Manual: Hospital and Hospital Clinics
Chapter: Medication Management MM
Topic: Stocking Reversal Agents in Non-traditional Areas

Stocking reversal agents in non-traditional patient care areas (e.g. entryways, stairways, cafeterias, etc.) has garnered increased attention in an effort to expedite care to a possible drug overdose patient. Therefore, what requirements must be considered when medications, such as opioid reversal agents (naloxone, etc),

are stocked in non-patient care areas ?

Any examples are for illustrative purposes only.

If your state has implemented programs/processes that oversee the procurement, storage, and dispensing of opioid reversal agents, surveyors will evaluate compliance based on the requirements outlined per your state.

If your state has not implemented a program that has been adopted by your organization, you should consider the following:

Security
As with all medications, the security and integrity of such medications must be assured. Therefore, the medications must be stored in a manner to prevent tampering, theft or diversion at all times (see MM.03.01.01). While The Joint Commission standards do not define what process must be followed to ensure medication security, organizations should consider conducting a risk assessment as a helpful way of identifying risks associated with various options being considered by the organization. The assessment must include all applicable accreditation, law and regulatory requirements.

A proactive risk assessment examines a process in detail including sequencing of events, actual and potential risks, and failure or points of vulnerability and that prioritizes, through a logical process, areas for improvement based on the actual or potential impact (that is, criticality) of care, treatment, or services provided.

Storage

Medications must be stored in a manner consistent with the manufacturer's instructions for use to ensure stability. Therefore, a risk assessment should include environmental factors, such as temperature, light exposure, etc., that may impact medication integrity. NOTE - The guidance for storage listed in a package insert must be followed and cannot be superseded by an organization's risk assessment.

Orders

Organizational and medical staff leadership are responsible for determining the type and location of emergency medications and supplies (see MM.03.01.03). An order is required to administer any medication. In emergent situations, organizations may consider use of protocols, approved by the medical staff and in accordance with MM.04.01.01 EP 15 (deemed surveys), to guide the administration of urgently-needed medications.

Protocols should include pre-established and approved patient assessment criteria in order to provide timely care and services to

patients. The organization needs to define, in writing, who is authorized to administer medication in accordance with law and regulation (MM.06.01.01). The implementation of a protocol must be documented as an order in the patient's medical record and dated, timed and signed by the practitioner responsible for the care of the patient. However, the timing of such documentation should not be a barrier to providing timely and necessary care, or other patient safety advances.

Documentation

Once the organization chooses to treat an individual, they become a patient of the organization. Therefore, a medical record would be required that reflects all care, treatment and services provided in accordance with the requirements found in the Record of Care (RC) chapter of the accreditation manual, law and regulation.

Education and Training

Each organization determines education, training or competency requirements for those individuals involved in responding to patient emergencies.

Evaluating Medication Management Systems

Organizations are required to evaluate the effectiveness of their medication management systems (see MM.08.01.01). Therefore, organizations are encouraged to include emergency response processes, that include the safe medication practices, into their performance analysis activities. Such activities should include the

collection and analysis of data that allows leadership to identify and implement performance improvement opportunities.

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