

Automated Dispensing Cabinets (ADC) Omnicell (Including Management of Narcotic and Controlled Substances)

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Site Applicability

Vancouver Coastal Health (VCH) sites where medications are stored in [Automated Dispensing Cabinets](#) (ADCs).

Practice Level

Profession	Access ADC	Controlled Substance Access and Management
Registered Nurse (RN), Nurse Practitioner (NP), Registered Psychiatric Nurse (RPN), Licensed Practical Nurse (LPN), Graduate Nurse (GN)	Basic Skill	Basic Skill
Respiratory Therapist (RT) Anesthesia Assistant (AA) Medical Radiation Technologist (MRT) Sonographer	Basic Skill	No access to Controlled Substances

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Requirements

- Users must complete the required education and training as outlined for their role in [Appendix A](#).
- Medication required for administration in patient care areas is accessed via the ADC.

Exceptions:

- Patient specific medication dispensed from pharmacy (non-controlled substances)
- Patient's own medication (non-controlled substances)
- Select external medication storage areas such as emergency kits, trays, or carts as approved by Pharmacy, Clinical Manager and/or Professional Practice (Medication Safety)
- Select room temperature IV medications (e.g. patient specific antibiotics)
- [Discrepancies](#) in inventory count of controlled substances are investigated, resolved and documented as soon as possible and **prior to the end of a shift**.
- All unresolved discrepancies are reported by units within three (3) business days (see [Discrepancies](#)) and Pharmacy reports unexplained losses to Health Canada within 10 business days.
- At a minimum, a **weekly** [Cycle Count](#) of *all* controlled substances in each ADC is performed and documented by two authorized users with unrestricted access.
- When a Nurse witness is required, the witness must be present to observe the transaction (e.g. witness must **visualize** the waste process), and document this by entering their user ID, password, or biometric scan.

Need to Know

This document outlines requirements for storage, access, and documentation of medication withdrawals and wastage including [Controlled Substances](#) via automated dispensing cabinets. This standard also defines roles and responsibilities for cleaning, maintenance, and downtime procedures of the ADCs.

Refer to [VCH Automated Dispensing Cabinet User Manual](#) for instructions on how to use the ADC.

- ADC medication withdrawals in clinical areas where ADCs are [Non-Profiled](#) are usually *not verified by a pharmacist*, therefore:
 - nurses take steps to ensure pharmaceutical and therapeutic suitability before administering or dispensing a medication as per the [BCCNM Medication Practice Standard](#)
- ADC transactions are monitored by Pharmacy and reports are shared as needed with Program Leadership and/or Professional Practice (Medication Safety): [Appendix B: ADC Transaction Reporting Process](#).
- Best cleaning practices described in this document are shared between Clinical Users (e.g. Nurses, MRT) and Pharmacy staff.

Guideline

1. Authorized Access

- A User Access Request Form (e.g. [VA](#)) is completed by clinical Manager or delegate and submitted to the [ADC System Administrator](#); Access is limited to those Health Care Professionals as outlined in [Appendix A](#) where access provisioning outlines individual restrictions (i.e. controlled substances).
- Users must complete the required education and training as outlined for their role in [Appendix A](#).
- The ADC System Administrator approves all formal requests for access to the ADC which are initiated from the following:
 - Pharmacy Coordinator or delegate
 - Patient Service Manager or delegate
 - Chief of Anesthesia or delegate
 - Nursing schools with affiliation agreements
- 1.1 **User Names:** VCH employees, students, Nursing faculty and agency Nurses approved for ADC access are assigned a specific [Username](#) consistent with appropriate access.
- 1.1 **Biometric User Identification:** Whenever possible, a biometric ID (e.g. finger scan) is used to access ADCs. Users can opt to use a password instead.
- 1.2 **Passwords:** Each authorized user is assigned a temporary password that will expire upon the first use. Passwords expire every 90 days, must remain confidential, and are not shared with colleagues ([VCH-PHC Policy](#)). A user's biometric scan and password are interchangeable after the first use.
- 1.3 **Temporary ADC Access:** 'Temp Nurse' access is provided only to those Omnicell Users as identified in [Appendix A](#) and when the ADC System Administrator or delegate is unavailable to review the User Request form. This access is granted for a maximum of 24 hours (Note: this access allows unrestricted access to controlled substances).
 - a. A staff member who has temporary access must contact their clinical area Manager or delegate to obtain proper access prior to their next scheduled shift.
 - b. Temporary accounts are monitored by the ADC System Administrator and follow up occurs with the clinical area Manager or delegate.

