dispensed;
 - 5) Date of dispensing;
 - 6) Name of prescribing provider and
 - 7) Name of individual dispensing the medication.
- d) Dispense to client:
- Identify client by first and last name.
 - Discuss with the client the condition for which the medication is prescribed.
 - Review client's history for any contraindication for the medication.
 - Review the client's history for medication allergies.
 - Counsel the client on the proper use of the medication.
 - 1) Route, dosage, administration, and continuity of therapy;
 - 2) Common side effects and actions to take if a problem occurs;
 - 3) When, who, and where to contact in case of an adverse reaction;
 - 4) Proper storage; and
 - 5) Actions to take in the event of a missed dosage.
 - Only medications on the agency's formulary may be dispensed.
- e) Document in client's medical record:
- Current date;
 - Name of medication dispensed, dosage, route, frequency, and amount dispensed;
 - Signature of person dispensing medication;

- Findings of any assessment performed prior to dispensing which indicate or contraindicate need for medication. If the medication is not dispensed, document the reason why; and
 - Adverse reactions reported by client.
 - Each individual prescription must be documented in the client record.
2. Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by a practitioner who has been given dispensing privileges by their licensing board, or by a Registered Nurse, prior to the medication being delivered or transferred to the patient
 3. Medication errors will be documented on an incident report form and will be reviewed by Assistant Director / Director of Student Health and Wellness within one week of the error's occurrence.
 4. Incident reports will be maintained by the supervisor. Depending upon the nature of the error, disciplinary actions will be managed according to the Employee Corrective Action Plan.
 5. State and Federal Agencies have the right to inspect the dispensing activities of offices that have a dispensary. They may request to see the dispensing records for activities during a certain period of time. The examiner/ inspector may request to see copies of the written orders and the dispensing records for this period. MSM / Student Health and Wellness Center should only provide records for the specific time request.

8.0 RESPONSIBILITIES

Employees shall be responsible for:

1. Familiarizing themselves with this *Policy for the Distribution of Prescribed medication(s) / In-house Dispensary* in Student Health and Wellness Center.
2. Complying with the Implementation Process as defined in 7.0.

APRN shall be responsible for:

1. Assuring that employees comply with this Administrative Policy and Procedure.
2. Monitoring and tracking compliance to Policy.

9.0 EFFECTIVE DATE

The effective date of this Administrative Policy and Procedure is ____, ____, 2018.

Date

Name

Sr Associate Dean of Clinical Affairs