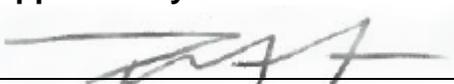


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POLICY NUMBER: 18.7		
CHAPTER 18: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS	PROFESSIONAL STANDARDS:
	Approved by Commissioner: 	See Section VII
EFFECTIVE DATE: August 15, 2003	LATEST REVISION: August 8, 2019	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department of Corrections to ensure that management of pharmaceutical services meets all State and Federal laws regarding procurement, receipt, prescribing, distribution, storage, dispensing, administration and disposal of pharmaceuticals and that pharmaceutical services are provided in a manner that meets the operational needs of each adult facility and the health care needs of prisoners.

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VI. PROCEDURES

Procedure A: Security of the Medication Storage Area, Keys and Pharmaceuticals

1. Each facility Chief Administrative Officer, or designee, shall designate an area or areas specifically for the secure storage of all pharmaceuticals, including controlled substances and other prescription medications, and medication-related items (e.g., needles and syringes).
2. Access to a secure storage area for pharmaceuticals is limited to health care staff licensed to administer medication and other staff authorized by the Chief Administrative Officer, or designee.
3. The health care staff person responsible for administration of medication for a particular shift and housing unit is responsible for the keys to the storage area where the medication is stored and the keys shall be kept with that person at all times during that shift. At shift change, the keys shall be turned over to the staff on the next shift responsible for the administration of medication. The staff holding the keys is responsible to assure that the medication storage area is secured at all times.
4. In those facilities where the health care services area is not in operation twenty-four (24) hours a day, for the period of time that the area is not in operation, the medication room keys shall be given to the officer at Central Control or other secure designated area. The time, date and name of the staff surrendering the keys shall be recorded in the Control Room log or other appropriate log.
5. When the keys to a medication room have been secured in Central Control or other secure designated area, the officer shall issue the key only to those staff authorized by the Chief Administrative Officer. The time, date and name of the staff to whom the keys were issued shall be recorded in the Control Room log or other appropriate log.
6. All pharmaceuticals delivered to the facility shall be immediately inspected by security staff and, without delay, physically given to a health care staff member

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who is licensed to administer medications. The health care staff member shall immediately place the pharmaceuticals in the secure designated storage area for pharmaceuticals.

Procedure B: Medication Formulary

1. In determining the appropriate medication to meet the health care needs of a prisoner, consideration shall be given to the medication formulary established by the Department's contracted health care services provider in consultation with the Commissioner, or designee.
2. The Department's contracted health care services provider shall ensure that the most effective medications are available and used and that clinical care needs govern the use of medications.
3. The medication formulary shall be readily available to every facility physician, psychiatrist, physician assistant, nurse practitioner, dentist, and optometrist and the Department's contracted pharmacy.
4. The medication formulary shall be reviewed, revised, if necessary, and distributed at least annually.
5. A process for providing non-formulary medications shall be established by the Department's contracted health care services provider in consultation with the Commissioner, or designee.

Procedure C: Prescribing Medications

1. Medications shall be prescribed by a physician, psychiatrist, physician assistant, nurse practitioner, dentist, or optometrist only when clinically indicated.
2. The prisoner shall be informed by the prescriber of the potential benefits, risks and side effects of the medication(s). This shall be documented in the prisoner's electronic health care record. Whenever possible, the prisoner shall be seen by the prescriber prior to medication changes.
3. Prescription medication shall be administered to a prisoner only when there is a current order for that medication to be taken by that prisoner or, in an emergency, in accordance with an approved nursing pathway.
4. When Schedule II controlled substances are prescribed for more than seven (7) days, the health care staff prescribing the medication shall include written justification in the prisoner's electronic health care record indicating the reason.
5. If medication is ordered p.r.n. (as needed), the circumstances under which the medication shall be administered shall be included in the order.

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6. All medication orders shall include the date and time the order was written, name of medication, dosage of medication, route of administration, frequency, duration of therapy and name of the prescriber.
7. The Health Services Administrator (HSA), or designee, shall establish a standardized practice to notify the responsible prescriber of the impending expiration of a prescription so that he or she may evaluate renewal.
8. Prisoners shall be notified by health care staff of orders to change or discontinue any medication within a reasonable time after the change or discontinuance.
9. No medication may be prescribed for more than one hundred eighty (180) days without reevaluation and an order for renewal.

