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 Juvenile 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, receiving a receipt, prescribing, distribution, storage, dispensing, administration and disposal of pharmaceuticals.

It is also the policy of the Department that each juvenile facility ensures compliance with the procedures set out in this policy that include the following provisions: that a formulary is available for all prescription and nonprescription medications and a process is in place for obtaining medications, that prescription practices require that medications are prescribed only when clinically indicated as one facet of a program of therapy, that prescriptions are reevaluated by the prescriber prior to renewal, that medications are administered by qualified health-care or health-trained staff in a timely manner and according to physician orders, that administration of medication is documented in accordance with procedures approved by the health care authority and Chief Administrative Officer and that controlled substances, syringes and sharps are continuously inventoried and properly stored.

Pharmaceutical services shall be provided in a manner that meets the operational needs of each facility and the health care needs of residents.
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VI. PROCEDURES

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

1. Each facility shall designate an area or areas specifically for the secure storage of all pharmaceuticals, including medications and medication-related items (e.g., needles and syringes). All such areas shall be approved by the Chief Administrative Officer, or designee.

2. Access to a secure storage area for pharmaceuticals is limited to health care staff licensed to administer medication and others authorized by the Chief Administrative Officer, or designee. Only health care staff licensed to administer medication may enter the secure storage area unaccompanied. All other authorized persons must be accompanied by a licensed health care staff member.
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 time. Storage areas secured electronically shall be accessed by staff authorized to have access codes.

4. All pharmaceuticals delivered to the facility shall be immediately inspected by security staff in the presence of a health care staff member 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 resident, consideration shall be given to the medication formulary established by the health care authority, in consultation with the Department’s Commissioner, or designee.

2. The contractor’s formulary for residents age 18 and over must be comparable to the formulary used by the State’s mental health institutions. The formulary for residents under 18 years of age shall be established, in consultation with the Department’s Commissioner, or designee. The contractor 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 the physician, physician assistant, nurse practitioner, dentist, optometrist, and 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 health care authority, in consultation with the Department’s Commissioner, or designee.

**Procedure C: Prescribing Medications**

1. Medications shall be prescribed by a physician, physician assistant, nurse practitioner, dentist or optometrist only when clinically indicated. Prescription medication shall be administered to a resident only when there is a current order
for that medication to be taken by that resident or, in an emergency, in accordance with an approved nursing protocol.

2. 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 resident’s health care record indicating the reason.

3. If medication is ordered p.r.n. (as needed), the circumstances under which the medication shall be administered shall be included in the order.

4. 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.

5. 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/she may evaluate renewal.

6. Residents shall be notified by health care staff of orders to change or discontinue any medication within a reasonable time after the change or discontinuance.

7. No medication may be prescribed for more than one hundred eighty (180) days without reevaluation and an order for renewal.

Procedure D: Transcription of Medical and Telephone Orders

1. Medication orders shall be recorded by the prescriber on the resident’s electronic health care record.

2. The facility health care staff shall review and electronically transcribe medication orders within twenty-four (24) hours after they are recorded.

3. The transcription shall be made on the resident’s Medication Administration Record (MAR) and shall include the date the order was written, name of medication, dosage of medication, route of administration, frequency, duration of therapy, and the name of the prescriber. The health care staff transcribing the order shall sign and initial the MAR.

4. Medication shall be ordered from the pharmacy in accordance with established procedures of the pharmacy.

5. Telephone orders shall be recorded by the receiving health care staff on the resident’s electronic health care record and shall include the date, time of order, name of medication, dosage of medication, route of administration, frequency,
duration of therapy, notation that the order was by telephone, name of the 
prescriber, and name of health care staff receiving the order.

6. Telephone orders shall be electronically confirmed and dated by the prescriber or 
facility physician as soon as reasonably possible.

Procedure E: Procurement of Pharmaceuticals

1. Prescription medications which are administered by health care staff shall be 
obtained from a licensed pharmacy or distributor. Over-the-counter medications 
shall be obtained from a licensed pharmacy, distributor or retailer.

2. Each facility’s Health Service Administrator, 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 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 the facility at all 
times.

