

# School Based Emergency Medicine Class D Clinic

**REQUIRED FOR  
COMPLIANCE**

NM Board of Pharmacy  
Approved Policy and  
Procedure Manual

# School Based Emergency Medicine Class D Clinic NM Board of Pharmacy Policy and Procedure Manual

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- A. Security: Emergency medications must be stored in a secondary, secure but unlocked, tamper evident container. This container must be in a restricted area but readily accessible to trained personnel.
  - a. A current list of trained school personnel authorized to administer emergency medicine will be maintained and available for inspection.
  - b. Access to the drug storage container shall be limited to trained and authorized personnel.
- B. Equipment: The clinic shall have the necessary equipment for the safe and appropriate storage of drugs [albuterol metered dose inhaler (MDI), and/or epinephrine auto-injector]. The following items shall be in the clinic:
  - a. Reference materials: an updated reference source, appropriate to each practice site, either electronic or paper version.
  - b. One copy of the most recently published New Mexico Board of Pharmacy laws, rules and regulations and available revisions, either electronic or paper version.
  - c. Regional poison control center's telephone number.
  - d. Secondary unlocked but secure (tamper evident) container must be used to store the medication.
  - e. Thermometer appropriate to monitor drug storage area temperature.
  - f. Class D clinics carrying epinephrine auto-injectors shall have a sharps container.
  - g. Class D clinics carrying albuterol MDIs shall have spacers.
- C. Sanitation: Albuterol MDIs and/ or epinephrine auto-injectors shall be kept in manufacturer's original packaging until time of use. Medications must be maintained in clean, orderly and sanitary conditions.
- D. Licensing: All School Based Emergency Medicine clinics shall maintain current NM Board of Pharmacy class D clinic licensure. The license allows for administration of School Based Emergency Medicine by qualified personnel. Applicant shall submit required application and fee to the NM Board of Pharmacy office. A copy of the current Class D clinic registration and consultant pharmacist's license shall be posted in the drug storage area.
- E. Formulary: Class D clinic shall only stock albuterol MDI and/or epinephrine auto-injector.
- F. Drug Storage: Space for the storage and utilization of drugs shall have proper ventilation, lighting, temperature controls and adequate security as specified in this manual. The drug storage area shall be kept clean and orderly at all times.

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- a. Medication shall be stored in the manufacturer's original packaging until the time of administration, and in a secondary, secure but unlocked tamper-evident container. A list of the contents, including expiration dates, must be posted on the outside of the container. Expiration dates shall be monitored to ensure stock is in date to facilitate a timely replacement of short dated drugs.
  - b. Unusable and/or unwanted drug will be placed in a secure quarantine area and held for destruction. Removal options are transfer to another licensed clinic, return to the legitimate source of supply (i.e. wholesaler), or to a reverse distributor. Remaining portions of used albuterol MDI and/or epinephrine auto-injector may be destroyed by the consultant pharmacist.
  - c. All medications will be stored at controlled room temperature (68-77°F)<sup>1</sup>. The daily temperature log shall be completed on school days. In addition, proper drug storage temperature shall be maintained when school is not in session.
    - i. Epinephrine auto-injector shall be protected from light. The contents shall be inspected through the clear window of the auto injector quarterly with proper storage conditions, and upon temperature excursions outside the range of 59-86°F. The solution should be clear; if it is discolored or contains particulates, replace the unit.
- G. Temperature monitoring in a clinic with albuterol MDI and/or epinephrine auto-injector: The daily temperature log shall be completed on school days. In addition, proper drug storage temperature shall be maintained when school is not in session. A thermometer shall be maintained in each Class D clinic to monitor and maintain proper drug storage area temperature. The thermometer shall have the capability to record daily highs and lows with memory of such in order to review temperatures of non-school days. Alternatively, a thermometer with capability to electronically notify a designated person of out-of-range temperatures will suffice, if designated person takes corrective action.
- H. Packaging and Repackaging: No packaging or repacking occurs at Class D clinics
- I. Dispensing and Distributing: No dispensing or distributing occurs at Class D clinics
- J. Supervision: duties of the consultant pharmacist
- a. Review records at least annually. This review shall include a review of the Self-Assessment Form, receipt, disposition records, and storage records. This annual review does not require an on-site visit by the consultant pharmacist.
  - b. Oversee the removal of unused or unwanted albuterol MDI and/or epinephrine auto-injector. Removal options are transfer to another licensed clinic, return to the legitimate source of supply (e.g. wholesaler) or to a reverse distributor. Remaining portions of used dangerous drugs may be destroyed by the consultant pharmacist.
  - c. Review albuterol MDI and/or epinephrine auto-injector administration records within 72 hours of administration. This review shall be documented and available for inspection by the NM Board of Pharmacy at the licensed location for 3 years. Review shall include