Procedure D: Entry of Medication Orders

1. Medication orders shall be entered in the prisoner’s electronic health care record by the prescriber when possible. The order shall include the date and time the order was written, name of medication, dosage of medication, route of administration, frequency, duration of therapy, and the name of the prescriber.
2. Telephone or other verbal orders shall be entered by the facility health care staff receiving the order in the prisoner’s electronic health care record and shall include the date and time of order, name of medication, dosage of medication, route of administration, frequency, duration of therapy, notation that the order was by telephone or otherwise verbal, name of the prescriber, and name of health care staff receiving the order.
3. In the event an electronic entry is not possible and there is a paper medication order, facility health care staff shall scan the order into the prisoner’s electronic health care record and make the appropriate entry into the prisoner’s electronic Medication Administration Record (MAR), if possible, or create a paper MAR and scan it into the prisoner’s electronic health care record to be followed by the appropriate entry into the prisoner’s electronic MAR when possible.
4. Telephone and other verbal orders shall be reviewed by the prescriber as soon as reasonably possible and the prescriber shall confirm that the order has been entered correctly or, if not, that it is corrected.
5. Medication shall be ordered from the pharmacy in accordance with established practices of the pharmacy.

Procedure E: Procurement of Pharmaceuticals

1. Prescription medications which are administered by health care staff shall be obtained from the Department’s contracted pharmacy or other licensed pharmacy or distributor.

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2. Each facility's Health Service Administrator (HSA), or designee, shall establish practices to assure non-emergency pharmaceuticals are available within forty-eight (48) hours of the order, unless an earlier start date is specified by the prescriber.
3. If a pharmaceutical must be administered sooner than the pharmaceutical may be procured through the routine delivery process, it may be obtained from a community pharmacy through contractual agreement.
4. The Department's Medical Director, or designee, shall establish practices to identify emergency pharmaceuticals, including cardio-pulmonary medications, epinephrine, oral glucose, and medications for poison emergencies, overdoses and toxicological emergencies, and assure an adequate supply is available at each facility at all times.
5. The Medical Director, in consultation with the Department's Commissioner, or designee, shall approve the over-the-counter medications which may be made available through the facility canteen services. Over-the-counter medications shall be obtained from a licensed pharmacy, distributor or retailer.

Procedure F: Management of Pharmaceuticals, General

1. Each facility shall establish a system of pharmaceuticals management that meets the following requirements:
 - a. All controlled medication shall be stored within the designated secure pharmaceutical storage area and shall be locked in a secure cabinet.
 - b. All medication shall be secured in a pharmaceutical storage area that meets temperature, ventilation, sanitation, humidity and light requirements specified by the manufacturer.
 - 1) Refrigerator temperature shall be checked and recorded every day that health care staff is at the facility.
 - 2) The refrigerator shall be defrosted monthly, if indicated.
2. There shall be appropriate separation of medications, including the separation of topical medication from ingestible and injectable medication.
3. Unsecured medications shall not be left unattended at any time.
4. Unused and expired returnable medications shall be returned to the pharmacy for proper disposal, credit and/or replacement on a periodic basis, as established by the facility Health Services Administrator, or designee.
5. Unused and expired non-returnable medications shall be destroyed in accordance with the rules and regulations of the State of Maine Board of Pharmacy.

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Procedure G: Management of Pharmaceuticals, Controlled

1. Administration of controlled medications shall be accounted for in accordance with the pharmacy laws of the State and Federal DEA regulations.
2. In a facility that has twenty-four (24) hour health care coverage, all controlled medications and medication-related items shall be counted at the end of each shift by the on-coming and off-going health care staff. (See Attachment A, Controlled Drug/Sharps Count)
3. In a facility that has twenty-four (24) hour health care coverage, on-coming and off-going health care staff shall count and reconcile controlled medications and sharps at the change of each shift, completing the Controlled Drug/Sharps Count as follows:
 - a. DATE is the date count completed;
 - b. SHIFT is the time the count occurs.
4. If the count is incorrect, it shall be reconciled before the off-going staff is released from duty.
5. If the count is incorrect and cannot be reconciled, the off-going health care staff shall notify the HSA, or designee, and the security Shift Commander. An incident report shall be completed and submitted to the HSA, or designee, and the security Shift Commander before the off-going shift is released from duty.
6. In a facility that does not have twenty-four (24) hour health care coverage, the count and its documentation shall be done at the beginning of each shift. If the count is incorrect, the health care staff shall notify the HSA, or designee, and the security Shift Commander. An incident report shall be completed and submitted to the HSA, or designee, and the security Shift Commander before the health care staff is released from duty.
7. A Controlled Drug Register shall be initiated for each controlled drug.
8. Individual usage of controlled medications shall be documented on the Controlled Drug Register at the time of administration. Documentation shall include the following:
 - a. date;
 - b. time;
 - c. prisoner's name and MDOC number;
 - d. the name of the drug and prescription number;
 - e. amount used and balance;
 - f. dose;

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- g. waste (if indicated), with two signatures; and
- h. signature of staff administering medication.

