



Minnesota Drug Diversion Prevention Pathway
**Physical Plant Security Assessment
Documentation**

Physical Plant Security Assessment Participants:

Date/Time/Shift:

Unit/Neighborhood/Hall:

Employees interviewed:

Prescribing and Dispensing

- Are there any paper prescription pads in the building? If so, where are they? How are they kept secure?

- When a resident is transferred to your facility with a paper prescription, what is the process we follow?

- Are there medications that are “dispensed” to a specific resident from an automated dispensing machine?
 - Is the machine in a secure place?
 - What is the process to obtain (and restrict) access?

Observations:

Procurement and Delivery

- Where are medications delivered?
- Are they always delivered to a person?
- Who can sign for medication deliveries?
- What is the process of locking/checking in medications after deliveries?
- How does this process change after hours?
- Are there ever times in the current process when a package containing a controlled substance could be unattended in an unlocked area?

Observations:

Storage and Security

- Who has access to the medication room? (How is it cleaned? How is maintenance performed in that room?)
- Is the medication room used for other things? (e.g Storing employee belongings? Linen storage?)
- When is the lock/passcode changed?
- What is the process when an employee leaves?
- Medication packaging — Can we tell when drugs have been tampered with?

Observations:

Preparation and Administration

- Are there keys? If so, do they stay with a person? Do people set them down or store them places?
- What is the practice of nurses when they walk away from the medication cart? (Is it always locked? Does it auto-lock based on time or proximity?)
- If a clinician prepares a controlled substance for a resident but is unable to administer it immediately, what is the process?
- Are unsecured controlled substances ever placed in a resident's room? Are they placed on or in an unlocked portion of the medication cart? Are they put in a clinician's pocket?

Observations:

Documentation

- Does the facility use bound log books with numbered pages for controlled substance documentation and counts? (Instead of three-ring binders)
- What is the process for accurately logging in medications?
- Are counts consistently completed? How are counts/log book pages monitored? Are there other observations about count documentation?
- Do nurses generally document at the time of administration or is there a delay?
- What is the process if documentation is delayed?

Observations:

Destruction and Waste

- What is the process we follow when medications are discontinued or residents are discharged?
- If waste is not destroyed immediately, where is it stored? Is it secure? Who has access to it?
- If medications are stored for destruction, do the same two people destroy medications every time?
- Is the facility following EPA/RCRA/regulatory standards for destruction? How are pills/liquids/patches/empty packaging destroyed?

Observations:

Investigation Storage

- If there is an investigation for controlled substances, what is the storage mechanism for copies, pictures, and physical evidence?

- Is it stored securely?

- Who has access to this?

“Nice to Have”

- Are there “nice to have” resources and features that could make the facility safer?
 - Video in medication storage and preparation areas?
 - Auto-locks on doors and carts?
 - Proximity/Biometrics on devices to track who has had access to medications?

Additional Observations:



