

Controlled Substance Access and Handling Policy – SAMPLE

Subject: Controlled Substance Access and Handling
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(Signature) _____ Date _____
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POLICY

(Insert name of the organization) is committed to ensuring that controlled substances are readily available for patient use while preventing their abuse, diversion and illegal use. All (insert name of the organization) staff members are expected to comply with state and federal laws and regulations regarding medication handling and security, as well as all policies of (insert name of the organization).

DEFINITIONS

- **Drug diversion** – Unauthorized taking or use of any medication, including medication waste
- **Medication dispensing cabinet (MDC)** – An automated drug dispensing cabinet
- **Controlled substance waste** – All or part of a controlled substance that is not in its original sealed package and is not administered to a patient
- **Authorized user** – Licensed healthcare provider who has completed the requisite drug diversion and MDC-specific training and been granted access to the MDC

PROCEDURES

Access to MDC

Each authorized user of the MDC will be assigned a unique sign-in that will allow access to the system. Each authorized user will create his/her password at the time of the initial sign-in. Authorized users shall not share their sign-on information with any other staff member. The MDC will prompt each authorized user to change his/her password every 90 days. Users may change their passwords at any time, and shall do so any time there is a concern that the security of a password has been compromised.

Each cabinet user shall undergo a drug diversion training session during their orientation, as well as MDC-specific training in conjunction with their departmental orientation. Access to the MDC will not be granted until both training modules have been successfully completed.

Users are required to sign out of the MDC each time a transaction is complete and any time the user steps away from the cabinet during a transaction. In order to prevent unauthorized access to the MDC, all cabinets will have a 30-second time-out feature once a user is signed in.

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Access to the MDC will be discontinued immediately upon notification of the pharmacy that there is reasonable suspicion that a user is diverting medication, when a staff member has been terminated due to drug diversion, or when the pharmacy is notified by human resources that an individual is no longer working at (insert name of the organization).

Controlled Substance Removal

Controlled substances may be removed for only one patient at a time and must be removed immediately prior to administration. Controlled substances shall not be removed in anticipation of patient need or in advance of a scheduled dose. The original packaging of all controlled substances shall remain intact until the user is at the patient's bedside.

Transporting Controlled Substances after Removal from the MDC

Controlled substances that have been removed from the MDC will be immediately delivered to the patient's bedside for administration. Controlled substances, including controlled substance waste, shall not be carried in pockets, on portable computer carts or in other unsecure locations.

Returning Controlled Substances

Controlled substances removed from the MDC that are in their original package and not administered to the patient must be promptly returned to the MDC return compartment. This allows the patient to be credited for the unused medication. All controlled substance returns must be physically witnessed and documented by a second authorized user.

Wasting Controlled Substances

All wastage must be physically witnessed by a second authorized user and documented at the time the medication is actually wasted.

The appropriate method of disposal of controlled substances is (insert the method the organization uses here). Fentanyl patches are to be handled with gloves, folded in two and flushed down a toilet. A second authorized user must witness fentanyl patch wastage. Controlled substances shall not be dropped into a sharps container as a means of wasting. Controlled substance vials, ampoules and syringes must be fully emptied prior to placement in a sharps container.

Wasting of controlled substances should occur upon removal of the medication from the MDC if at all possible, and, if not, as soon as possible after medication administration. "Bulk wasting" or wasting of multiple doses at one time is not permitted. All wastage shall occur prior to the authorized user leaving the patient care area.

Discrepancies in the Count of Controlled Substances

Authorized users will be required to count, via blind count, the number of doses in each single access bin when controlled substances are removed from the MDC. Each time an incorrect number is entered, a discrepancy is created. Discrepancies shall be investigated and resolved as soon as possible after they occur. Resolution of discrepancies will be done by two authorized users, preferably by the user who accessed the bin prior to the discrepancy and the user who discovered the discrepancy. All discrepancies must be resolved before authorized users end

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their shift. The discrepancy resolution documentation in the MDC shall include the medication name, a description of the problem, the name of the person discovering the discrepancy, and the name of the last user of that medication compartment.

Unresolved discrepancies at the end of the shift require generation of an incident report and notification of the supervisor of the unit and the pharmacy prior to any staff member leaving the unit. The supervisor, in consultation with the pharmacy, will determine whether further action, such as reasonable suspicion drug testing, is warranted.

All resolved and unresolved discrepancies shall be reviewed and tracked by the pharmacy department and the diversion specialist.

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