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.

      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 monthly basis, as established by the facility Health Services Administrator (HSA), 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.

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. 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. 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 Juvenile Facility Operations Supervisor. An incident report shall be completed and submitted to the HSA, or designee, and the Juvenile Facility Operations Supervisor before the off-going shift is released from duty.

6. A Controlled Drug Register shall be initiated for each controlled drug.

7. 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. Resident’s name and MDOC number;
   d. The name of the drug and prescription number;
   e. Amount used and balance;
f. Dose;
g. Waste (if indicated), with two signatures;
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 (e.g. INH),
      4) There is a history of non-compliance with treatment.
   
c. The Medication Administration Record(s) (MAR) shall be utilized to prepare medications for administration.
   
d. Health care staff administering medication(s) shall observe the resident taking medication(s), if prescribed on a dose-by-dose basis.
   
e. Medication administration shall be documented on the resident 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 resident has refused or been a "no show" for prescribed medication for at least one (1) dose on three (3) consecutive days or that the resident has refused or been a "no show" for prescribed medication on a consistent basis shall schedule the resident for counseling regarding medication compliance with health care staff.
   
g. Counseling shall be documented in the resident's health care record. If the resident is prescribed medication for mental health reasons, the facility mental health care staff shall also be notified.
   
h. If a resident continues to refuse prescribed medication(s) after counseling, staff shall proceed in accordance with Procedure L.

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i. When medication is provided to a resident 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 resident 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 resident shall take the medication in view of the staff, and
4) A check of the resident’s mouth, cup and hands shall be made by the security staff to assure that the medication has been taken.

2. Administration of Over-The-Counter Medications

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

Procedure I: Medication for Transfer, Furlough Pass/Furlough Leave or Release

1. Whenever a resident 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., rescue inhaler, epi-pen).

2. When a resident is 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 resident’s prescribed medication(s), along with a copy of the MAR. If the resident 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 resident’s health care record.

3. When a resident 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., rescue inhaler, epi-pen), as well as the remaining supply of the resident’s prescribed medication(s). Health care staff from the sending facility shall prepare a Medical Transfer Form (Policy 13.4, Attachment F); and provide it to the receiving facility’s health care staff as soon as reasonably possible.
4. The resident shall be administered all prescribed medications prior to the transport. Medications and health care records being sent with the transporting officer shall then be placed in a transport bag which is secured by health care staff.

5. When a resident is going on a furlough pass/furlough leave, the resident shall be provided medications as prescribed to cover the time they are on furlough pass/furlough leave and away from the facility.

   a. Medications for a furlough pass/furlough leave shall be specially ordered by health care staff via the pharmacy.

   b. Health care staff shall request the medications for a furlough pass/furlough leave to be packaged in a child-proof medication container, if possible. If medications are not packaged in childproof containers, a resident who has attained the age of 18 and who does not have a legal guardian shall be required to sign the Waiver of Childproof Container form (Attachment B). For other residents, the person picking up the resident shall be required to sign the waiver.

   c. Each resident shall be seen by health care staff for instruction and education regarding the medication(s) and health care staff shall record in the health care record that the instructions and education took place. Additionally, for a resident who has not attained the age of 18 or who has a legal guardian, written instruction(s) shall also be provided to the person who or agency which shall be responsible for the resident in the community.

   d. The medication(s) shall be handed by health care staff to a resident who has attained the age of 18 years and who does not have a legal guardian. For other residents the medication(s) shall be handed to the person picking up the resident. Health care staff shall record in the health care record that the medication(s) were provided and to whom they were provided.

   e. When a resident returns to the facility from a furlough pass/furlough leave with medication or a medication-related item (e.g. syringe) given to the resident or another person for administration while the resident was on furlough pass/furlough leave, the medication or medication-related item shall immediately, upon return to the facility, be turned over to health care staff. Health care staff shall dispose of the medication or medication-related item in an authorized manner. Any medication or medication-related item brought back to the facility and not turned over by the resident, or other person responsible, as required, is considered contraband.
6. A resident being released from the custody of the Department of Corrections (including residents being released on community reintegration status) shall be provided a fourteen (14) day supply of medication(s) as prescribed, unless otherwise 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 child-proof containers, a resident who has attained the age of 18 and who does not have a legal guardian shall be required to sign the Waiver of Childproof Container form (See Attachment B, Waiver of Childproof Container form). For other residents, the person picking up the resident at the time of release shall be required to sign the waiver.