Procedure H: Administration of Medications

1. Administration of medications shall be by licensed or certified health care staff.
 - a. Prescribed medication shall be administered by health care staff, as ordered, in a timely manner.
 - b. Medication shall be administered on a dose-by-dose basis if:
 - 1) it is a controlled or abusable drug;
 - 2) it is ordered to be administered on a dose-by-dose basis;
 - 3) it is a type of medication that if not administered on a dose-by-dose basis is likely to compromise treatment; or
 - 4) there is a history of non-compliance with treatment.
 - c. Medication Administration Record(s) (MAR) shall be utilized to prepare medications for administration.
 - d. Staff administering medication(s) shall observe the prisoner taking medication(s) if prescribed on a dose-by-dose basis.
 - e. Medication administration shall be recorded on the prisoner MAR using notations as listed on the MAR as soon as possible following the administration of the medication.
 - f. A health care staff member who observes that a prisoner has refused or been a "no show" for prescribed medication for at least one (1) dose on three (3) consecutive days or that the prisoner has refused or been a "no show" for prescribed medication on a consistent basis shall schedule the prisoner for counseling regarding medication compliance with health care staff.
 - g. Counseling shall be documented in the prisoner's electronic health care record. If the prisoner is prescribed medication for mental health reasons, the facility behavioral health care staff shall also be notified.
 - h. If a prisoner continues to refuse prescribed medication(s) after counseling, staff shall proceed in accordance with Procedure M.
 - i. When medication is provided to a prisoner by licensed or certified health care staff at a location other than at the health care clinic or at a medication window setting, e.g., in a special management housing unit or infirmary, the following procedure shall be adhered to:
 - 1) security staff shall accompany the health care staff;
 - 2) the prisoner shall have a cup of water ready if needed for administration of the medication and the light on in his or her cell;
 - 3) the prisoner shall take the medication in view of the staff; and

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4) a check of the prisoner's mouth, cup and hands shall be made by the security staff to assure that the medication has been taken.

j. Medications administered by health care staff shall be secured by that staff with the exception of medication(s) which the prescriber orders to be retained by the prisoner due to the prisoner's need for immediate access to the medication in the event of an emergency (e.g., nitroglycerin, inhalers). The Chief Administrative Officer, or designee, may request alternative arrangements instead of retention by the prisoner if it would create a security risk.

2. Administration of Over-The-Counter Medications

When over-the-counter medications are given per prescription or a nursing pathway, the same procedures used for prescription medications shall be followed.

Procedure I: Keep on Person (KOP) Medications

1. The Department's contracted health care services provider in consultation with the Commissioner, or designee, shall establish a list of medications that may be self-administered by prisoners as part of a Keep on Person program (KOP). In the alternative, there may be established a list of medications that may NOT be part of the KOP program.
2. A prisoner proposed for participation in the KOP program shall be scheduled for an interview with a member of the health care staff, which shall include:
 - a. an assessment of the prisoner's appropriateness for participation in the KOP program;
 - b. an explanation of the prisoner's condition requiring medication(s);
 - c. the expected outcome of the medication(s) in the treatment regimen;
 - d. a description of the medication(s), including intended benefits, risks, side effects, and instructions for taking the medication(s); and
 - e. an explanation of the rules of the program, including instructions for obtaining refills.
3. The health care staff person educating the prisoner shall document in the prisoner's electronic health care record the education that was given and for which medication(s).
4. A prisoner proposed for participation in the Keep on Person (KOP) program must prove compliance for a minimum period of two (2) weeks by obtaining the currently prescribed medication(s) from the medication window as scheduled.
5. Prisoners are not eligible for the KOP program while on reception status or while housed in a special management housing unit or the Intensive Mental Health Unit

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or if the Chief Administrative Officer, or designee, determines that safety or security considerations preclude the prisoner's participation.

6. The following conditions shall be required for prisoners selected for participation in the KOP program:
 - a. the prisoner must acknowledge that they have been provided and understand the description of the KOP program;
 - b. the prisoner must sign the "Keep on Person (KOP) Medication Contract";
 - c. the health care staff person shall provide the prisoner with a copy of the signed documents. The originals shall be scanned into the prisoner's electronic health care record.
7. Health care staff shall provide a prisoner in the KOP program medication(s) in packaging provided by the pharmacy, clearly labeled with the prisoner's name and MDOC number, date, medication, dosage, method of administration, start date, and stop date. Medication shall be provided in up to a thirty-one (31) day supply blister pack. Other packaging shall be allowed, only if the medication is approved for the KOP program and is not dispensed in blister packs.
8. When a prescription requires more than one blister pack to fill a thirty-one (31) day supply, the full thirty-one (31) day supply may be issued to the prisoner.
9. A prisoner is allowed to possess up to a thirty-one (31) day supply of each prescribed medication at a time, e.g., blister pack(s), tube(s) or container(s) of a topical preparation, container (not glass) of ophthalmic or otic drops, inhaler(s) for each inhaler medication prescribed.
10. A prisoner is allowed to have up to a thirty-one (31) day supply of prescribed over-the-counter (OTC) medications, in addition to the allowable amount which may be sold through facility canteen services, e.g., aspirin, acetaminophen, ibuprofen, antacids.
11. The health care staff person shall assure the following information for all KOP prescriptions is on the Medical Administration Record (MAR):
 - a. prisoner's name and MDOC number;
 - b. name and quantity of medications provided;
 - c. date and time medication(s) are to be self-administered;
 - d. dosage;
 - e. method of administration;
 - f. start date and stop date.
12. The health care staff person shall initial and date both the Medication Administration Record (MAR) and medication package that is given to the prisoner.