2. Medication Wardstock

- 2.1 **Selection and maintenance of inventory:** collaborative processes between Nursing and Pharmacy are used for selection and regular review of ADC inventory.
- 2.2 **Inventory in care areas:** is adjusted based on prescribing patterns, utilization, and unit-specific needs. Nursing leadership may request wardstock reviews.
- 2.3 **Replenishment of medications:** is the responsibility of Pharmacy staff. When a bin level is low, a report is generated in pharmacy, which prompts a top-up.

Exception:

- Nursing staff may place pharmacy supplied patient specific refrigerator medications in the ADC fridge.

- At sites (e.g. rural) where there is no on-site Pharmacy service, Pharmacy and Nursing leadership authorize Nursing to perform ADC restocking.
- 2.4 **Look-alike and Sound-alike medications:** Pharmacy staff ensure no “look-alike” and “sound-alike” medications are located in close proximity to each other, even with lidded bins.
- 2.5 **Expiry Dates:** Pharmacy staff monitor expiry dates of medications stored within ADCs. This may be a shared responsibility at rural sites.
- 2.6 **Requests for changes, additions or deletions:** An inventory change request e.g. [VA request form](#) is sent by the clinical area Manager or delegate of the patient care area to the Pharmacy Distribution Coordinator.

3. Medication Removal and Returns

- 3.1 The following medications are stored in locked lidded bins within the ADC or remote dedicated cupboards or refrigerators with ADC [FlexLocks](#):
- Controlled substances
 - High Alert Medications
 - [Pharmacy Verified Required](#) (PVR) medications

3.2 **Only medications** are stored within the ADCs or ADC-linked medication fridges.

Exception:

- Keys ([VA Key SOP](#)) required for medication access (e.g. PCA pumps keys) may be stored in the ADC, space permitting and upon approval of the site Pharmacy Distribution Coordinator and Nursing Professional Practice
- 3.3 **Drug ‘Kits’:** Are stocked in the ADC as [virtual kits](#); Requests for a virtual kit are made by way of the inventory change Request form (e.g. [VA form](#)) sent by the Manager or delegate of the clinical area to the Pharmacy Distribution Coordinator who, in collaboration with Professional Practice (Medication Safety) review the request.

Exception:

- [Physical kits](#) (e.g. Code Blue kit) are stocked by exception and must be approved by an interdisciplinary committee (e.g. Medication Safety)
- 3.4 **Pharmacist Verification Required** (PVR): At Some sites, specific medications require a Pharmacist’s verification prior to removal. These medications are determined in each patient care area, with input from Nursing and Pharmacy leadership. Medication safety and patients’ emergent needs are considered.
- a. Outside of pharmacy hours, select PVR medications may be accessed through the Override feature. All safety checks, including drug interactions and patient allergies must be reviewed and considered.

3.5 Withdrawing Medication from the ADC:

1. All medications are withdrawn using a patient’s name.

Exceptions (approved 'generic patient' names):

- a. Non-controlled medications required for restocking an **approved** external medication storage location (e.g. treatment cart in ED)
- b. **Approved** non-controlled medications for OR or Procedural areas (i.e. multi-dosed containers)
- c. Medication required in **emergencies only** (i.e. when the patient is unknown or not yet registered and requires potentially life-saving medication in a critical care area).
- d. When, for any other reason a patient's name is not known, an authorized user can add a 'Temporary Patient' name, including as much known information as possible (as in 3.5.c), in order for ADC System Administrator to reconcile accounts as soon as possible.

The ADC System Administrator monitors the use of approved generic naming conventions and Temporary patients created by users. Reports are provided to the Manager or delegate by the Pharmacy Distribution Coordinator for follow up when it is found that controlled substances have been removed.

2. **Prior to removing a narcotic or controlled medication** from an ADC bin, perform a countback of the medication to ensure the displayed inventory matches the verified count. If there is a mismatch, a [discrepancy](#) is generated.

Exception:

- Procedure/OR areas where only one unit (1 vial, 1 ampoule) of controlled drug is stored in a locked bin
- [Oral liquid narcotics](#) – correct the count at end of bottle only, otherwise select 'Yes' to Bin Level displayed.