   c. Each resident 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. Additionally, for a resident who has not attained the age of 18 or who has a legal guardian, written instruction(s) shall also be provided to the person who or agency which shall be responsible for the resident in the community.

   d. Health care staff shall record in the health care record and on the Health Care Discharge Summary (See Policy 13.5, Attachment F) that the instructions and education took place. A copy of this form shall be given to the resident and a copy shall be placed in the resident’s health care record.

   e. The release medications shall be handed by health care staff to a resident who has attained the age of 18 years and who does not have a legal guardian. For other residents, the release medications shall be handed to the person picking up the resident at the time of release.

   f. Health care staff shall record in the health care record that the release medications were provided and to whom they were provided.

**Procedure J: Medication Administration Record (MAR)**

1. A resident specific Medication Administration Record (MAR) shall be established by health care staff to document the administration and distribution of all prescribed medications.

2. Medication orders shall be transcribed onto the MAR initially. 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. Resident name;

   b. MDOC number;

   c. Allergies to medications. (If a resident states he/she has No Known Allergies, the abbreviation NKA may be used.);

   d. Applicable month and year.

4. The following information from the Physician Order form 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 transcribing order onto 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;

   g. Name of ordering practitioner.

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 resident 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. Over-the-counter medication given to the resident by health care staff shall also be recorded on the MAR.
9. Prescription medication given to the resident by health care staff in an emergency situation, in accordance with nursing protocol, shall also be recorded on the MAR.

10. Discontinued orders shall be marked D/C on the date discontinued.

11. Completed MARs shall be filed in the resident’s health care record.

Procedure K: Continuity of Medication at Intake

1. Upon intake to a facility, if a resident claims to be taking any prescribed medication, or arrives with any prescription medication, including medication prescribed for mental health reasons, health care staff performing the intake screening shall, if necessary and practical, attempt to confirm that the resident 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 resident has a current prescription for the medication and the resident appears to be stable, the medication shall be continued at least until the resident 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 resident to the facility psychiatrist. If the facility is unable to obtain a medication prior to the resident’s being seen, the alternative medication that is most comparable may be provided, if approved by the facility physician, physician assistant, nurse practitioner, or psychiatrist.

3. If it is not confirmed that the resident has a current prescription for the medication or the resident 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 resident 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 L: Non-Compliance with Medications

1. A competent resident who has attained the age of 18 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 Policy 13.3, Attachment D). The resident shall be scheduled for assessment
by health care staff to review possible alternatives and ensure that the resident’s non-compliance is having no adverse effects. The assessment shall be documented in the resident's health care record.

2. If the resident is scheduled for assessment for non-compliance with medication prescribed for mental health reasons, the facility mental health care staff shall be notified.

3. A competent resident who has attained the age of 18 and continues to refuse prescribed medication after assessment shall be asked to sign a Refusal of Treatment form 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 resident as prescribed unless and until the order is modified or discontinued by the provider notified.

4. If a resident who has attained the age of 18 continues to refuse prescribed medication after assessment and it is determined the refusal may be due to impaired mental capacity, the resident shall be referred for a mental health evaluation in order to determine competence and, 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 resident who has attained the age of 18 and has a legal guardian for health care decisions, or a resident who has not attained the age of 18 continues to refuse prescribed medication after assessment, staff shall proceed in accordance with Departmental Policy 13.5, Health Care, Procedure R and Policy 13.6, Mental Health Services, Procedure I).

6. If it is suspected that a resident is or might be trafficking in or hoarding medication prescribed to the resident (regardless of whether or not the resident 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 resident as prescribed unless and until the order is modified or discontinued by the provider notified.

**Procedure M: Psychotropic Medication & 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 possible.
2. All residents requiring medication(s) for mental health reasons shall be evaluated and monitored by a facility psychiatrist, physician, nurse practitioner or physician assistant.