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13. The health care staff person shall circle the pill on the blister pack or otherwise indicate the day the prisoner is to return to the medical department for medication reorder.
14. Health care staff shall ensure that the prisoner returns for refills on a timely basis, as identified in routine Medication Administration Record (MAR) checks. If a prisoner is not adhering to the schedule, the prisoner shall be counseled by the health care staff. The counseling shall be documented in the prisoner's electronic health care record.
15. Prisoners in the KOP program who are away from the facility for a furlough shall be provided medication(s) in accordance with Procedure J. Prisoners in the Keep on Person (KOP) program who are away from the facility for other reasons shall only be provided medication(s) that might be needed in the event of an emergency (e.g., nitroglycerin, rescue inhaler, epi-pen).
16. Monitoring the Program:
 - a. A prisoner's KOP medications may be checked by health care staff at any time. A prisoner who is found to be non-compliant with a prescription or with health care staff instructions for the taking of a medication or who is found with medication not prescribed by a current order or medication that is not labeled according to the required procedure may be subject to counseling, removal from the KOP program, and/or disciplinary action.
 - b. When a prisoner is placed in housing that precludes participation in the program, the security staff shall determine if the prisoner is a participant in the KOP Program. If the prisoner is a participant in the KOP Program, the security staff shall take custody of the prisoner's KOP medication(s) and shall notify health care staff. The health care staff shall then resume responsibility for the medications and make arrangements for the prisoner to receive them in an alternative way.
17. A violation of any of the following requirements may result in the prisoner being removed from the program and/or disciplined.
 - a. All prescribed Keep on Person (KOP) medication must be on the prisoner's person or secured in the locked storage container issued to the prisoner at all times.
 - b. All KOP medication must be properly labeled, be prescribed by a current order, and be in the possession of the prisoner to whom the medication is prescribed.
 - c. All KOP medications must be inside the packaging in which it was provided until it is used.
18. If medication is discovered in violation of any of the above requirements, the medication shall be confiscated by security staff and turned over to the health care staff for further action. An incident report shall be written by security staff

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and this information shall be recorded in the prisoner's electronic health care record.

19. When medication is confiscated from a prisoner on a KOP program, provisions must be made to ensure the prisoner continues to receive the medication as prescribed. In facilities without twenty-four (24) hour health care coverage, the Chief Administrative Officer, or designee, must notify the responsible health care staff for instructions.
20. If it is determined that a prisoner has violated the rules of the KOP program, the prisoner may be written up for a disciplinary violation. Any additional violation of the rules of the KOP program may result in a write up for a disciplinary violation and shall result in removal from the program.
 - a. Removal from the program shall result in a prisoner's medication being administered by licensed or certified health care staff for a period of thirty (30) days, at which time reinstatement shall be considered, if compliance has been substantiated. Any reinstatement shall be determined by the Chief Administrative Officer, or designee.
 - b. If a second removal occurs, the prisoner shall be restricted from the program for an indefinite length of time, to be determined by the Chief Administrative Officer, or designee, after consultation with the facility's HSA.
21. Assigned facility health care and security staff shall conduct a random monthly compliance check of ten (10) percent of the prisoner population involved in the KOP program. A completed report of each monthly compliance check shall be submitted to the Chief Administrative Officer, or designee, and to the next scheduled Medical Continuous Quality Improvement (CQI) Meeting. The report shall contain the following information:
 - a. name of health care staff;
 - b. name of security staff;
 - c. names of prisoners checked;
 - d. time and date of compliance check;
 - e. results of compliance check;
 - f. action taken for non-compliance, if needed.

Procedure J: Medication for Transfer, Furlough or Release

1. Whenever a prisoner is transported out of the facility for any reason, health care staff shall provide to the transporting officer those medication(s) that might be needed in the event of an emergency (e.g., nitroglycerin, rescue inhaler, epi-pen).
2. When a prisoner is being transferred to a county jail or to a facility in another jurisdiction or being transported to court, the health care staff from the sending facility shall provide to the transporting officer the remaining supply of the

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prisoner's prescribed medication(s), along with a copy of the MAR. If the prisoner is being transferred for housing at a county jail or a facility in another jurisdiction, the health care staff from the sending facility shall also provide to the receiving facility a summary of the prisoner's health care record.

