
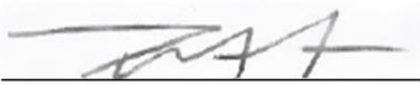


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<b>POLICY NUMBER: 13.7 (JF)</b>		
<b>CHAPTER 13: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT of CORRECTIONS</b>  <b>Approved by Commissioner:</b> 	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VIII</b>
	<b>EFFECTIVE DATE:</b> <b>August 15, 2003</b>	<b>LATEST REVISION:</b> <b>January 23, 2023</b>

**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, 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 the juvenile facility and the health care needs of juvenile residents. **4-JCF-4C-28 & 3-JCRF-4C-08**

**IV. DEFINITIONS**

1. Health care provider – for purposes of this policy, physician (including, if applicable, a doctor with a limited license, e.g., dentist, optometrist, etc.), physician assistant, or nurse practitioner.
2. Juvenile community residential facility - housing outside the secure perimeter of Long Creek either on or off grounds in a Department employee supervised residential setting.

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**VII. PROCEDURES**

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

1. As part of the facility’s diversion control plan, the Superintendent, 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 or certified to administer medications and other staff authorized by the Superintendent, or designee.
3. The staff 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 ensure that the medication storage area is secured at all times.
4. When a 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, or in the case of an off-grounds juvenile community residential facility, to the highest ranking security supervisor. The time, date and name of the staff surrendering the keys shall be recorded in the Control Room log or other appropriate log.

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5. When the keys to a medication area have been secured, the officer or supervisor, as applicable, shall issue the key only to those staff authorized by the Superintendent. 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 health care staff licensed or certified to administer medications. That person shall immediately place the pharmaceuticals in the designated secure storage area for pharmaceuticals.

**Procedure B: Medication Formulary**

1. In determining the appropriate medication to meet the health care needs of a juvenile resident, 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 Department health care provider 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 to a juvenile resident by a facility health care provider only if they are authorized by law to prescribe the medications and only when the medications are clinically indicated as one facet of a program of therapy and then only following an established treatment plan.
2. If a resident has not attained 18 years of age, by statute (Title 34-A M.R.S.A. Section 3809-A), the Superintendent, or designee, is the resident's legal guardian for health care decisions. Unless the Superintendent, or designee, indicates otherwise, it is presumed that they have consented to any medication prescribed by a health care provider in accordance with this policy.
3. If a resident is 18 years of age or over but has a legal guardian for health care decisions, medication shall not be prescribed without the written or verbal consent of the resident's legal guardian for health care decisions, which shall be documented in the resident's electronic health care record.
4. The resident shall be informed by the prescriber of the potential benefits, risks, and side effects of the medication(s). This shall be documented in the resident's

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electronic health care record. When clinically appropriate, the resident shall be seen by the prescriber prior to medication changes.

5. If the prescriber has ordered that the resident be allowed to retain a medication due to the resident's need for immediate access to the medication in the event of an emergency, the prescriber shall also provide instruction in the self-administration of the medication. This shall be documented in the resident's electronic health care record.
6. If the resident indicates that they will refuse a prescribed medication, the prescriber shall counsel the resident and attempt to gain the resident's agreement to take the medication and/or prescribe an alternative that the resident will agree to. If the resident continues to refuse prescribed medication, the applicable steps in Procedure L shall be followed, including, but not limited to, asking the resident to sign a Refusal of Treatment form.
7. When Schedule II controlled substances are prescribed for more than seven (7) days, the health care provider prescribing the medication shall include written justification in the resident's electronic health care record indicating the reason.
8. 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.
9. If medication is ordered p.r.n. (as needed), the circumstances under which the medication is to be administered shall be included in the order.
10. 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 they may evaluate renewal.
11. A resident shall be notified by health care staff of an order to change or discontinue any medication within a reasonable time after the change or discontinuance.
12. No medication may be prescribed for more than one hundred eighty (180) days without reevaluation and an order for renewal.