3. Mental health and health care staff shall provide support in monitoring residents 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. At no time will a stimulant, tranquilizer or psychotropic drug be administered for purposes of program management, discipline, security, control, or for experimental research.

6. The resident shall be informed by the prescriber of the potential benefits and side effects of the medication(s) for mental health reasons and this shall be recorded in a progress note. Whenever possible, the resident shall be seen by the prescriber prior to medication changes.

7. Residents receiving medication(s) for mental health treatment for short term therapy shall be assessed by the facility psychiatrist, physician, nurse practitioner or physician assistant, as needed.

8. Residents receiving medication(s) for chronic mental health treatment shall be enrolled in a Chronic Care Clinic and seen, at a minimum, every ninety (90) days and more frequently, if indicated.

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

Procedure N: Medication Errors

1. When a medication error is made, the health care staff shall assess the resident immediately for adverse effects if indicated. The health care staff shall report the error to the physician, physician assistant, nurse practitioner, psychiatrist or dentist in a timely manner. The Health Services Administrator (HSA), or designee, shall also be notified of the error in a timely manner.

   a. The health care staff shall record in the resident's health care record the medication error, the assessment of the resident, if any, any orders, and
any interventions, to include informing the resident 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.

d. The medication error report shall not be filed in the resident’s 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 O: Control of Medication-Related Items and Medical Instruments

1. Single and multi-use medication-related items and medical and dental instruments (e.g., syringes, needles, and other sharps) 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 and attached to each box of bulk “contraband”, noting the type of contraband, the number of items, and who counted them and when.

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 attached to the box. 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 sharps from the working stock.
stock, the health care staff shall record it on the Sharps Register sheet and deduct it from the previous balance.

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. All “contraband” working stock shall be counted at the close of each shift by the on-coming and off-going nursing staff.
   a. The count shall be reconciled by comparing the number on hand with the number documented.
   b. The count shall be reconciled before the off-going health care staff is released from duty.
   c. If the count cannot be reconciled, the off-going health care staff shall notify the Health Services Administrator (HSA), or designee, and Juvenile Facility Operations Supervisor.
   d. An incident report shall be completed and submitted to the Juvenile Facility Operations Supervisor, or designee, before the off-going health care staff is released from duty.
   e. Documentation that the count has been completed shall be entered on the Controlled Drug/Sharps Count Sheet and signed by the staff completing the count.

9. Completed Controlled Drug/Sharps Count Sheets (Attachment A), Controlled Drug Register and the Sharps Register Sheets (Attachment E) shall be kept on file in the health care department.

Procedure P: Control of Dental Instruments and Supplies

1. The 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.
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 Q: Health Care Waste**

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

**Procedure R: Quarterly Pharmacy Inspections**

1. The Health Services Administrator shall arrange quarterly inspections of the medication delivery system from a 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:**

4-JCF-4C-28 (MANDATORY) Management of pharmaceuticals shall include, at a minimum, the following provisions:

1. A formulary and a formalized method for obtaining nonformulary medications
2. Prescription practices, including requirements that medications are prescribed only when clinically indicated as one facet of a program of therapy
3. A prescribing provider reevaluates a prescription prior to its renewal
4. Procedures for procuring, receiving a receipt, distributing, storing, dispensing, administering, and disposing of medication in accordance with state and federal law
5. Administration of medication by qualified health-care professionals or health-trained personnel in accordance with state and federal law
6. Accountability for administering medications in a timely manner, and according to the health-care practitioner’s order
7. Accountability for documenting medication administration according to procedures approved by the health authority
8. Secure storage and perpetual inventory of all controlled substances, syringes, and needles

4-JCF-4C-29 Psychotropic drugs, such as antipsychotics or antidepressants and other drugs used for psychiatric purposes, requiring parenteral administration are prescribed only by a health-care practitioner and then only following an established treatment plan.

4-JCF-4C-30 Under no circumstances are stimulants, tranquilizers, or psychotropic drugs administered for purposes of discipline, security, control, or for purposes of experimental research.