3. When a prisoner is being transferred to another Departmental facility, the health care staff from the sending facility shall provide to the transporting officer those medication(s) that might be needed in the event of an emergency (e.g., nitroglycerin, rescue inhaler, epi-pen), as well as the remaining supply of the prisoner's prescribed medication(s). Health care staff from the sending facility shall prepare a Medical Transfer Form.
4. The prisoner shall be administered all prescribed medications prior to the transport. Medications being sent with the transporting officer shall then be placed in a transport bag which is secured by health care staff.
5. When a prisoner is being furloughed, the prisoner shall be provided medications as prescribed to cover the time they are on furlough and away from the facility.
 - a. Medications for furlough shall be specially ordered by health care staff via the pharmacy.
 - b. Health care staff shall request the medications for furlough to be packaged in a child-proof medication container, if possible. If medications are not packaged in childproof containers, the prisoner shall be required to sign the Waiver of Childproof Containers form. (See Attachment B, Waiver of Childproof Containers).
 - c. Each prisoner shall be seen by health care staff for instruction and education regarding the medications and health care staff shall record in the prisoner's electronic health care record that the instructions and education took place.
 - d. When health care staff are on duty, the medication(s) shall be handed by health care staff to the prisoner. When health care staff are not on duty, the medications shall be provided to security staff, who shall then provide them to the prisoner when the prisoner leaves for the furlough and document that they were provided to the prisoner. Health care staff shall record in the prisoner's electronic health care record that the medication(s) were provided and to whom they were provided.
 - e. When a prisoner returns to the facility with medication or a medication-related item (e.g., syringe) given to the prisoner for self-administration while the prisoner was on furlough (other than medication which the prisoner is allowed to retain in order to have immediate access in an emergency), he or she shall, immediately upon return to the facility, turn over the medication or medication-related item to health care staff. Should no health care staff be on duty, the medication or item shall be given to the Shift Commander, who shall, in turn, ensure it is returned to health care staff. Health care staff shall dispose of the medication or medication-related item in an authorized

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manner. Any medication or medication-related item brought back to the facility and not turned over by the prisoner as required is considered contraband.

6. A prisoner being released from the custody of the Department of Corrections shall be provided a fourteen (14) day supply of medication(s) as prescribed, unless a shorter supply is clinically indicated, or a longer supply is authorized by the Commissioner, or designee.
 - a. Medication(s) for release shall be specially ordered by health care staff via the pharmacy.
 - b. Health care staff shall request the medication(s) for release to be packaged in a child-proof medication container, if possible. If medications are not packaged in childproof containers, the prisoner or the prisoner's guardian, if applicable, shall be required to sign the Waiver of Childproof Containers form. (Attachment B)
 - c. Each prisoner shall be seen by health care staff for instruction and education regarding the medication(s), as well as instructions concerning necessary follow-up care in the community and health care staff shall record in the prisoner's electronic health care record and on the Health Care Discharge Summary (See Policy 18.5, Attachment F) that the instructions and education took place. A copy of this form shall be given to the prisoner and a copy shall be placed in the prisoner's electronic health care record.
 - d. When health care staff are on duty, the medication(s) shall be handed by health care staff to the prisoner. When health care staff are not on duty, the medications shall be provided to security staff, who shall then provide them to the prisoner when the prisoner is released and document that they were provided to the prisoner. Health care staff shall record in the prisoner's electronic health care record that the medication(s) were provided and to whom they were provided.

Procedure K: Medication Administration Record (MAR)

1. A prisoner specific Medication Administration Record (MAR) shall be established by health care staff to record the administration and distribution of all prescribed medications.
2. Medication orders shall be entered onto the MAR. Each MAR shall be reviewed at least monthly and a new MAR shall be generated each month if the medication order is still valid.
3. Health care staff shall assure the required demographic information is complete and accurate each time a new Medication Administration Record (MAR) is initiated, consisting of:
 - a. prisoner name;
 - b. MDOC number;

