

Oklahoma Department of Veterans Affairs

Contract Worker Handbook



OKLAHOMA DEPARTMENT OF VETERANS AFFAIRS

Certification for Cardiopulmonary Resuscitation (CPR)

Adopted from ODVA SOP #705

The Oklahoma Department of Veterans Affairs requires that all nursing personnel, patient transport drivers, Fire and Safety Officers, rehab staff, and recreational staff successfully complete an approved Cardiopulmonary Resuscitation training course. In addition, at the discretion of the center administrator, the social services staff who transport residents may be required to become certified in administering CPR. ODVA will only accept CPR certification through The American Heart Association or The American Red Cross.

Resident Incident Reporting (Policy 713.5)

It is the policy of the agency to ensure that the residents are protected from exploitation, abuse or neglect. If resident exploitation, neglect or abuse is reported, state law requires that reports of abuse are reported to the Oklahoma State Department of Health and an investigation will be conducted to determine if the report is true. If it is determined that the employee is guilty of these charges, he/she is subject to disciplinary action and possible discharge. Also, failure to report and/or assist in an investigation involving resident abuse, neglect, or exploitation is cause for disciplinary action up to and including possible discharge.

Abuse & Neglect

Adopted from ODVA Policy #713.5, Resident Incident Reporting

It is a basic inherent right of every resident living in the Oklahoma State Veterans Centers to be free of abuse, neglect and exploitation. Each resident residing within one of the Oklahoma State Veterans Centers has actively participated in the promotion or defense of these basic rights.

Abuse, as defined by Policy #713.5 states that the resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion.

Oklahoma law defines abuse as causing or permitting: the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, mental anguish, or the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult.

- a. Involuntary Seclusion – is a resident’s separation from other residents or from the resident’s room against his or her will, or the will of his or her legal representative.
- b. Mental Abuse – this includes humiliation, harassment, and threats of punishment or deprivation.
- c. Physical Abuse – this includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment.

Neglect, as defined by Policy #713.5 is defined as a lack of proper care or attention in the performance of assigned duties. This includes the failure to provide protection for a vulnerable adult with shelter, nutrition, health care, or clothing, or negligent acts or omissions that result in harm or the unreasonable risk of harm to the resident through the action, inaction, or lack of supervision by a caretaker.

Verbal abuse as defined by Policy #713.5 means the use of words, sounds, or other communication including, but not limited to, gestures, actions, or behaviors that are likely to cause a reasonable person to experience humiliation, intimidation, fear, shame or degradation.

VA survey standards also define neglect as any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs.

State law provides that:

Any person who knowingly and willfully fails to promptly report any abuse, neglect, or exploitation is, upon conviction, guilty of a misdemeanor. Any person who willfully or recklessly makes a false report or report without a reasonable basis is liable in a civil suit for any actual damages suffered by any person named in the report and any punitive damages set by the court or jury. Any person exercising good faith and due care in making a report of alleged abuse, neglect, or exploitation has immunity from any civil or criminal liability that might otherwise be incurred. Any person having a reasonable cause to believe that a resident is suffering from abuse, neglect, or exploitation is required to report such treatment. Persons required to make reports shall include, but not be limited to social workers, physicians, operators of

emergency response vehicles, mental health professionals, law enforcement, staff of domestic violence programs, long-term care facility personnel, and other medical professionals.

It is the responsibility of each individual person/employee of this agency to promptly report any suspected incident of abuse, neglect, or exploitation to their immediate supervisor. A written statement shall be required for all instances of suspected abuse, neglect, or exploitation. This statement is to be written at the time of the verbal report. This statement is to be written in the presence of the supervisor. The supervisor must then immediately notify the Administrator or designee of the event and provide the written statement. **Even if written statements are not provided immediately, it is the responsibility of the supervisor to immediately report any allegation to the Administrator or designee.**

In accordance with the Oklahoma Nursing Home Care Act, the Administrator or designee must report the alleged incident to the Oklahoma State Department of Health (OSDH) shall be made within twenty-four (24) hours of the incident. This report shall be submitted by faxing a completed ODH Form 283 (Parts A & B) to the OSDH. A follow-up report (OSDH Form 283 – Parts A, B, and C) should be submitted to the (OSDH) within five (5) department business days after the incident. A final report must be submitted within ten (10) department business days after the incident. The Administrator or designee will notify the central office designee phone or email upon receipt of the report of the incident. The fax notification should contain the same completed OSDH Form 283 that was sent to OKDHS and OSDH.

