

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.70</u>
SUBJECT: MEDICATION STORAGE INSPECTIONS PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/15/14</u> REVIEW DATE <u>06/15/15</u> SUPERSEDES PPD# <u>6.70</u> DATED <u>03/15/13</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide routine inspections of all areas where medications are stored, focusing on organization, safety, quality control of area, neatness of area and use of proper procedures concerning medication storage.

II. APPLICABILITY:

To all healthcare staff

III. POLICY:

It is the policy of the Department to complete quality improvement activities to assure compliance with the NH Board of Pharmacy standards.

IV. PROCEDURE:

- A. Monthly inspection of medication areas will be conducted by a pharmacist or designee and should include the following:
 1. All nursing units;
 2. All other ancillary areas where medications are stored; and
 3. All emergency medication supplies.
- B. All audits shall be performed using the "Medication Systems Audit" Inspection Record (see Attachment 1)
- C. All irregularities shall be reported in writing to the proper Department Heads for appropriate action and correction.
- D. The "Medication System Audit" Form shall be completed reflecting the following information:
 1. Date of inspection;
 2. Time of inspection;
 3. Location of unit/units being inspected;
 4. Name of inspector;

5. Individual/individuals in charge of the area/areas inspected;
 6. Check off results of inspection in each applicable area; and
 7. Indicated in the “comments” area any findings that need special attention.
- E. Distribute copies of the report to the individual in charge of the inspected area.
- F. Keep copies of all audits for a period of three years from the date of the inspection.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

HANKS/clr



**NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC SERVICES -PHARMACY**

MONTHLY MEDICATION AREA INSPECTION LOG

Date _____ Location _____ Inspected by _____

(Print Legibly & Sign)

Review Area		COMPLIANT (Yes or No)		COMMENTS
		Yes	No	
General Appearance		Yes	No	
Storage Area- Appropriate Temperature		Yes	No	
Unauthorized Medication		Yes	No	
Discontinued Medication		Yes	No	
Outdated Medication		Yes	No	
Meds Properly Labeled		Yes	No	
Injections Dated When Opened		Yes	No	
Internal/External Meds Separated		Yes	No	
Med Carts Locked		Yes	No	
Refrigerator	Appropriate Temperature	Yes	No	
	Appropriate Medications	Yes	No	
Emergency Box	Sealed	Yes	No	
	In Date	Yes	No	
Controlled Substance Drug Kit	Sealed or Inventoried if Open	Yes	No	
	In Date	Yes	No	
Controlled Substance Stock	Locked Storage	Yes	No	
	Inventories Complete & Accurate Complete & Accurate	Yes	No	