**Procedure D: Medication Orders**

1. Medication orders shall be entered in the juvenile resident'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 resident'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.

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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 resident's electronic health care record and make the appropriate entry into the resident's electronic Medication Administration Record (MAR), if possible, or create a paper MAR and scan it into the resident's electronic health care record, to be followed by the appropriate entry into the resident'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.

**Procedure E: Procurement of Pharmaceuticals**

1. Prescription medications shall be obtained from the Department's contracted pharmacy or other licensed pharmacy and shall be ordered from the pharmacy in accordance with established practices of the pharmacy.
2. The facility's Health Services Administrator (HSA), or designee, shall establish practices to ensure 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 established by the Department's contracted pharmacy, it may be obtained from a community pharmacy.
4. The Department's Director of Health Care Services, or designee, shall establish practices to identify emergency pharmaceuticals, including nitroglycerin and other cardio-pulmonary medications, epinephrine, oral glucose, albuterol and other asthma medications, and medications for poison emergencies, overdoses and toxicological emergencies, and ensure an adequate supply is available at the facility at all times.
5. The Department's Director of Health Care Services, or designee, in consultation with the Commissioner, or designee, shall approve the over-the-counter medications which may be made available to residents 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. The Superintendent, or designee, shall establish a system of pharmaceuticals management that meets the following requirements:
  - a. All controlled medication shall be stored within a designated secure pharmaceutical storage area and shall be locked in a secure cabinet or otherwise double-locked.
  - b. All medication shall be secured in a pharmaceutical storage area that meets temperature, ventilation, sanitation, humidity, and light requirements specified by the manufacturer.

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- 1) If pharmaceuticals are being stored in a refrigerator, the refrigerator's temperature shall be checked and recorded once a day by health care staff.
  - 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 and credit and/or replacement on a periodic basis, in accordance with practices 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. In addition, as part of the facility's diversion control plan, controlled substances shall be counted as set out below.
2. When there is twenty-four (24) hour health care coverage, all controlled medications and medication-related items shall be counted at the change 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 Health Services Administrator (HSA), or designee, and the Juvenile Facility Operations Supervisor, or in the case of an off-grounds juvenile community residential facility, the highest ranking security supervisor. An incident report shall be completed and submitted to the HSA, or designee, and the Juvenile Facility Operations Supervisor, or the highest ranking security supervisor, as applicable, before the off-going health care staff is released from duty.
6. When there is not twenty-four (24) hour health care coverage, the count and its documentation shall be done at the beginning of the shift by the on-coming health care staff.

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7. If the count is incorrect, on-coming health care staff shall notify the HSA, or designee, and the Juvenile Facility Operations Supervisor, or in the case of an off-grounds juvenile community residential facility, the highest ranking security supervisor. An incident report shall be completed and submitted to the HSA, or designee, and the Juvenile Facility Operations Supervisor, or the highest ranking security supervisor, as applicable, before the on-coming health care staff is released from duty.
8. A Controlled Drug Register shall be initiated for each controlled drug.
9. 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. juvenile 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 staff signatures; and
  - h. signature of staff administering medication.
10. Completed Controlled Drug/Sharps Count Sheets (Attachment A) and Controlled Drug Registers shall be maintained in locked storage in the health care services area or other secure location.

**Procedure H: Administration of Medications**

1. Administration of medications shall be by licensed or certified health care staff and shall be in accordance with State and federal law.
2. Prescription medication shall be administered to a juvenile 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 pathway, if applicable.
3. Prescribed medication shall be administered, as ordered, in a timely manner.
4. Medication shall be administered on a dose-by-dose basis if:
  - a. it is a controlled or abusable drug;
  - b. it is ordered to be administered on a dose-by-dose basis;
  - c. it is a type of medication that if not administered on a dose-by-dose basis is likely to compromise treatment; or
  - d. there is a history of non-compliance with treatment.
5. Staff administering medication(s) shall observe the resident taking medication(s) if prescribed on a dose-by-dose basis and the following procedure shall be adhered to, as part of the facility's diversion control plan:

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- a. security staff shall be present;
  - b. the resident shall have a cup of water ready if needed for administration of the medication and, if the administration of medications is occurring outside the health care services area, the light shall be on in the resident's room;
  - c. the resident shall take the medication in view of the staff; and
  - d. a check of the resident's mouth, cup and hands shall be made by the security staff to ensure that the medication has been taken.
6. Medication Administration Record(s) (MAR) shall be utilized to document medications for administration. Medication administration shall be recorded on the resident MAR using notations as listed on the MAR as soon as possible following the administration of the medication.
  7. Medications administered by health care staff shall be secured by that staff with the exception of medication which the prescriber orders that the resident be allowed to retain due to the resident's need for immediate access to the medication in the event of an emergency (e.g., rescue inhaler). The Superintendent, or designee, may request alternative arrangements instead of retention by the resident if it would create a security risk.
  8. When over-the-counter medications are given per prescription or a nursing pathway, the same procedures used for prescription medications shall be followed.
  9. Under no circumstances are medications to be administered for purposes of discipline, security, control, or experimental research. **4-JCF-4C-30**

**Procedure I: Medication for Transport, Transfer, Furlough, Community Transition Program, or Release**

1. Whenever a juvenile resident is being transported for any reason, health care staff shall provide to the transporting officer any medication that might be needed in the event of an emergency (e.g., rescue inhaler, epi-pen), unless the prescriber has ordered that the resident be allowed to retain the medication, in which case either health care staff or security staff may provide it to the transporting officer.
2. When a resident is being transported to court, the health care staff shall also provide to the transporting officer the remaining supply of the resident's prescribed medications, along with a copy of the current MAR.
3. When a resident is being transferred within the Department, the health care staff shall also provide to the transporting officer the remaining supply of the resident's prescribed medications. Health care staff shall also prepare an electronic copy of the Medical Transfer Form.
4. When a resident is being transferred to a county jail or to a facility in another jurisdiction, the health care staff shall also provide to the transporting officer the remaining supply of the resident's prescribed medications, along with a copy of the current MAR and a summary of the resident's health care record.

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5. The resident shall be administered all prescribed medications as required 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.
6. When a resident is being furloughed and they will need to take prescribed medications while on furlough, the resident shall be provided medications as prescribed to cover the time they are 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 a furlough to be packaged in a childproof 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 sponsor picking up the resident shall be required to sign the waiver.
  - c. Prior to leaving for the furlough, the resident shall be seen by health care staff for education and instruction regarding the medications, and health care staff shall record in the resident's electronic health care record that the instructions and education took place.
  - d. When health care staff is on duty at the time the resident is leaving for the furlough, the medications shall be handed by health care staff to the resident if the resident has attained the age of 18 and does not have a legal guardian. Otherwise, the medications shall be handed to the sponsor. When there will be no health care staff on duty at that time, the medications shall be provided to security staff, who shall then provide them to the resident or the sponsor, as applicable, when the resident leaves for the furlough, and the security staff shall document to whom they were provided. Health care staff shall record in the resident's electronic health care record that the medications were provided and to whom they were provided.
  - e. If a resident misses a dose of the medication, they shall bring it back with them when returning from the furlough. When a resident returns from the furlough with medication or a medication-related item (e.g., syringe) given to the resident for self-administration while the resident was on furlough (other than medication which the resident is allowed to retain in order to have immediate access in an emergency), the resident 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 Juvenile Facility Operations Supervisor, or in the case of an off-grounds juvenile community residential facility, to the highest ranking security supervisor, 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 manner and shall document the circumstances of any missed dose on the MAR. Any medication or medication-related item brought back and not turned over by the resident as required is considered contraband.
7. When a resident is being allowed to participate in an off-grounds community transition program (work release, education release, or public service release) and they will

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need to take prescribed medications while on the program, the resident shall be provided medications as prescribed to cover the time they are away from the facility.