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<sup>1</sup> Controlled room temperature as defined by USP, <695>, packaging and storage requirements

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- verification of compliance with procedures and protocols, including administration by properly trained personnel.
- d. Ensure required records are available for inspection at the licensed location for three years, including a log of activities and communications of consultant pharmacist.
  - e. Verify a current list of trained authorized personnel, in accordance with NM Department of Health requirements, is maintained at the licensed location and available for inspection by the NM Board of Pharmacy.
  - f. Approve a policy and procedures manual outlining procedures for the receipt, storage, record keeping, administration and accountability of all dangerous drugs. This includes policies and procedures for the removal and destruction of unwanted, unused, outdated or recalled dangerous drugs. Must verify compliance with all training and protocols required by the NM Department of Health.
- K. Labeling and Relabeling: No labeling or relabeling will occur.
- L. Samples: Only samples of albuterol MDIs and/or epinephrine auto-injector may be stocked in a Class D clinic.
- M. Drug Destruction and Returns: Removal options for unusable, unwanted albuterol MDI and/or epinephrine are: transfer to another licensed clinic, return to the legitimate source of supply, or to a reverse distributor. Remaining portions of used dangerous drugs may be destroyed by the consultant pharmacist. Destruction record must be maintained on-site and available for inspection by the NM Board of Pharmacy
- N. Drug and device procurement: All drugs shall be obtained from a NM Board of pharmacy licensed distributor, resident pharmacy, drug manufacturer representative, or transferred from another class D clinic (only appropriately stored, unused and in date stock). Procurement records shall be maintained on-site and available for inspection by the NM Board of Pharmacy.
- O. Records: All records required by the NM Board of Pharmacy shall be maintained on site and available for inspection for 3 years.

# School Based Emergency Medicine Class D Clinic NM Board of Pharmacy Policy and Procedure Manual

## Policy and Procedure Manual periodic review dates:

| PHARMACIST | DATE of review and approval |
|------------|-----------------------------|
|            |                             |
|            |                             |
|            |                             |
|            |                             |
|            |                             |
|            |                             |
|            |                             |

Medication access is limited to trained and authorized personnel.

All trained and authorized individuals must read the manual, and sign below.

I have read and understand this drug policy and procedure manual:

| <u>Printed Name</u> | <u>Signature</u> | <u>Date</u>       |
|---------------------|------------------|-------------------|
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |
| _____               | _____            | <u>Date</u> _____ |

School Based Class D Clinic  
 Emergency Medication Perpetual Inventory for *Epinephrine auto-injector*  
 Clinic Name: \_\_\_\_\_

| Date              | Student Name & id number/ Source of medication / Disposition other than administration | Lot           | Exp.             | Quantity Received | Quantity removed from Stock | Reason for Removal (See below)* | Person documenting Removed/added to/from inventory † | Ending Inventory | Pharmacist reviewed administration records within 72 hours Yes or No |
|-------------------|--|---------------|------------------|-------------------|-----------------------------|---------------------------------|--|------------------|--|
| example 8/1/2015  | example Cardinal   | example zy109 | example 9/1/2016 | 2                 |                             |                                 | lmk  | 2                |  |
| example 8/14/2015 | example John Doe #1000001  | example zy109 | example 9/1/2016 |                   | 1                           | A                               | lmk  | 1                |  |
| example 9/20/2016 | example Cardinal   | example AB123 | example 7/1/2017 | 1                 |                             |                                 | lmk  | 2                |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
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|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
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|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |
|                   |  |               |                  |                   |                             |                                 |  |                  |  |

\*Reason for Removal:

† Person adding or removing drug shall be the one to complete the entry

A= Administration, E= Expired, T=Transferred, R=Recalled, D=Destroyed

School Based Class D Clinic  
 Emergency Medication Perpetual Inventory for *Albuterol MDI*  
 Clinic Name: \_\_\_\_\_

| Date | Student Name & id number/ Source of medication / Disposition other than administration | Lot | Exp. | Quantity Received | Quantity removed from Stock | Reason for Removal (See below)* | Person documenting Removed from /added to inventory † | Ending Inventory | Pharmacist reviewed administration records within 72 hours Yes or No |
|------|--|-----|------|-------------------|-----------------------------|---------------------------------|---|------------------|--|
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |
|      |  |     |      |                   |                             |                                 |   |                  |  |