3.6 Users access medication that they will administer to patients under their care.

Exceptions:

- a. Nurses may remove medication for patients in procedural areas for Provider administration.
- b. Nurses and Nursing instructors may remove controlled substances for student nurses and must supervise the administration of these medications.
- c. Nurses may remove medication for any patient in urgent or emergent situations, such as a code blue situation.

3.7 Remove medication for one patient at a time

- a. Remove only the required amount of medication for each administration time

- b. Unauthorized medication collections and stashed medication outside of the ADC poses risk and should be returned to Pharmacy.

*Prior to walking away from the ADC, always press **EXIT** to avoid **unauthorized transactions**.*

3.8 A one-way [External Return Bin \(ERB\)](#) is used for returning clean, unused **controlled substances** to pharmacy.

- a. **Non-controlled** drugs that are uncontaminated, unused and in their original packaging may be returned to pharmacy via the Pharmacy Return bin or ERB (refer to local pharmacy for direction)
- b. Clean, unused refrigerated meds are returned to the Pharmacy Return bin in medication fridge.

4. Inventory Management and Discrepancies: Controlled Substances

4.1 **Only authorized and regulated health care providers** have access to [Controlled Substances](#) within the ADC. See [Appendix A](#).

4.2 Weekly inventory counts

- a. A [cycle count](#) of *all* controlled substances within the ADC is performed and documented by two (2) authorized users at minimum once weekly.

4.3 Discrepancies – Controlled Substances

- a. All inventory discrepancies for controlled substances generate a printed receipt from the ADC.
- b. Discrepancies are investigated and resolved by two authorized users as soon as possible (Tip: refer to [ADC Manual](#) for how-to's).
- c. [Discrepancy reports](#) are printed to clinical areas 30 minutes prior to shift change. The nurse leader or delegate ensures all discrepancies are resolved **before the end of shift**.
- d. Nursing instructors must ensure that any discrepancies they were involved with are investigated and resolved prior to the end of their shift.
- e. When necessary, nursing leadership or the ADC System Administrator can assist in resolving discrepancies.
- f. If a discrepancy cannot be resolved **with certainty**, a [Safety Learning System Report](#) is completed by the Manager or delegate within three (3) business days, after which Pharmacy will report to Health Canada within 10 business days.

4.4 Count Discrepancies – Controlled Oral Liquids

- a. Count corrections are done only at the end of each bottle, or when the calculated count is zero. Do not use tape to track withdrawal amounts, as gradations are imprecise. Count corrections of liquid narcotics performed prior to the end of a bottle will not be accurate measurements and will always generate a discrepancy.

Some loss with oral liquid controlled substances in multi-dose containers are often unavoidable due to leakage or loss upon measurement.

- b. Count discrepancies of less than or equal to 10 percent of the total original volume in the container shall be resolved at the end of bottle.
- c. Count discrepancies of more than 10 percent of the total original volume in the bottle shall be investigated and reported in [BCPSLS](#).

5. Wasting Medications

- 5.1 All **partial or full** doses of contaminated or otherwise unusable controlled substances are wasted with an authorized witness as per organizational policy.
- 5.2 An authorized witness (i.e. has access to controlled substances) must be present to observe any transaction requiring a witness (e.g. witness must **visualize** the waste process), entering their user ID, password, or biometric scan.
- 5.3 Waste medication under the patient for whom the medication was removed.
Exception: "found" medication see [ADC Manual](#)
- 5.4 **Controlled substances** are wasted in a timely manner and as per [Pharmaceutical Waste Policy](#) (on sites/units where implemented) to ensure medication safety.
- 5.5 **Partial doses** from single use containers are not to be conserved for subsequent use.

Under no circumstances should a healthcare provider agree to sign for unwitnessed disposal of narcotics after the fact. Doing so could make the healthcare provider complicit in diversion.

6. Receipt Paper and Medication Labels

- 6.1 Supply of label printer paper and receipt paper are maintained in clinical areas.
- 6.2 Users are oriented to processes for changing both label and receipt paper.
- 6.3 **Report** receipt or label paper jams to the [ADC System Administrator](#) as soon as possible.

ADCs are connected to emergency outlets to ensure power will be available to operate them. If a rare system failure or complete power outage were to occur, patient care areas should revert to a manual procedure.