In accordance with the Nursing Home Care Act, the facility shall report situations arising where a criminal intent is suspected to local law enforcement. Where physical harm has occurred to a resident as a result of a suspected criminal act, a report shall immediately be made to the municipal police department or to the sheriff's office in the county in which the harm occurred. A facility that is not clear whether the incident should be reported to local law enforcement should consult with local law enforcement.

An internal investigation must be conducted by an investigative team consisting of a minimum of two members (one to be clinical staff) appointed by the Administrator. A final written report shall be placed into the specific center reportable folder located on the S drive within ten (10) business days, unless an extension has been granted by the central office designee due to extenuating circumstances. In cases where mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are substantiated, the administrator shall notify the central office designee of disciplinary actions taken or planned against the employee.

If the allegation is made against a Certified Nursing Aide or Nontechnical Service Worker the Administrator or designee shall provide an initial report of alleged abuse to the Nurse Aide Registry Division utilizing OSDH Form #718 AND a final written report of charges, findings of the investigation, and actions taken to the Nurse Aide Registry Division, Oklahoma State Department of Health.

The facility shall also submit initial and final reports of allegations and incidents of resident abuse, neglect, or misappropriation of residents' property by any licensed personnel (nurse, social worker, physician, long-term care administrator, etc.) to the appropriate licensing board. A final written report is also provided to the Oklahoma Department of Human Services, Long Term Care Investigations Unit (always, whether substantiated or not), as the incident was previously reported to that office. The facility Administrator or designee shall also ensure that the appropriate family member or significant other are promptly notified (always, whether substantiated or not).

Residents' Rights and Responsibilities

Residents' rights and responsibilities should be kept confidential and hidden from public view. Residents have the right to receive mail unopened. Every resident shall have the right to participate in social, community, religious and other activities that do not interfere with the rights of the other residents in the facility. Family Group Meetings provide residents and families with an opportunity to exercise their rights to meet with other families. Residents may refuse medical care and treatment after being fully informed and understanding of the consequences of such actions. Every resident has the right to reasonable accommodation of individual needs and preferences except when such would endanger others. Every resident or his/her representative shall have the right to receive notice before the room or roommate is changed. Every resident shall receive respect and privacy in the medical care program of the resident. Any persons convicted of violating any provisions of this section shall be guilty of a misdemeanor, punishable by a fine and/or imprisonment within the county jail.

Resident Lift Policy (Policy #714)

All of the Veterans Centers are a no lift facility. Staff members must use an appropriate mechanical lift whenever moving a non-weight-bearing resident or any resident who is potentially non-weight-bearing from one location to another. Two staff members must be present when operating the mechanical lifts within the facility. The individuals must be at least 18 years of age to operate the mechanical lift. Gait belts are provided to all employees during their initial employment for use on residents who require minimal assistance. How a resident is to be transferred can be found in the care plan, KARDEX & PIW. These documents are updated routinely to ensure all staff are aware of the correct method of transfer for each resident.

Infection Control

All employees (ODVA and Contract) are expected to do their part to prevent the spread of infection.

Handwashing:

- Why: It is the single most effective way to prevent the spread of infection.
- When:
 - Before coming on duty for your shift
 - Every time you enter & exit resident rooms
 - Every time you change your gloves
 - Gloves are not to be worn in the hallways
 - Gloves do not replace hand hygiene
 - Do not use the same gloves from one resident or resident area to another.
 - Every time you use the restroom
 - Every time you cough, sneeze or blow your nose
 - Before & after you eat; prior to serving meals
 - Before & after touching common surfaces such as keyboards, phones, kiosks, light switches, door knobs, etc.
 - Upon leaving the soiled utility room.
 - Never put clean linens/laundry on top of the linen cart.
 - Upon completion of your shift.
- Where: Hand sanitizer dispensers are available throughout facility and in every resident room. Sinks are located in all restrooms, resident rooms and nursing stations. Staff **are allowed** to use the sinks in resident rooms.
- How:
 - Soap & Water: Should always be done when hands visible soiled and when leaving a room under isolation precautions.
 - Wet your hand and forearms with warm water- apply soap and lather front/back of hands/forearms, between fingers and around fingernails for 20 seconds- rinse thoroughly- dry with paper towel-turn faucet off with paper towel and dispose.
 - Hand Sanitizer: Apply to palm of hand- rub all surfaces of hands and wrists-rub until completely dry.