\*Reason for Removal

A= Administration, E= Expired, T=Transferred, R=Recalled, D=Destroyed

† Person adding or removing drug shall be the one to complete the entry



Month/Year: \_\_\_\_\_

School Based Emergency Medicine Class D Clinic Drug Storage Area Temperature Log

Clinic Name: \_\_\_\_\_

|              | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
|--------------|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Min Temp     |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Max Temp     |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Room Temp °F |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| ≥86          |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 85           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 84           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 83           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 82           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 81           | <b>Take immediate CORRECTIVE ACTION if the temperature is in the shaded area *</b> |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 80           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 79           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 78           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 77           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 76           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 75           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 74           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 73           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 72           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 71           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 70           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 69           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 68           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 67           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 66           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 65           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 64           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 63           | <b>Take immediate CORRECTIVE ACTION if the temperature is in the shaded area *</b> |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 62           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 61           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 60           |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| ≤59          |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

Person checking the temperature will initial the box corresponding to the temperature on the appropriate date. \* If the temperature is out of range, take corrective action. Document result. If temp is above 86°F or below 59°F contact consultant pharmacist for instructions and complete the Quarterly Medication Inspection/Drug Storage Out of Temp Range Report.

School Based Emergency Medicine Class D Clinic Quarterly (During School Session)/ Medication Inspection/  
Drug Storage out of Temp Range ( $\leq 59^{\circ}\text{F}$  or  $\geq 86^{\circ}\text{F}$ ) Report

Clinic Name: \_\_\_\_\_

| Date | Inspection type: quarterly or out of range temperatures * | Completed by (initials) | Is drug in date? | Are unwanted/ unusable drugs quarantined | Are drug storage conditions proper (clean, sanitary, orderly, etc.)? | Are the contents of the epinephrine auto-injector clear and no particulates? | Medication is in original manufacturer's packaging until time of use? | Secondary container contents, including expiration dates, are listed and attached to container? | Has drug been exposed to temperatures $\leq 59^{\circ}\text{F}$ or $\geq 86^{\circ}\text{F}$ ? | How long was drug out the $\geq 86^{\circ}\text{F}$ or $\leq 59^{\circ}\text{F}$ range? | For out of range temperature, when pharmacist contacted what instructions were given? | What occurred as a result of the pharmacist instructions? |
|------|---|-------------------------|------------------|--|--|--|---|---|--|---|---|---|
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |
|      |   |                         | Y or N           | Y or N                                   | Y or N   | Y or N   | Y or N  | Y or N  | Y or N   |   |   |   |

\*Inspection type

Q= quarterly, Out of Temp Range: TR

Initials

Printed name & Title

Initials

Printed Name & Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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School Based Emergency Medicine Class D Clinic  
Drug Transfer Form (Copy must be kept at both sites)

| Date | Drug Name | Lot | Exp | Quantity Transferred | Transferring clinic name (From) | Initials of Person Releasing Medication* | Receiving Clinic Name (To) | Initials of person accepting medication* |
|------|-----------|-----|-----|----------------------|---------------------------------|--|----------------------------|--|
|      |           |     |     |                      |                                 |  |                            |  |
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|      |           |     |     |                      |                                 |  |                            |  |
|      |           |     |     |                      |                                 |  |                            |  |

\* Initials

Printed name & Title

Initials

Printed Name & Title

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**SCHOOL BASED EMERGENCY MEDICINE CLASS D CLINIC  
 ANNUAL SELF-ASSESSMENT FORM**

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Clinic Contact person & Phone number: \_\_\_\_\_  
 NMBOP License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Consultant Pharmacist Name and Phone Number: \_\_\_\_\_

**1. POLICY AND PROCEDURE MANUAL**

- |  |     |    |
|--|-----|----|
| a. Current, approved, NM Board of Pharmacy Policy and Procedure Manual Maintained on site: | Yes | No |
| i. Reviewed and approved by consultant pharmacist (annually):                              | Yes | No |
| ii. Reviewed and signed by personnel trained and authorized to administer medication(s)    |     |    |
| b. Clinic adheres to NM Board of Pharmacy approved Policy and Procedures Manual:           | Yes | No |
| c. Medications stocked are limited to epinephrine auto-injector and/ or albuterol MDI:     | Yes | No |