7. Downtime Procedures

- 7.1 **Planned** Omnicell downtime and any actions required for Nursing will be communicated to the affected units in advance via IT Broadcast and in some cases by a memo from the Pharmacy Coordinator and/or Nursing Professional Practice (e.g. if Nursing actions are required).

- 7.2 **Unplanned** downtime - further instructions come from Pharmacy and Nursing leadership. Pharmacy has a key to access the automated dispensing cabinet and will send pharmacy staff to open the cabinet, as needed.
- 7.3 In the rare event Nurses are unable to document controlled substances via the ADC during a downtime, a manual (paper) inventory record is maintained and physical counts are performed at each shift change, by two authorized ADC users upon direction per 7.2.

8. Routine and Enhanced Care and Cleaning

See also [Infection Prevention and Control](#) website.

- 8.1 **“Clean Hands Approach”** when removing or filling medications at the cabinet, ADC users perform hand hygiene before and after accessing the ADC.
- 8.2 **Cleaning supplies outlined in [Appendix C: Cleaning of Automated Dispensing Cabinet](#)** are stored nearby to allow those accessing the ADC to disinfect common touch points regularly.
- 8.3 **To minimize cross-contamination**, medications removed from the ADC are not be returned to the ADCs.

Exceptions:

- Clean, bulk oral liquid medication containers
 - Clean multi-use fridge medication
- 8.4 **All Users with authorized access** (e.g. Pharmacy, Nursing, MRTs, Sonographers) are responsible for ensuring that the ADCs are kept clean.
- a. Spills in ADC and ADC-linked fridges are cleaned immediately.
 - b. Pharmacy is notified if there is a spill in the bins or in other areas including fridges that are inaccessible.
 - c. Refer to [Appendix C: Cleaning of Automated Dispensing Cabinets](#) for specific cleaning information and approved cleaning solutions.
- 8.5 When enhanced cleaning procedures are required for Infection Control purposes, frequency of cleaning and roles and responsibilities may change. Refer to the [IPAC](#) team for further guidance.
- 8.6 **Relocating or disconnecting ADCs** from power or data sources is only done in consultation and collaboration with the Pharmacy Distribution Coordinator and clinical area Manager and/or Nursing Professional Practice.

Related Documents

- [Controlled Substances – Procurement and Inventory Control - LMPS](#)
- [Controlled Substances – Distribution - LMPS](#)
- [User Identification and Passwords – VCH-PHC](#)
- [Omnicell Resource page](#)

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Definitions

Automated Dispensing Cabinet (ADC): a computerized drug storage cabinet that stores and dispenses medications near the point of care, while controlling and tracking drug distribution. ADCs are designed to replace non-automated wardstock storage. The electronic health record (e.g. Cerner) provides the ADC with patient registration and medication prescription information.

ADC System Administrator: a regulated pharmacy staff member responsible for managing the day-to-day operations of the ADC at a specific site (i.e. provisioning access, troubleshooting, generating and reviewing reports). Contact:

VCH: VGH/UBC/GFS	Omnicell.Administrator@vch.ca
VCH: LGH	LGHOmnicellSystemAdmin@vch.ca
VCH: RH	RHSOmnicellPharmacySystem@vch.ca

Bin: a secure segregated compartment found within an ADC drawer that stores a medication.

Biometric User Identification: acts as a fast and secure way to access the ADC. Biometric identifiers are distinctive, measurable characteristics used to label and describe individuals. The scan is a numeric representation of a print (no images are stored or transmitted in any way). A finger scan is not the same as a fingerprint. Users can opt to use their username and password if preferred.

Controlled Substances: narcotics, controlled drugs, benzodiazepines and other targeted substances.

Narcotics and Controlled Drugs include drugs listed in the schedules of the [Controlled Drugs and Substances Act](#)

Benzodiazepines and Other Targeted Substances include:

- drugs listed in the schedules of the [Benzodiazepines and other Targeted Substances Regulations](#)
- ethyl alcohol (BEER, VODKA)
- cannabis
- zopiclone
- other drugs considered a targeted substance at the clinical unit, organization, or Health Authority level

Cycle Count: Two authorized health care providers perform a physical inventory count of controlled substances within the ADC, acknowledging the accuracy of the current documented count on the cabinet.