Personal protective equipment (PPE): look for yellow cart outside of room

- Contact Precautions:
 - Gown and gloves must be donned before entering room.
 - Remove gloves, then gown and perform hand hygiene (soap/water method) before leaving room.
- Droplet Precautions:
 - Gown, mask and gloves must be donned before entering room.
 - Remove gloves, gown, then mask and perform hand hygiene (soap/water method) before leaving room.
- Transmission Based Precautions must be utilized with direct resident care for all residents, and during prolonged exposure (cleaning resident rooms, feeding, providing ADL care, etc.)
 - Gown- Don prior to entering resident rooms. Tie all ties. Do not reach in pockets or adjust the gown once in the resident room. Remove before exiting resident room. **DO NOT WEAR IN HALLWAY.**
 - Gloves- Do not replace hand hygiene- sanitize before putting them on & after taking off
 - N95 Mask- You should only wear an N95 mask you have been fit tested with. It should cover your mouth and nose, it should be tight fitting. Refrain from touching the front of the mask, if touched by mistake, sanitize your hands immediately.

- Face shield- Can be cleaned with purple top wipes. Refrain from touching the front, if touched by mistake, sanitize your hands immediately.

Urinary catheters:

- Ensure drainage bags/tubing are not dragging the floor while in wheelchair and are secured while in bed, but off floor. Must always have dignity cover over bag.

Meals:

- Perform hand hygiene prior to serving meals and assist residents with hand hygiene as well.
- Trays/plates should not be left in resident rooms/public areas more than 2 hours after delivery.
- If plating food or behind food service area, must wear hair net and gloves.

Highlights of Bloodborne Pathogens/Infectious Diseases:

- Contaminated sharps must never be shared or broken, they should be disposed of immediately after use in a sharps container. Sharps containers are in every resident room, in the med room & on each treatment/medication cart.
- Recapping, bending or removing needles is never permissible. Employers must ensure that workers are recapping needles by using a mechanical device or a one-handed technique (if necessary).
- All staff are offered a Hepatitis B vaccination at the time of employment. An employee who has signed a declination form declining the hepatitis B vaccination can change their mind and accept the vaccination, any time as long as the employee is still occupationally exposed.
- Exposure incidents should be reported immediately.
- All staff are given a 2 step TB test during their initial employment then annually thereafter.

Financial Transactions – Employee/Resident (Policy 381.1)

It is department policy that there will be no financial transactions between residents and employees. Employees are strictly prohibited from entering into and participating in a financial transaction with any resident. This includes, but is not limited to accepting gifts, tips, purchasing from or selling any items to a resident, borrowing money from or loaning money to a resident.

Workplace Violence (Policy 1201.1)

Violence, harassment, intimidation, bullying or other prohibited behavior will not be tolerated regardless of the location or whether it occurs before, during or after their normal work schedule. Employees have a duty and responsibility to immediately make a verbal report notifying their Supervisor, Administrator/Appointing Authority and/or Human Resources of any suspicious individuals or activities, or any witnessed or overheard action threat, behavior, or communication that could result in workplace violence or endangerment. The employee engaging in workplace violence or having knowledge of such but not acting consistently with the procedure will be subject to disciplinary actions.

Prohibiting Sexual Harassment (Policy 238.1)

It is against the policy of this agency for any employee, male or female, to harass another employee or to create a hostile working environment. Sexual comments or actions of an employee will not be tolerated and are cause for disciplinary action including up to possible discharge.

Sexual harassment and harassment based on factors such as race, color, religion, national origin, age, disability or marital or veterans status, as well as any other categories or status protected by state or federal laws is prohibited and will not be tolerated. You are encouraged to use the complaint procedure outlined in [Policy 219.1, Grievance Policy](#) and [Policy 238.1, Prohibiting Sexual Harassment](#) if you experience harassment. It is your duty and responsibility to report any incident of harassment by any employee or any other person and report it promptly to your Supervisor, Center Administrator or the facility Grievance Manager.