**2. RECEIPT RECORDS**

- |   |     |    |
|---|-----|----|
| a. Accurate receipt records are maintained (perpetual inventory form):              | Yes | No |
| b. Drug source is registered with the NM Board of Pharmacy:                         | Yes | No |
| c. Receipt records are signed and dated by person accepting receipt of medications: | Yes | No |
| d. Receipt records are maintained on-site and available for inspection or 3 years:  | Yes | No |

**3. DRUG STORAGE**

- |   |     |    |
|---|-----|----|
| a. All medications are stored under clean, sanitary and orderly conditions:   | Yes | No |
| b. Drugs are kept in the manufacturer's original packaging until time of use:   | Yes | No |
| c. Medications are kept in a secondary, secure but unlocked tamper-evident container:   | Yes | No |
| d. The secondary container has a list of contents attached to outside of the container, including drug name and expiration dates: | Yes | No |
| e. Drugs are stored in a restricted, secure but unlocked area and readily assessable to authorized, trained personnel:            | Yes | No |
| f. Temperature logs for the drug storage area are maintained within appropriate range:  | Yes | No |
| g. Unwanted and/ or unusable drug is placed in a secure quarantine area:  | Yes | No |
| h. Quarterly medication inspection reports are completed and available for inspection:  | Yes | No |

**4. PACKAGING AND REPACKAGING**

No packaging or repackaging, occurs at this clinic: Yes

**5. DISPENSING AND DISTRIBUTING**

No dispensing or distribution occurs at this clinic: Yes

**6. ADMINISTRATION AND REMOVAL RECORDS**

- |  |     |    |
|--|-----|----|
| a. Records are kept of medications removed from stock (Perpetual Inventory form):  | Yes | No |
| b. Records of transfer, return to wholesaler, reverse distributor and/or destruction are available on-site and available for inspection by the NM Board of Pharmacy: | Yes | No |

**7. EQUIPMENT AND LICENSING**

- |  |     |    |
|--|-----|----|
| a. A current and appropriate drug information reference, in print or online, is available:               | Yes | No |
| b. A copy of the NM State Board of Pharmacy drug laws and regulations, in print or online, is available: | Yes | No |
| c. Poison control center's telephone number is available:  | Yes | No |
| d. Current school based emergency medicine class D clinic license is posted:                             | Yes | No |
| e. Consultant pharmacist's current license is posted:  | Yes | No |
| f. Current school based emergency medicine class D clinic self-assessment form is posted:                | Yes | No |

**8. TRAINED AND AUTHORIZED PERSONNEL**

- |   |     |    |
|---|-----|----|
| a. Current record of training of authorized personnel maintained:       | Yes | No |
| b. Access to medications is limited to trained and authorized personnel | Yes | No |

**9. CONSULTANT PHARMACIST (TO BE COMPLETED BY CONSULTANT PHARMACIST)**

- |   |     |    |
|---|-----|----|
| a. Ensures a current and appropriate drug information reference is available at the clinic (in print or online):                            | Yes | No |
| b. Reviews and approves clinic's NM Board of Pharmacy required records, including this form:  | Yes | No |
| c. Oversees the removal of dangerous drugs, and ensures proper documentation and record maintenance:  | Yes | No |
| d. Ensures clinic compliance with the NM Board of Pharmacy approved Policy and Procedure Manual (and annual approval is documented):        | Yes | No |
| e. Verifies compliance with all training and protocols for School Based Emergency Medicine clinics required by the NM Department of Health: | Yes | No |
| f. Verifies compliance with proper drug storage conditions:   | Yes | No |
| g. Documentation of consultant pharmacist's activities and communications are maintained at the clinic and available for inspection:        | Yes | No |

**I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE**

|  |                    |               |
|--|--------------------|---------------|
| _____<br>Printed name and title of clinic representative | _____<br>Signature | _____<br>Date |
|--|--------------------|---------------|

**I HAVE REVIEWED AND APPROVE THIS COMPLETED SELF-ASSESSMENT FORM**

|   |                                     |               |
|---|-------------------------------------|---------------|
| _____<br>Printed name of Consultant R.Ph. | _____<br>Consultant R.Ph. signature | _____<br>Date |
|---|-------------------------------------|---------------|