

**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**
Chapter 32 of Title 22 DCR

3224 SUPERVISION OF PHARMACEUTICAL SERVICES

3224.1 Each facility shall establish methods and written procedures for dispensing and administering drugs and biologicals.

3224.2 The pharmaceutical services shall be under the supervision of a licensed pharmacist for developing, coordinating and supervising pharmaceutical services.

3224.3 The supervising pharmacist shall do the following:

- (a) Review the drug regimen of each resident at least monthly and report any irregularities to the Medical Director, Administrator, and Director of Nursing Services;
- (b) Submit a written report to the Administrator on the status of the pharmaceutical services and staff performance, at least quarterly;
- (c) Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications;
- (d) Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and
- (e) Determine that drug records are in order and that an account of all controlled substances is maintained and periodically reconciled.

3224.4 If the facility has an on-site pharmacy, it shall be administered by the supervising licensed pharmacist.

3224.5 If the facility does not have a pharmacy, it shall arrange for prompt and convenient methods to obtain prescribed medications and biologicals twenty-four (24) hours a day from a provider pharmacy and shall contract with a consultant pharmacist who shall supervise pharmaceutical services.

3224.6 Any arrangement by a facility to obtain prescribed medications and biologicals from a provider pharmacy shall be pursuant to a written agreement between the facility and the provider pharmacist; any arrangement by the facility to employ a consultant pharmacist shall be pursuant to a written agreement between the facility and the consultant pharmacist.

3224.7 If the facility does not have a pharmacy but maintains a supply of medications, the consulting or supervisory pharmacist shall do the following:

- (a) Control all bulk medications and maintain records of receipt and disposition;
- (b) Dispense medication, properly label them, and make them available to appropriate licensed nursing employees;
- (c) Provide for emergency withdrawal of medications from the medication supply; and
- (d) Be a member of the Infection Control Committee and be available for resident care meetings.

3224.8 Controlled substances shall be handled and managed in accordance with the District of Columbia Uniform Controlled Substances Act of 1981, effective August 5, 1981, D.C. Law 4-29, D.C. Code 33-501 et seq.

3225 PHYSICIAN ORDERS FOR MEDICATIONS

3225.1 A medication may only be administered to a resident if it has been ordered in writing by a physician, except as provided by subsection 3225.2.

3225.2 Medication may be ordered by telephone if:

- (a) The order is given by a physician or licensed advanced registered nurse;
- (b) The order is reduced to writing immediately in the resident's medical

record by the person taking the order; and

(c) The order is taken by a licensed registered or practical nurse and countersigned by the physician within ten (10) days.

3225.3 Physician orders may be transmitted by facsimile if the facility establishes adequate safeguards to ensure secure transmittal.

3225.4 Each medication order shall state:

(a) The name and strength of the medication;

(b) The dosage;

(c) The duration;

(d) The form of the drug;

(e) The frequency and time of administration; and

(f) The route of administration.

3225.5 The attending physician shall record on the resident's medical record each condition for which the medication has been ordered.

3225.6 Each allergy shall be documented in the resident's medical record.

3225.7 Each resident's attending physician shall be notified of any stop order policies and contacted promptly by the licensed nurse for renewal of each medication order to provide continuity of the resident's therapeutic regimen.

3226 ADMINISTRATION OF MEDICATION

3226.1 Unless administered under a self-administer order, all medication shall be prepared and administered only by a licensed physician or by a licensed nurse.

3226.2 Each dose of medication shall be properly and promptly recorded and initialed in the resident's medical record by the person who administers it.

3226.3 Each item necessary for the proper preparation and administration of medication shall be available at each nursing station.

3226.4 All medication shall be prepared immediately preceding administration and each person who prepares the medication shall administer the medication.

3226.5 The medication for self-administration shall be securely stored and accessible only to the appropriate resident and staff.

3226.6 Medication shall be released to a resident upon discharge only on the authorization of his or her physician.

3226.7 Current medication reference text and sources of information such as text on pharmacology, dosages, the "Physician's Desk Reference" or the "American Society of Hospital Pharmacists Formulary" shall be available at each nursing station.

3226.8 No medication shall be administered to a resident more than sixty (60) minutes before or after the time stated in the prescription order by his or her physician.

3226.9 The facility shall document medication errors and error rates, and shall maintain the documentation for a period of three years from the date of the error.

3227 LABELING AND STORAGE OF MEDICATION

3227.1 Medication shall be stored in accordance with this section.

3227.2 Each medication area, including each cabinet or cart shall be well lighted and large enough to permit storage without crowding and shall be clean and orderly.

3227.3 Proper storage temperature shall be maintained for each medication according to the manufacturer's direction.

3227.4 Medication that is dispensed by a pharmacy within the facility for use within the facility shall be labeled to identify the generic chemical or brand name, strength, lot number and expiration date.

3227.5 Each label shall be securely affixed to the outside of each medication container.

3227.6 Each medication of each resident shall be kept in its original container.

3227.7 Each medication that requires refrigeration shall be kept in a pharmaceutical refrigerator or in a separate locked compartment within a refrigerator at each nursing station. 3227.8 Each refrigerator that is used for storage of medications shall operate at a temperature between thirty-six degrees (34°) and forty-six degrees (48°) Fahrenheit; each refrigerator shall be equipped with a thermometer that is easily readable, accurate and in proper working condition.

3227.9 Each medication that is labeled poisonous shall be kept separate from other medications in a locked cabinet.

3227.10 Each medication container that has a soiled, damaged, illegible or otherwise incomplete label on it shall be returned to the pharmacy for relabeling or shall be destroyed.

3227.11 No employee other than a pharmacist shall package, repackage, return to a container or label in whole or in part any medication, or alter in any way a medication label.

3227.12 Each expired medication shall be removed from usage.

3227.13 Each medication that is no longer in use shall be destroyed or returned to the in-house pharmacy.

3227.14 Destruction of controlled substances shall be witnessed by two (2) licensed nurses and a signed and dated notation shall be made in the resident's medical record.

3227.15 Each unopened, sealed medication may be returned to the issuing pharmacy.

3227.16 No medication container shall be reused.

3227.17 A separate double locked cabinet, permanently affixed compartment box or drawer within a locked cabinet shall provide for the storage of each substance that is controlled by the D.C. Uniform Controlled Substance Act, effective August 5, 1981, D.C. Law 4-29, D.C. Code § 33-501 et seq., and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and missing doses can be readily detected.

3227.18 Each facility shall comply with all applicable District and federal laws, regulations, standards, administrative guidelines, and rules that regulate the procurement, handling, storage, administering, and recording of medication.

3227.19 The facility shall label drugs and biologicals in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and their expiration date.