Workplace Injuries and Illnesses Policy and Procedure (Policy 1203.3)

Employees of the agency are covered by Workers Compensation Insurance. If at any time you have been involved in an incident on the job resulting in an injury or illness, it is your responsibility to report it to your supervisor or designee prior to the end of the work shift. The supervisor, or designee, will complete an Employee's Report of Injury Form ([ODVA Form #1200](#)) and turn it into the Human Resources department or the Workers Compensation Coordinator. The Facility Administrator, Facility Worker's Compensation Coordinator or appointed designee will ensure that prompt

medical treatment is authorized when you require more than the first aid available at the ODVA facility. They will also ensure that the correct forms are completed for you to seek treatment at a pre-determined medical facility. If you are injured but deny medical treatment, you are still required to complete an incident report and submit the report to your supervisor before the end of your assigned shift.

Licensure, Certification, and Professional Membership Fee Payment (Policy 1049.1)

There are numerous employees who must possess a current license or certification in order to work in the position for which they were hired. Federal and state regulations require that licensed personnel have current certification or licensure. It is the responsibility of each employee to ensure that his/her license or certification is kept up-to-date. ODVA may allow reimbursement for the cost of a license, certification, or a professional memberships for eligible employees. An employee is eligible for reimbursement only if the license/certification is a requirement of the position held at the time of payment. If you need further information, please reference Attachment (1) in the policy.

Personal Cell Phone, Other Electronic Data/Media Devices and Social Media (SOP #259)

Cell Phone, Other Electronic Data/Media Devices

To ensure productive work environment limiting distractions and disruptions during business operations and to ensure resident confidentiality, ODVA is limiting the use of personal cell phones and other electronic data/media devices by employees during working hours. Employees may use these devices during lunch or break periods or with authorization from supervisor for special circumstances. Other use, including text messaging, accessing social media pages or other apps and listening to music with earphones is prohibited during the work day.

Social Media

If you use any personal websites, such as but not limited to Facebook, Twitter, Instagram, and blogs and identify yourself as an employee of ODVA, you must adhere to the following guidelines:

- Make it clear to the readers that the view expressed is yours alone and that they do not necessarily reflect the views of ODVA.
- Confine social networking to matters unrelated to ODVA, if necessary, to ensure compliance with security regulations and other laws.

Employees are prohibited from using or disclosing confidential and/or proprietary information, including personal health information about residents, and from discussing in any forum on social media information pertaining to release dates and pending reorganizations.

Employees of ODVA are prohibited from posting, displaying comments about co-workers or supervisors or the employer that are vulgar, obscene, threatening, intimidating, harassing or a violation of ODVA policies against discrimination, bullying, harassment, retaliation, or hostile work environment regarding age, race, religion, sex, ethnicity, nationality, disability or other protected class, status or characteristic.

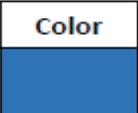
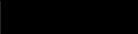
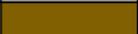
Employees should try to confine social networking to matters unrelated to ODVA, if necessary, to ensure compliance with security regulations and other laws.

Confidential and Proprietary Information (Policy 1411.1)

Revealing confidential and/or proprietary information without proper authorization is cause for disciplinary action. This violation is sufficient for suspension without pay or possible discharge. All requests for information should be directed to the Appointing Authority or Administrative Officer in charge of public records.

Standardized Emergency Codes (Policy 1204.0)

In the event of an emergency situation, an emergency code will be used to notify the appropriate individuals to initiate an immediate and appropriate response based on the division’s emergency operations plan. The codes are as follows:

Event	Color	Code	Alert Type
Cardiac Arrest		Code Blue + descriptor	Medical Emergency
Fire		Code Red + descriptor (location)	Code Red is a national standard recommended by the Fire Marshall's Association and its membership
Bomb Threat		Black	Bomb Threat
Disruptive Individual / Active Shooter		Code Gray + descriptor (threat & location)	Applies to any incident where security personnel are needed. This may include, but not be limited to: a violent/combatative person or other situations where enhanced security is required.
Severe Weather		Brown	Severe Weather
Missing Resident		Code Yellow + resident name	Applies to any incident where security personnel are needed. This may include, but not be limited to: a missing resident.
External Internal Disaster		Green	This code applies to any incident (e.g., natural disaster, mass causality incident where an emergency operations plan is activated.
Hazard Material Incident		Code Orange + descriptor (location)	Used for incidents involving hazardous materials spills and /or exposure

Fire is a rare occurrence but an ever-present hazard. We have developed a routine – first to prevent fires and second to combat quickly and effectively any fires that do get started. Fire extinguishers are strategically placed for use in case of fire. Fire sprinkler systems are also in place for use during a major fire.