- a. Prior to the resident's first day in the program, the resident shall be seen by health care staff for education and instruction regarding the medications, and health care staff shall record in the resident's electronic health care record that the instructions and education took place. The health care staff shall follow up with the resident a month after the resident has been in the program, and every two months thereafter, for any further education and instruction, and health care staff shall record in the resident's electronic health care record that the follow up took place.
  - b. When health care staff is on duty at the time of the resident leaving for the program, the medications shall be handed by health care staff to the resident. When there will be no health care staff on duty at that time, the medications shall be provided to security staff, who shall then provide them to the resident when the resident leaves for the program and security staff shall document that they were provided to the resident. Health care staff shall record in the resident's electronic health care record that the medications were provided and to whom they were provided.
  - c. If a resident misses a dose of the medication, they shall bring it back with them when returning from the program. When a resident returns from the program with medication or a medication-related item (e.g., syringe) given to the resident for self-administration while the resident was on the program (other than medication which the resident is allowed to retain in order to have immediate access in an emergency), the resident 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 Juvenile Facility Operations Supervisor, or in the case of an off-grounds juvenile community residential facility, to the highest ranking security supervisor, 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 manner and shall document the circumstances of any missed dose on the MAR. Any medication or medication-related item brought back and not turned over by the resident as required is considered contraband.
8. A resident being released to the community (whether on community reintegration status or upon discharge) shall be provided a fourteen (14) day supply of medications as prescribed, unless a shorter supply is clinically indicated, or a longer supply is authorized by the Commissioner, or designee.
- a. Medications for release shall be specially ordered by health care staff via the pharmacy.
  - b. Health care staff shall request the medications for release to be packaged in a childproof 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 resident's parent or other legal guardian shall be required to sign the waiver.

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- c. Prior to release, the resident shall be seen by health care staff for instruction and education regarding the medications, as well as instructions concerning necessary follow-up care in the community and health care staff shall record in the resident's electronic health care record and on the Health Care Discharge Summary (See Department Policy (JF) 13.5, Health Care, Attachment F) that the instructions and education took place. A copy of this summary shall be given to the resident if the resident has attained the age of 18 and does not have a legal guardian. Otherwise, the summary shall be handed to the parent or other legal guardian. A copy shall be scanned into the resident's electronic health care record.
- d. When health care staff is on duty at the time of the resident's release, the medications shall be handed by health care staff to the resident if the resident has attained the age of 18 and does not have a legal guardian. Otherwise, the medications shall be handed to the parent or other legal guardian. When there will be no health care staff on duty at that time, the medications shall be provided to security staff, who shall then provide them to the resident or the guardian, as applicable, when the resident is released and the security staff shall document to whom they were provided. Health care staff shall record in the resident's electronic health care record that the medications were provided and to whom they were provided. If the resident is under the age of 18 or otherwise has a legal guardian and the guardian is unavailable, the staff shall contact the Superintendent, or designee, for instructions.

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

1. A resident specific Medication Administration Record (MAR) shall be established by health care staff to record the administration and distribution of all prescribed medications.
2. Health care staff shall ensure required demographic information is complete and accurate each time a new MAR is initiated, consisting of:
  - a. juvenile resident name;
  - b. MDOC number;
  - c. allergies to medications (If a resident states they have No Known Allergies, the abbreviation NKA may be used); and
  - d. applicable month and year.
3. Health care staff shall document every instance of administration of dose-by-dose medications and distribution of emergency use medications on 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.
4. Initials entered onto MARS shall be electronic initials, if possible. Otherwise they shall be handwritten.

