UC Riverside, School of Medicine Policies and Procedures

Policy Title: Medication Chain of Custody

Policy Number: 950-03-042

Responsible Officer:	sponsible Officer: Director, Ambulatory Operations				
Responsible Office: UCR Health Clinical Operations					
Origination Date:	August 1, 2023				
Date of Revision:	NA				
Scope:	Applies to all UCR Clinic Location				

I. Policy Summary

The goal of the policy is to describe how the integrity of medication is kept at each stage of the transfer process. This policy outlines the sequence of custody, transfer, and disposition documentation of the vaccines.

II. Policy Text

- 1. When medication is required to transfer from one location (A) to a different location (B), the person who releases the medication is expected to complete the Chain of custody form. (Attachment 1)
- 2. When the medication is planned to return from location B above to original location (A), the same completed form from above must be used.
- 3. All fields on the chain of custody form must be completed.
- 4. All completed forms are required to be submitted to Risk Management Office.
- 5. A separate chain of custody form must be used for each new medication transfer.

III. Responsibilities

Any staff or clinic manager responsible in transferring medication to or from different locations

IV. Forms/Instructions

A. Medication - Chain of Custody Tracking Form

1. Forms should be retained in accordance with record retention policies.

Policy Number: 950-03-042

Approvals:

COMPLIANCE COMMITTEE (08/22/2023)

--- DocuSigned by:

Paul Hackman

9/1/2023 | 4:01 PM PDT

PAUL MACKMAN, J.D., L.LM.

DATE

DATE

CHIEF COMPLIANCE AND PRIVACY OFFICER,

SCHOOL OF MEDICINE

DocuSigned by:

DEBORAH DEAS

9/1/2023 | 6:41 PM PDT

DEBOKAH DEAS, IVI.D., M.P.H

VICE CHANCELLOR, HEALTH SCIENCES

DEAN, SCHOOL OF MEDICINE

Policy Number: 950-03-042

UC Riverside, School of Medicine Medication - Chain of Custody Tracking Form (version July 2023)

<u>Please return completed form to Risk Management Department</u>

Item(s) description

Date/ Time	NDC number	Medication name	Dosage	Manufacturer name	Lot number	Expiration date	Quantity	Released by (Print name/ title location) plus initial	Received by (Print name/ title location) plus initial
Example 7/13/23	0409- 1316-25	Heparin Sodium injection	4 ml multiple dose (10,000 USP u/ml)	ABC Pharmaceutical	XYZ711	12/31/2027	Five 4 ml dose	Sherlock Homes, RN Silver Oaks	John Watson, RN Citrus Tower I Watson RN

Policy Number: 950-03-042

Date/ Time	NDC number	Medication name	Dosage	Manufacturer name	Lot number	Expiration date	Quantity	Released by (Print name/ title location) plus initial	Received by (Print name/ title location) plus initial

Please return completed form to Risk Management Department