All employees will be provided access to a copy of the Disaster Plan that includes Fire Safety and each employee is responsible for becoming familiar with the contents. All employees are given in- service training on the use of Fire Extinguishers. Periodic fire drills will be conducted to ensure that all employees know their responsibilities should there be a fire or other disaster.

Tobacco Free / E-Cigarette / Vaping Device Policy (Employees and Visitors) (Policy 261.1)

The agency has established designated smoking areas for **residents** only. All employees and visitors are not allowed to use tobacco products (including, but not limited to, cigarettes, pipes, smokeless tobacco, and other tobacco products) and electronic cigarette (e-cigarette), electronic vaping device, personal vaporizer, or electronic nicotine delivery system on state grounds. You must clock out and leave grounds to smoke.

Parking

Parking areas are designated at each agency location for employees. All employees are to observe posted speed limits on agency property, park properly inside parking lines, have regard for your co-worker’s vehicle and space and respect the reserved or prohibited parking zones.

Solicitation

Solicitation of or by employees, residents, volunteers, or visitors in or on agency premises is prohibited.

RECEIPT AND ACKNOWLEDGEMENT

Please read the following statement, sign your name, date, print your name and fill in your certification/license type and number. Upon completion, return this page to ODVA.

My signature below acknowledges that I have received a copy of the Oklahoma Department of Veterans Affairs Contract Worker Handbook (Revised 08/26/2020) and I am responsible for reading it.

Signature

Date

Print Name

Certification / License Type and Number

ODVA Representative Signature

Date

ODVA Representative Print Name



State of Oklahoma
Oklahoma Department of Veterans Affairs
Policy – Controlled Drugs

Effective Date of Policy: June 2016	Next Scheduled Review: January 2020
Prior Policy: 725.0	Policy Number: 725.1
Last Reviewed: January 14, 2019	Publish Date: January 2019
Approved: Executive Director Doug Elliott	Approval Date: January 2019

PURPOSE:

These procedures set in place steps to be taken for the accountability of controlled drugs at the Veterans Centers of the Oklahoma Department of Veterans Affairs (ODVA). The custodian of the med cart has the ultimate responsibility of the contents thereof.

SUMMARY:

All controlled drugs are to be properly accounted for from the Pharmacy to the delivery of the controlled drug to the medication cart. Orders for controlled drugs are completed by nursing using a Controlled Drug Order Form. Any discrepancies noted in the physical count are to be investigated and reported immediately.

POLICY INTERPRETATION & IMPLEMENTATION:

Section 1. Ordering Process

Orders for controlled drugs are to be completed by Nursing. Orders are to be submitted to the Pharmacy on the designated order day on a Controlled Drug Order Form. The Controlled Drug Order Form is to include the following information:

- Name of the controlled drug to be ordered
- Unit/Floor/Neighborhood requesting the order
- Date of the order
- The quantity on hand at the time of the order
- Quantity ordering
- Signature and date block for the Nurse completing the order and for the Pharmacist filling the order

Controlled Drug Order Form is to be submitted to the Pharmacy by e-mail or hand-delivered. The order should be sufficient for a week.

The controlled drug order shall be supported by an active physician's order.

Section 2. Delivery of Order

Orders for controlled drugs are to be dispensed or delivered by Pharmacy. A physical count is to be performed of the controlled drugs ordered. The Narcotic Dispensing/Receiving Report is to be signed off by both the Pharmacist and the RN/LPN/CMA at the time the order is picked up or delivered. Signatures of both the Pharmacist and the RN/LPN/CMA indicates that the count is correct at the time the order is picked up.