- **Open** cycle count involves a single controlled drug item; used in the discrepancy resolution process
- **Guided** cycle count takes users sequentially through all locations where controlled substances are stored; which is performed at a minimum of once per week at each ADC.

Discrepancy: a discrepancy receipt is generated at the ADC when there is a mismatch between the actual and documented inventory of a controlled substance. Discrepancy receipts are discarded once resolved.

Discrepancy Report: Prior to the end of a shift, a report of all unresolved ADC discrepancies is sent from the pharmacy to the unit's printer.

Drug Diversion: means intentionally and without proper authorization, using or taking possession of a drug, drug substitution, and other drug theft from organization supplies, patients, residents, clients, or by use of prescription, ordering or dispensing systems. Examples of drug diversion include, but are not limited to, the following:

- Narcotics, controlled drugs or targeted substance theft;
- Forging or inappropriately modifying a prescription;
- Using or taking possession of drug waste (i.e., left over or unused narcotics, contents of "sharps" containers, controlled drugs or targeted substances);
- Substitution or dilution of a drug or administering different amounts of drug than what was ordered and documenting amount administered falsely or failure to document administration.

External Return Bin (ERB): a secure, one-way bin connected to the ADC, which allows for the return of uncontaminated medication in its intact and original packaging.

FlexLock®: an automated locking system which secures remote storage areas (refrigerators and cupboards) accessed via the ADC (Omnicell®)

Global List: A list of patients on the ADC that includes **all** patients currently admitted to the site.

Local List: A list of patients on the ADC that includes patients currently admitted to the unit/program where the ADC is located.

Night Cabinet: An ADC which operates as supplemental wardstock storage after pharmacy is closed.

Non-Profiled ADC: access to all medication is provided through Stocked Medications, usually *without* prior verification or review by a Pharmacist (e.g. some outpatient care areas, operating room, and post anesthetic care unit).

Override: a process of bypassing the Pharmacist's review of a medication. Any new medication order (including a change in dose for a current order) is verified by Pharmacy prior to administration. Clinical judgement may conclude that a delay in administration could result in harm to the patient, and that using the Override feature is in the patient's best interest.

Pharmacist Verification Required (PVR) Medications: A list of medications for which verification of the order by a pharmacist is required before ADC access to the medication is granted.

Physical Kit: a pre-selected set of medications assembled in a single container for removal from the ADC, e.g., code blue kit. Physical kits are suboptimal because they bypass scanning technology and other inventory management limitations.

Profiled ADC: all medication orders are verified by pharmacy and set up on a patient profile within the ADC. A profiled ADC allows a practitioner to select a drug from the Active Med Orders screen.

Shelf: a flexible storage location for large items. The items stored on a shelf are secured behind a cupboard door linked to an ADC.

Stock Out: when inventory of a specific medication reaches "0".

Username: an alphanumeric prompt required to log on to the ADC, which consists of an authorized ADC user's six (6) digit employee number preceded by a letter (e.g. "V" for VCH, "S" for student).

Verified Count: a physical inventory taken by authorized staff to validate the accuracy of the quantities currently documented on electronic or other inventory systems. Staff performing a verified count have prior knowledge of the current documented quantities.

Virtual Kit: a pre-selected set of medications within the ADC that are commonly administered together and can be removed from the cabinet in one transaction (e.g. hypersensitivity reaction kit).

Appendix A: ADC User Access and Education Requirements

ROLE	TRAINING REQUIRED	MEDICATION ACCESS		Temporary User Access Permitted	LIMITATIONS
		Medications General	Controlled Substances		
Pharmacy staff	Pharmacy training	Yes	Yes	No	
Nurse	Regional and unit orientation	Yes	Yes	Yes	
Nurse Practitioner (NP)	1:1 based on needs	Yes	Yes	Yes	
Midwife	N/A	No	No	No	
Employed Student Nurse (ESN/ESPN)	Regional and unit orientation	Yes	No	No	Access limited to assigned clinical areas; and to duration individual is assigned within facility ** Students, ESNs and ESPNs: Follow established College, School of Nursing, Organizational Practice Guidelines or DSTs for medication administration
Agency Nurse	1:1 based on needs	Yes	Yes	Yes	
Nursing Instructor	School responsibility	Yes	Yes	No	
Students in a recognized Nursing program	School responsibility	Yes	No	No	
Post-basic Registered Nurse (RN) student in a recognized specialty education program	School responsibility	Yes	Yes	No	
Anesthesiologist	1:1 based on needs	Yes	Yes	Yes	Temp Access to be provided by Dept. head/delegate
Physician	1:1 based on needs	Yes	Yes	No	Access approved by Physician Lead and Pharmacy
Anesthesia Assistant (AA)	Orientation with AA Educator (e.g. 1:1)	Yes	No	No	Access limited to those medications approved for access and/or administration by Dept. Head and Pharmacy Lead
Respiratory Therapist (RT)	Orientation with RT Educator (e.g. 1:1)	Yes	No	No	Access limited to those medications approved for access and/or administration (via established Health Authority process)
Medical Radiation Technologist (MRT)	Orientation with Supervisor (e.g. 1:1)	Yes	No	No	Access limited to those medications approved for access and/or administration (via established Health Authority process)
Sonographer					