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5. 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. initials and signature of the staff entering the order onto the MAR for all MAR entries;
  - c. date the prescription was written;
  - d. reason the medication was prescribed;
  - e. start date: date the medication is to begin;
  - f. stop date: date the medication is to end;
  - g. hour of administration: as ordered; and
  - h. name and phone number of the prescriber.
6. Health care staff administering medication shall be identified by their initials in the appropriate area on the MAR.
7. 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.
8. Health care staff shall record all medications ordered but not administered using the appropriate codes on the MAR to record the reason.
9. Discontinued orders shall be marked D/C on the date discontinued.
10. Over the counter medication given to the resident by health care staff shall also be recorded on the MAR.
11. Prescription medication given to the resident by health care staff in an emergency situation shall also be recorded on the MAR.
12. MARs shall be completed electronically whenever possible.

**Procedure K: Continuity of Medication at Intake**

1. Upon intake to Long Creek, 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 admission screening shall, if practical, attempt to confirm that the resident has a current prescription for the medication. In any case, the health care staff shall contact a facility health care provider 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 a facility health care provider. In the case of psychotropic medication, the health care staff shall refer the resident to the facility psychiatrist.

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3. If it is not confirmed that the resident has a current prescription for the medication or the resident appears to be unstable, a facility health care provider 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 a jail and is transported by the jail security staff.

**Procedure L: Non-Compliance with Medications**

1. Staff who observes that a juvenile 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 facility health care staff.
2. Counseling shall be documented in the resident's electronic health care record. If the resident is prescribed medication for mental health reasons, the facility behavioral health care staff shall also be notified.
3. A resident who has attained the age of 18 and who does not have a legal guardian 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 (JF) 13.3, Access to Health Care Services, Attachment D) and the resident shall be scheduled for assessment by facility health care staff to review possible alternatives and ensure that the resident's non-compliance is having no adverse effects. The assessment shall be recorded in the resident's electronic health care record.
4. If the resident is scheduled for assessment for non-compliance with medication prescribed for mental health reasons, the facility behavioral health care staff shall also be notified.
5. If the resident continues to refuse prescribed medication after assessment, the resident shall be asked to sign another Refusal of Treatment form and the prescriber 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.
6. If the resident 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 and, as necessary, the Superintendent, or designee, shall contact the Department of Health and Human Services to request that agency initiate court proceedings for the appointment of a guardian.
7. A resident who has not attained the age of 18 or a resident who is 18 or over but has a legal guardian for health care decisions shall be handled in the same way as a

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resident who has attained the age of 18 and does not have a legal guardian, except that, after the resident has signed the Refusal of Treatment forms, in the case of a resident under the age of 18, the Superintendent, or designee, shall determine, in consultation with appropriate facility health care staff, whether the resident is to be directed to take the medication, and, in the case of a resident who is 18 or over, the legal guardian for health care decisions shall make this determination.

8. Whenever a resident continues to refuse medication after all of the above applicable steps have been taken, the Superintendent, or designee, shall contact appropriate facility health care staff for a determination as to whether to order the use of therapeutic restraints for the purpose of administering the medication in accordance with Department Policy (JF) 13.5, Health Care or (JF) 13.6, Mental Health Services.
9. If it is suspected that a resident is or might be trafficking in or hoarding medication prescribed to the resident, the prescriber, 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 Medications and Monitoring Psychotropic Medications**

**4-JCF-4C-29**

1. Medications for mental health reasons (psychotropic medications) shall be prescribed only when clinically indicated as one facet of a program of therapy and then only following an established treatment plan.
2. Another health care provider shall not discontinue or change psychotropic medications ordered by the facility psychiatrist for a juvenile resident or order new psychotropic medications without prior consultation with that psychiatrist, except in an emergency. In an emergency, the facility psychiatrist shall be consulted as soon as practicable.
3. Any resident receiving psychotropic medications shall be monitored by a facility health care provider. Behavioral health care staff shall provide support in monitoring the resident.
4. A resident receiving medications for short term mental health treatment shall be seen by a facility health care provider on an as needed basis.
5. A resident receiving medications for chronic mental health treatment shall be enrolled in a Psychiatric Chronic Care Clinic and seen by a facility health care provider at a minimum every ninety (90) days, and more frequently if indicated. In the case of a resident being housed in an off-grounds juvenile community residential facility, the resident shall be seen every thirty (30) days or less frequently, as determined necessary by a facility health care provider but in no event less frequently than every ninety (90) days.
6. A resident prescribed medications for an extended period of time shall be evaluated at least bi-annually by the facility psychiatrist for the potential development of tardive