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- c. allergies to medications, (If a prisoner states he or she has No Known Allergies, the abbreviation NKA may be used);
 - d. applicable month and year.
4. The following information shall be documented for each medication on the MAR:
 - a. drug name, dosage of drug, mode of administration, interval of frequency and duration of the order;
 - b. electronic initials and signature of the staff member entering the order onto the MAR;
 - c. date the prescription was written;
 - d. Start Date: Date the medication is to begin;
 - e. Stop Date: Date the medication is to end;
 - f. Hour of Administration: As ordered; and
 - g. name of the prescriber.
 5. Health care staff designated to administer medication shall be identified by their initials in the appropriate area on the MAR.
 6. Health care staff shall record on the MAR the medication which was administered as soon as possible after the prisoner has taken the medication by initialing in the space for the date and time of administration.
 7. Health care staff shall record all medications ordered but not administered using the appropriate codes on the MAR to record the reason.
 8. Discontinued orders shall be marked D/C on the date discontinued.
 9. Over the counter medication given to the prisoner by health care staff shall also be recorded on the Medication Administration Record (MAR).
 10. Prescription medication given to the prisoner by health care staff in an emergency situation, in accordance with a nursing pathway, shall also be recorded on the MAR.
 11. For a prisoner who is participating in the keep-on-person medication program, health care staff shall record on the MAR that the prisoner was given the medication under that program.
 12. Completed MARs shall be maintained in the prisoner's electronic health care record.

Procedure L: Continuity of Medication at Intake

1. Upon intake to a facility, if a prisoner claims to be taking any prescribed medication, or arrives with any prescription medication, including medication

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prescribed for mental health reasons, health care staff performing the intake screening shall, if necessary and practical, attempt to confirm that the prisoner has a current prescription for the medication. In any case, the health care staff shall contact the facility physician, physician assistant, nurse practitioner, or psychiatrist to obtain orders.

2. If it is confirmed that the prisoner has a current prescription for the medication and the prisoner appears to be stable, the medication shall be continued at least until the prisoner has been seen by the facility physician, physician assistant, nurse practitioner, or psychiatrist. In the case of psychotropic medication, the health care staff shall refer the prisoner to the facility psychiatrist.
3. If it is not confirmed that the prisoner has a current prescription for the medication or the prisoner appears to be unstable, the facility physician, physician assistant, nurse practitioner, or psychiatrist shall determine the appropriate course of action to take, including the giving of any medication orders.
4. Regardless of whether the medication is continued, if the prisoner arrives with any prescription medication or medication-related item (e.g. syringe), it shall be turned over to the health care staff at intake. The health care staff shall dispose of the medication or medication-related item in an authorized manner, unless the medication or medication-related item is continued and is labeled as having been issued by the jail and is transported by jail security staff.

Procedure M: Non-Compliance with Medications

1. A prisoner who continues to refuse or be a “no show” for prescribed medication or is otherwise repeatedly non-compliant after counseling shall be asked to sign a Refusal of Treatment form (see Department Policy (AF) 18.3, Attachment D) and the prisoner shall be scheduled for assessment by health care staff to review possible alternatives and ensure that the prisoner’s non-compliance is having no adverse effects. The assessment shall be recorded in the prisoner’s electronic health care record.
2. If the prisoner is scheduled for assessment for non-compliance with medication prescribed for mental health reasons, the facility behavioral health care staff shall be notified.
3. A competent prisoner who continues to refuse prescribed medication after assessment shall be asked to sign a Refusal of Treatment form (Department Policy (AF) 18.3, Attachment D) and the prescribing practitioner or, if unavailable, an equivalent health care provider shall be notified. The medication shall continue to be made available to the prisoner as prescribed unless and until the order is modified or discontinued by the provider notified.
4. If a prisoner continues to refuse prescribed medication after assessment and it is determined the refusal may be due to impaired mental capacity, the prisoner shall be referred for a mental health evaluation in order to determine competence and,

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as necessary, the Chief Administrative Officer, or designee, shall contact Adult Protective Services (Department of Health and Human Services) to request that agency initiate court proceedings for the appointment of a guardian.

5. If a prisoner has a legal guardian for health care decisions, and the prisoner continues to refuse prescribed medication after assessment, staff shall proceed in accordance with Department Policies (AF) 18.5, Health Care, Procedure R and (AF) 18.6, Mental Health Services, Procedure E).
6. If it is suspected that a prisoner is or might be trafficking in or hoarding medication prescribed to the prisoner (regardless of whether or not the prisoner is disciplined or is the subject of other administrative action), the prescribing practitioner, or, if unavailable, an equivalent health care provider shall be notified. The medication shall continue to be made available to the prisoner as prescribed unless and until the order is modified or discontinued by the provider notified.