Section 3. Placement of Controlled Drugs in Med Cart

Order of controlled drugs is to be added to the med cart controlled drug drawer upon receipt. The quantity added to the med cart narcotic drawer is to be noted on the Record of Controlled Drug Count/Inspector's Log.

Section 4. Physical Count

Shift Change

A physical count of the narcotic drawer is to be performed by the on-coming and off-going nurse. Both nurses are to verify that the count on hand reconciles to the balance on the Record of Controlled Drug Count/Inspector's Log, both the on-coming and off-going nurse will sign the Record of Controlled Drug Count/Inspector's Log indicating the physical count reconciles.

Quarterly Inventory Count

Unscheduled narcotic drawer counts are to be performed by the Director of Nursing or designee for all med carts on a quarterly basis. The count is to be performed in the presence of the individual in control of the med cart. The physical count is to be recorded on the Record of Controlled Drug Count/Inspector's Log. Both the Director of Nursing and the individual in control of the cart will sign-off on the Record of Controlled Drug Count/Inspector's Log.

Random Inventory Count

A random narcotic drawer count is to be completed by the Director of Nursing and the Assistant Director of Nursing on different shifts throughout the week. The physical count is to be recorded on the Record of Controlled Drug Count/Inspector's Log.

Discrepancy in Physical Count

In the instance where there is a discrepancy in the physical count and the balance on the Green Sheet, the following steps are to be taken:

- The Record of Controlled Drug Count/Inspector's Log is not to be signed by the on-coming and off-going nurse.
- No personnel are to leave the Unit/Floor.
- The Director of Nursing is to be notified immediately of the discrepancy in the physical count.
- The Director of Nursing is to perform a complete investigation in the discrepancy of the drug count. If the discrepancy is not resolved, the Pharmacist is contacted.
- If the discrepancy in the physical count cannot be resolved, the Administrator is contacted immediately. The Administrator will then notify the State Homes Programs Administrator/ or Compliance Director.
- Drug testing should be completed by both parties completing the narcotic count, notification of law enforcement and the Pharmacy.
- For every missing narcotic (controlled drug), the Drug Enforcement Agency and the United States Department of Veterans Affairs are to be notified.

It is the responsibility of the off-going nurse for any missing controlled drugs.

Section 5. Dispensing

Controlled drugs are not to be cut/or split by Nursing. Pharmacy in concert with the ordering physician should determine if the dosage could be safely adjusted to eliminate the need for splitting the controlled drug.

Section 6. Access to Narcotic Drawer & Med Cart

There is to be only one set of spare keys to the med cart and narcotic drawer. The spare keys are to be secured under a two lock system. One key maintained by personnel designated by the Administrator is to open the cabinet securing the spare keys. The second key is to open the cabinet that holds the keys to the med cart and narcotic drawer.

Pharmacy technicians shall not have a master key to the controlled drug drawer on the medication cart.

Section 7. Noncompliance Penalties

The security and the safekeeping of controlled drugs shall comply with all requirements of any applicable statute, regulation, rule, and/or policy. Violation of such requirements in any applicable statute, regulation, rule, and/or policy shall result in corrective disciplinary action deemed appropriate including and up to discharge and criminal charges.

Regulatory Reference Numbers	310:675-7-5.1 310:675-9-9.1 310:675-13-5 21 CFR § 1301.76(b) VHA Handbook 1108.01
Survey Tag Numbers	L712 L846 L909
Related Documents	

LAWTON FORT SILL VETERANS CENTER	
TITLE: Policy-Controlled Drugs Acknowledgement Sheet	Date submitted to Nursing Staff by Administrator: April 12, 2022

I have confirmed that I have read the updated Policy on Controlled Drugs in details and acknowledge its contents will be implemented moving forward from the date documented on this acknowledgement page.

I further acknowledge Section 4. Physical Count of the Controlled Drugs Policy, which, if I am either the on-coming nurse or the off-going nurse that I will ensure that a proper exchange of the medication cart will happen. To include, verification of the count on hand (medication) corresponds with the Record of Controlled Drug Count/Inspector's Log.

Moreover, I acknowledge if I am either the on-coming nurse or off-going nurse, that I will sign the Record of Controlled Drug Count/Inspector's Log, indicating that the medication on hand is accurate.

Print Name: _____

Signature: _____

Date: _____