Appendix B: ADC Transaction Reporting Process

REPORT	RATIONALE	FREQUENCY	RECIPIENT
Discrepancy	To alerts the unit leader to controlled drug count discrepancies that remain on ADC(s) and require resolution	Printed to clinical unit printer prior to end of each shift	Clinical units with ADCs
Dose Reconciliation	To alerts the unit leader to outstanding waste documentation on ADCs	Printed to clinical unit printer prior to end of each shift	Clinical units with ADCs
External Return Bin	To determine if there are discrepancies with the controlled substances inventory documented vs. found in the ERB	Not a separate report when 2 pharmacy staff discover a discrepancy they resolve it at the unit ADC	ADC System Administrator follows up with unit nursing leaders, as necessary
Weekly Cycle Count	To monitor inventory control counts	Once weekly To be performed for each ADC by two authorized users	ADC System Administrator forwards to clinical area Manager or delegate, as necessary
Generic Patient	To monitor use of approved generic naming conventions to remove controlled substances	Once weekly	ADC System Administrator forwards to clinical area Manager or delegate, as necessary
Temp Nurse	To ensure users have legitimate access and authorization	Weekdays only	ADC System Administrator follows up with clinical area Manager or delegate, as necessary
Temp Patient	To reconcile the temp patient with real patient once on ADC system	Weekdays only	ADC System Administrator follows up with unit nursing leaders, as necessary
Resolved and Unresolved Discrepancy Reports	To report previous discrepancies (resolved and unresolved) over the previous 24 hour period across all units with Omnicell, generated for ADC administrative staff only.	Daily (7 days)	ADC System Administrator reviews all unresolved discrepancies *Any discrepancy not resolved in 10 days of being noticed must be reported to Health Canada by Pharmacy Manager*

Appendix C: Cleaning Products for use on Automated Dispensing Cabinets (Omnicell®)

Component	Approved cleaning solutions *Do not saturate the components	Notes
Touch screen	<ul style="list-style-type: none"> 70 percent solution of isopropyl alcohol e.g. Swipes wipes 	
Fingerprint Reader	<ul style="list-style-type: none"> 70 percent solution of isopropyl alcohol e.g. Swipes wipes Accelerated Hydrogen Peroxide 0.5 percent (AHP) e.g. ACCEL wipes 	<ul style="list-style-type: none"> After cleaning, remove any lint or residue with a clean lint-free cloth.
Barcode Scanner	<ul style="list-style-type: none"> 70 percent solution of isopropyl alcohol e.g. Swipes wipes Accelerated Hydrogen Peroxide 0.5 percent (AHP) e.g. ACCEL wipes 	<ul style="list-style-type: none"> Do not clean scanners with window cleaner Clean wireless scanners with the battery installed to prevent cleaning solution from entering the scanner
Exterior of cabinet Drawers/Bins/ External Return Bin Keyboard	<ul style="list-style-type: none"> 70 percent solution of isopropyl alcohol e.g. Swipes wipes Accelerated Hydrogen Peroxide 0.5 percent (AHP) e.g. ACCEL wipes 	<ul style="list-style-type: none"> Wipe spills promptly and wipe away cleaning residue with a clean, dry cloth to prevent it from damaging supplies
Acrylic doors	<ul style="list-style-type: none"> Commercial glass cleaner Accelerated Hydrogen Peroxide 0.5 percent (AHP) e.g. ACCEL wipes 	<ul style="list-style-type: none"> Do not tape/post notes on acrylic because they can scar the surface

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