

Grant & Per Diem (GPD) National Program Office: Medication Storage & Access to Medications VHA Homeless Programs Office

This document addresses frequently asked questions related to GPD regulations on medication storage and access to medications in GPD projects.

This document is for distribution to GPD grantees.

MEDICATION STORAGE FAQs

What are the requirements for storage and access to emergency medications in GPD projects?

Emergency medications must be maintained either on the Veteran's person or by the Veteran's bedside. The Veteran must have quick seamless access to these medications.

What is an emergency medication?

Emergency medications are those that if not used within a relatively short period of time would increase the risk of death or disability for the Veteran. These medications have a low likelihood of resulting in death by overdose should they be used by the Veteran or someone else. Examples are:

- Naloxone
- Rescue inhalers for COPD and asthma
- EpiPen
- Glucose oral gel
- Glucagon injectable
- Nitroglycerin sublingual

How are non-emergency medications in GPD projects expected to be stored?

Secured storage should include the ability to limit access to the medication to the Veteran (i.e. lockable with access by only the Veteran and/or staff). In addition, secured storage must not be easily removed (i.e. lock boxes that are mounted, use of storage lockers, footlocker with locks, dressers with locks).

What are some examples of how grantees can provide and ensure secure storage of medications?

- File cabinets or lockers that are either secured to the wall or are large enough that they could not be easily removed and carried out of the building OR a locked room or unit door
- In single room occupancy or apartment units, making sure only the Veteran and staff have access and the Veteran receives regular education about the importance of locking the door.
- If there is a shared room situation and there are lockers or a file cabinet where meds are stored, educating the Veterans on making sure they lock their locker or cabinet on a regular basis.

- The GPD Program Office does *not* require two locking systems (such as must have locking cabinet (1) in addition to locked door (2) in apartment style or single room occupancy situation), **but some nurses do require this based on their training standards.**

Is there anything the GPD grantees need to do regarding this guidance?

- If the grantee has any internal policies or procedures regarding medication storage and/or access to medications, these should be reviewed and updated as necessary.
- As always, the grantee should provide education to the Veterans on the importance of locking their room or unit doors and/or cabinets or lockers.
- If the grantee keeps all medications stored in a central location with controlled access, the grantee should provide the emergency medications prescribed to the Veteran so that the Veteran can maintain them on person or by bedside.

What are some best practices for medication storage and access in GPD projects?

- It is recommended that the grantee requests a list of Veteran's prescribed medications at intake and on a periodic basis thereafter.
- Performing intermittent door lock checks by testing if Veterans' room or unit doors are locked, can be helpful. These should be conducted in a manner that maintains the Veterans' privacy. Also important are ongoing opportunities for education on the importance of locking doors.
- Educating Veterans on the new guidance around emergency medications vs. non-emergency medications is key.

What do I do if I have questions?

- If you have questions regarding medication storage guidance as outlined in this document, please speak with your GPD Liaison or contact the GPD National Program Office via email at GPDgrants@va.gov.