Procedure N: Psychotropic Medications and Monitoring Psychotropic Medications

1. The facility physician, nurse practitioner or physician assistant shall not discontinue or change medications ordered by the facility psychiatrist or order new medications without prior consultation with that psychiatrist, except in an emergency. In an emergency, the facility psychiatrist shall be consulted as soon as practicable.
2. All prisoners requiring medication(s) for mental health reasons shall be evaluated and monitored by a facility psychiatrist, physician, nurse practitioner or physician assistant.
3. Behavioral health care staff and medical staff shall provide support in monitoring prisoners who have been prescribed medication(s) for mental health reasons.
4. Medication(s) for mental health reasons are prescribed only when clinically indicated as one facet of a program of therapy and then only following an established treatment plan.
5. The prisoner shall be informed by the prescriber of the potential benefits, risks and side effects of the medication(s) for mental health reasons and this shall be documented in the prisoner's electronic health care record. Whenever possible, the prisoner shall be seen by the prescriber prior to medication changes.
6. Prisoners receiving medication(s) for mental health treatment for short term therapy shall be seen by the facility psychiatrist, physician, nurse practitioner or physician assistant on an as needed basis.
7. Prisoners receiving medication(s) for chronic mental health treatment shall be enrolled in a Psychiatric Chronic Care Clinic and seen by the facility psychiatrist,

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physician, nurse practitioner or physician assistant at a minimum every ninety (90) days and more frequently, if indicated.

8. Prisoners prescribed medication(s) for mental health reasons for an extended period of time shall be evaluated at least bi-annually by the facility psychiatrist for the potential development of tardive dyskinesia. The "Abnormal Involuntary Movement Scale: Modified" shall be filed in the prisoner's electronic health care record to document this evaluation. (See Attachment C, Abnormal Involuntary Movement Scale: Modified)

Procedure O: Medication Errors

1. When a medication error is made at a facility where health care staff is on duty, the health care staff shall assess the prisoner immediately for adverse effects if indicated. The error shall be reported to the physician, physician assistant, nurse practitioner or psychiatrist in a timely manner. The Health Services Administrator, or designee, shall also be notified of the error in a timely manner.
 - a. The health care staff shall record in the prisoner's electronic health care record the medication error, the assessment of the prisoner if any, any orders, and any interventions, to include informing the prisoner of the error and possible adverse effects if indicated.
 - b. A medication error report shall be completed by the health care staff discovering the error and forwarded to the supervisor of the staff who made the error. The report shall be completed as soon as possible after the incident and before the end of the shift.
 - c. The medication error report shall be reviewed with the staff who made the error and signed by the staff, supervisor, and the physician, physician assistant, nurse practitioner or psychiatrist to whom the error was reported.
 - d. The medication error report shall not be filed in the prisoner's electronic health care record, but shall be kept in a separate file. A summary of any medication errors shall be reported at the next Medical Audit Committee (MAC) meeting and, if indicated, shall be reviewed as part of the pharmacy audit.
2. When a possible medication error is made at a facility where health care staff is not on duty, any staff discovering the possible medication error shall report it immediately to the security shift supervisor, who shall report it to the on-call health care staff immediately for determination as to whether an error has occurred. The security supervisor shall implement any follow up instructions. The error shall be reported to the physician, physician assistant, nurse practitioner or psychiatrist in a timely manner. The Health Services Administrator, or designee, shall also be notified of the error in a timely manner.
 - a. The staff discovering a possible medication error shall document the possible error on an incident report.

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- b. If the health care staff who was contacted determines there was an error, the health care staff shall document in the prisoner's electronic health care record the medication error, the assessment of the prisoner if any, any orders, and any interventions, to include informing the prisoner of the error and possible adverse effects, if indicated. The documentation shall be completed as soon as possible after the incident.
- c. The health care staff shall complete a medication error report and shall forward it to the supervisor of the staff who made the error. The report shall be completed as soon as possible after the incident.
- d. The medication error report shall be reviewed with the staff who made the error and signed by the staff, the supervisor, and the physician, physician assistant, nurse practitioner or psychiatrist, to whom the error was reported.
- e. The medication error report shall not be filed in the prisoner's electronic health care record, but shall be kept in a separate file. A summary of any medication errors shall be reported at the next Medical Audit Committee (MAC) meeting and, if indicated, shall be reviewed as part of the pharmacy audit.

Procedure P: Control of Medication-Related Items and Medical Instruments

1. Single and multi-use medication-related items and medical and dental instruments (syringes, needles, and other items) that have a potential as “contraband” shall be controlled, inventoried and secured. (See Attachment D, Health Care “Contraband” Inventory)
2. Upon receipt of single and multi-use medication-related items and medical instruments that have a potential as “contraband”, health care staff shall count the “contraband”. Needles, syringes, and other items that need to be counted may be bundled.
3. A “Contraband Inventory” form shall be completed, noting the type of contraband, the number of items, and who counted them and when. The forms shall be maintained in an appropriate location.
4. The health care staff shall remove a sufficient quantity of each “contraband” item from the bulk inventory and place it into working stock for use by the health care staff. The number removed from the bulk inventory shall be deducted from the “Contraband Inventory” form. The staff shall note the number of items removed, who removed them, and the date.
5. Upon placement of needles, syringes, or other single use sharps in the working stock, the health care staff shall record the number on the Sharps Register sheet (See Attachment E, Sharps Register Sheet) and add it to the previous balance. Upon removal of a needle, syringe, or other single use sharp from the working stock, the health care staff shall record it on the Sharps Register sheet and deduct it from the previous balance.

