

**SECTION XVI**  
**IN - PHARMACY REGULATIONS**

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURES MANUAL**

## **SECTION XVI: IN-PHARMACY REGULATIONS CHAPTER 16.1: CONFIDENTIALITY OF INFORMATION AND DATA**

**POLICY:** Strict patient confidentiality is maintained. No information concerning any patient or their medication shall be given out except to authorized staff. Staff adheres to Health Insurance Portability and Accountability Act (HIPAA) requirements.

### **PROCEDURE:**

1. Patient information may be requested from pharmacy staff for other health care professionals in the usual course of practice. This information is given out only after the requesting individual has been identified as a CVH employee and that the information request is reasonable as it relates to the patient care responsibilities of the requestor.
  - A. Identification is preferably done in person via the CVH security badge.
  - B. Identification may be made via phone if in the opinion of the pharmacy personnel the person requesting the information has adequately identified themselves and the voice is recognized.
2. Patient information may be requested as part of concurrent or retrospective research.
  - A. The research protocol is presented to the Chief of Professional Services for approval.
  - B. After approval, the pharmacy may provide the requested information to the individual(s) and/or agencies as approved by the Chief of Professional Services.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION XVI: IN-PHARMACY REGULATIONS CHAPTER 16.2: SECURITY OF THE PHARMACY**

**POLICY:** The Pharmacy area is considered a high security area, by the nature of its contents. Access to the Pharmacy is restricted to pharmacists, pharmacy support personnel, and contracted pharmacy employees. The pharmacy unit supervisor is responsible for the issuing of alarm codes, security badges and keys.

### **PROCEDURE:**

1. The operations of the pharmacy are logistically divided into three separate physical areas in Page Hall. One location houses the equipment and other necessities for the clinical and administrative activities (no drugs are kept in this area), the second houses the drugs, equipment and other necessities for the dispensing activities, and the third is the controlled drug vault. The first two areas are locked and accessed via security badge. The drug distribution area is separated by a door with a lock stored with the pharmacy supervisor. However, this door can be opened without a key from the drug distribution side.
  - A. The clinical/administrative area is kept locked at all times the pharmacy is closed or when there are no pharmacy personnel in the area.
    1. The last person leaving this area (at closing or any other time) ensures both entry doors are locked.
  - B. The drug distribution area is kept locked at all times. The security alarm is activated when the pharmacy is closed. The pharmacy unit supervisor is responsible for issuing alarm security codes to the pharmacists that are assigned opening and/or closing duties.
    1. Personnel ensure the door closes whenever entering or exiting these areas.
    2. At closing time the pharmacist leaving the area sets the alarm.
  - C. The controlled drug vault has a day lock that is locked at all times while the pharmacy is open. Vault day lock keys are issued by the pharmacy supervisor to all designated pharmacists and the control drug technician.
    1. At closing time, the pharmacist leaving makes sure the day door is locked, shuts the vault door and spins the door locked, and sets the separate alarm attached to the controlled drug vault.
4. Non pharmacy personnel that need to enter the pharmacy such as nurses, physicians, workmen, repairmen, inspectors, the housekeepers etc., are positively identified before being allowed in the pharmacy preferably via the CVH security badge. Non-pharmacy personnel are escorted at all times while in the Pharmacy by pharmacy personnel.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION XVI: IN-PHARMACY REGULATIONS CHAPTER 16.2a: SECURITY OF THE BLUE HILLS SUBSTANCE ABUSE SERVICES PHARMACY**

**POLICY:** Maintain proper security of medication stored in the Blue Hills Pharmacy

### **PROCEDURE:**

1. Only the Blue Hills pharmacist and select contracted pharmacists have the key to the Pharmacy.
2. The Pharmacy is locked and the alarm is armed at the end of each business day.
3. A spare key to the Pharmacy is kept in a wall mounted locked box in the Acute Medication Room. Only the APO has a key to this locked box. The APO does not have access to the Medication Room. The medication nurse on the Acute unit has the designated key to the Acute Medication Room.

In the event that a pharmacist needs access to the Pharmacy, the med nurse, APO and pharmacist will need to retrieve the key together. Only the pharmacist has the combination to disarm the Pharmacy ADT alarm.

4. All controlled drugs are locked in the Pharmacy safe.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION XVI: IN-PHARMACY REGULATIONS CHAPTER 16.3: MAINTENANCE AND STORAGE OF PHARMACY RECORDS**

**POLICY:** All required records are maintained for the required length of time according to applicable laws, regulations, and/or CVH policy.

### **PROCEDURE:**

1. It shall be the responsibility of the Pharmacy Supervisor or designee to maintain all pharmacy records.
2. The following records are maintained for a minimum of three years in an easily and readily retrievable form.
  - A. Controlled drug records of receipt, distribution, administration, and disposition.
  - B. Drug procurement records.
  - C. Adverse drug reaction reporting records.
  - D. Pharmacy quality assurance documentation and reports.
3. Storage of pharmacy records
  - A. Old pharmacy records are boxed and numbered and logged on an archive record and stored in the pharmacy storage room until permission is given by the State of Connecticut Public Records administrators to be destroyed.

# **CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL**

## **SECTION XVI: IN-PHARMACY REGULATIONS CHAPTER 16.4: DESTRUCTION OF NON-CONTROLLED DRUGS**

**POLICY:** Outdated or otherwise unusable non-controlled drugs that do not meet the manufacturer's criteria for return for credit are destroyed or disposed of in a safe and effective manner. The financial impact on inventory is reported.

### **PROCEDURES:**

1. Outdated or unusable non-controlled drugs are stored separate from all other drug inventory in a "Pending Destruction" bin within the CII Safe or in the EXP Pharmaceutical Services box.
2. A pharmacist or technician determines if each item is returnable to the manufacturer for credit. The EXP Pharmaceutical Services Corp. visits the pharmacy routinely to sort through the medications returnable for credit. All returnable medications are processed for credit. Non-returnable medications are logged on the Inventory Adjustment for Drugs Wasted/Destroyed form and placed in the proper biohazard bucket.
3. There are three biohazard buckets used for sorting of the hazardous items:
  - a. Acute Hazardous Waste (P-listed):
    - Epinephrine HCl
    - Nicotine & Nicotine Polacrilex
    - Nitroglycerin
    - Warfarin Sodium
  - b. Characteristic & U-listed Hazardous Waste
    - Benzoyl Peroxide
    - Hexachlorophene
    - Silver Sulfadiazine
    - Hepatitis A and B Vaccine
    - Insulins
  - c. All other waste
    - Those medications that are expired, including pre-packaged items

- Patient Specific Medications (i.e. creams, inhalers, ear & eye drops, etc)
- Medications brought in by patients which are to be disposed of

These medications are picked up by Tradebe Environmental Services when the drum is  $\frac{3}{4}$  full for the Patient Specific medications; the P- and U-listed buckets will be picked up when the contents are no heavier than 2.2 lbs. The P- and U-Listed buckets will be dated with the date the first item is placed in the bucket. The contents will not be kept for more than 180 days.