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6. Any “contraband” shall be stored in a secure area.
7. Once used, any single-use needle, syringe or other sharp shall be immediately disposed of in the designated sharps container. No needle shall be recapped.
8. In a facility that has twenty-four (24) hour health care coverage, all “contraband” working stock shall be counted at the end of each shift by the on-coming and off-going health care staff. (See Attachment A, Controlled Drug/Sharps Count)
9. In a facility that has twenty-four (24) hour health care coverage, on-coming and off-going health care staff shall count and reconcile all “contraband” working stock at the change of each shift, completing the Controlled Drug/Sharps Count as follows:
 - a. DATE is the date count completed;
 - b. SHIFT is the time the count occurs.
10. If the count is incorrect, it shall be reconciled before the off-going staff is released from duty.
11. If the count is incorrect and cannot be reconciled, the off-going health care staff shall notify the HSA, or designee, and the security Shift Commander. An incident report shall be completed and submitted to the HSA, or designee, and the security Shift Commander before the off-going shift is released from duty.
12. In a facility that does not have twenty-four (24) hour health care coverage, the count and its documentation shall be done at the beginning of each shift. If the count is incorrect, the health care staff shall notify the HSA, or designee, and the security Shift Commander. An incident report shall be completed and submitted to the HSA, or designee, and the security Shift Commander before the health care staff is released from duty.
13. Completed Controlled Drug/Sharps Count Sheets (Attachment A), Controlled Drug Register, and the Sharps Register Sheets (Attachment E) shall be maintained in the medical department.

Procedure Q: Control of Dental Instruments and Supplies

1. The Health Services Administrator (HSA) shall ensure the dental staff maintains an inventory and ongoing count of all dental instruments that have a potential as “contraband”.
2. When not in use, “contraband” dental instruments shall be secured in a locked area separate from the medical instruments.
3. When “contraband” multi-use dental instruments are broken or no longer usable, they shall be deducted from the dental instrument count form, properly disposed of, and a notation made on the count sheet.

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4. All “contraband” working stock shall be counted and documented at the beginning and the close of each work day by the dental staff as described above for “contraband” medical instruments.
5. Each time a single-use “contraband” dental instrument is used, it shall be documented on the Sharps Register sheet by the dental staff.

Procedure R: Health Care Waste

1. All waste generated from a health care services area is considered to be “contraband” and is to be disposed of by facility staff in a manner that assures security and confidentiality.

Procedure S: Quarterly Pharmacy Inspections

1. Each facility Health Services Administrator (HSA) shall arrange quarterly inspections of the facility medication delivery system by the consulting pharmacist.
2. Written reports from the inspecting pharmacist shall be submitted to the Health Services Administrator, or designee, and Chief Administrative Officer, or designee. Corrective action shall be implemented by the HSA, or designee, for any non-compliance findings or recommendations
3. The Health Services Administrator, or designee, shall review the pharmacist’s report and any corrective actions with appropriate health care staff.
4. The pharmacist’s report and any corrective actions shall be reported at MAC meetings.

VII. PROFESSIONAL STANDARDS

ACA:

ACI

4-4378
5-6A-4378

(MANDATORY) Proper management of pharmaceuticals includes the following provisions:

- a formulary is available
- a formalized process for obtaining nonformulary medications
- prescription practices, including requirements that
 1. medications are prescribed only when clinically indicated as one facet of a program of therapy;
 2. a prescribing provider reevaluates a prescription prior to its renewal
- procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
- secure storage and perpetual inventory of all controlled substances, syringes, and needles
- the proper management of pharmaceuticals is administered in accordance with state and federal law

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- administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee
- accountability for administering or distributing medications in a timely manner, and according to physician orders

4-4379 If offenders have access to nonprescription (over-the-counter) medications that are available outside of health services, the items, the policy, and procedures are approved jointly by the facility or program administrator and the health authority.

5-6A-4379 The facility health authority or program administrator will approve list of nonprescription (over the counter) medications that are available outside of health services from the facilities commissary or canteen. Policies and procedures are approved jointly by the facility or program administrator and the health authority.

4-ACRS-1A-04 (MANDATORY) Waste is disposed of properly in accordance with an approved plan by the appropriate regulatory agency.

4-ACRS-4C-12 Policy and procedure direct the possession and use of controlled substances, prescribed medications, supplies, and over-the-counter drugs. Prescribed medications are administered according to the directions of the prescribing physician.

4-ACRS-4C-13 If medications are distributed by facility staff, records are maintained and audited monthly, and include the date, time, and name of the resident receiving the medication, and the name of the staff distributing it.

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