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dyskinesia. The "Abnormal Involuntary Movement Scale: Modified" shall be filed in the resident's electronic health care record to document this evaluation. (See Attachment C, Abnormal Involuntary Movement Scale: Modified)

**Procedure N: Medication Errors**

1. When a possible medication error is discovered and health care staff is on duty, the health care staff, if indicated, shall assess the resident immediately for adverse effects and perform any necessary interventions. Any error shall be reported to the on-duty or on-call health care provider immediately and the health care staff shall implement any follow up instructions. The Health Services Administrator (HSA), or designee, shall also be notified of the possible error in a timely manner.
  - a. The health care staff shall record in the resident's electronic health care record whether there was a medication error, any assessment of the resident, any interventions, and any orders, to include informing the resident of an error and possible adverse effects if indicated. The documentation shall be completed as soon as possible after the incident and before the end of the shift.
  - b. If there was an error, a medication error report shall be completed by the health care staff 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 and supervisor.
  - d. The medication error report shall not be filed in the resident's electronic health care record but shall be kept in a separate file.
  
2. When a possible medication error is discovered and there is no health care staff on duty, the staff discovering the possible medication error shall report it immediately to the on-call health care provider and implement any follow up instructions. The staff shall also report it to the highest ranking security supervisor. The Health Services Administrator (HSA), or designee, shall also be notified of the possible error in a timely manner.
  - a. The staff discovering a possible medication error shall document the possible error on an incident report. The documentation shall be completed as soon as possible after the incident and before the end of the shift.
  - b. If the health care provider who was contacted determines there was an error, the provider shall document in the resident's electronic health care record the medication error, the instructions given, to include informing the resident 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 provider to whom the error was reported 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 and the supervisor.

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- e. The medication error report shall not be filed in the resident's electronic health care record but shall be kept in a separate file.
- 3. The Department's Director of Health Care Services, or designee, shall review all medication error reports monthly.
- 4. 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 (syringes, needles, and other items) that have a potential as "contraband" shall be controlled, inventoried, and kept in a secure location. (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. 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.
6. 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.
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. When there is twenty-four (24) hour health care coverage, all "contraband" working stock shall be counted at the change of each shift by the on-coming and off-going health care staff. (See Attachment A, Controlled Drug/Sharps Count.)
9. 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.

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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 Health Services Administrator (HSA), or designee, and the Juvenile Facility Operations Supervisor, or in the case of an off-grounds juvenile community residential facility, the highest ranking security supervisor. An incident report shall be completed and submitted to the HSA, or designee, and the Juvenile Facility Operations Supervisor, or the highest ranking security supervisor, as applicable, before the off-going health care staff is released from duty.
12. When there is not twenty-four (24) hour health care coverage, the count and its documentation shall be done at the beginning of the shift by the on-coming health care staff.
13. If the count is incorrect, on-coming health care staff shall notify the HSA, or designee, and the Juvenile Facility Operations Supervisor, or in the case of an off-grounds juvenile community residential facility, the highest ranking security supervisor. An incident report shall be completed and submitted to the HSA, or designee, and the Juvenile Facility Operations Supervisor, or the highest ranking security supervisor, as applicable, before the on-coming health care staff is released from duty.
14. Completed Controlled Drug/Sharps Count Sheets (Attachment A), Controlled Drug Registers, and the Sharps Register Sheets (Attachment E) shall be maintained in locked storage in the health care services area or other secure location.

**Procedure P: Control of Dental Instruments**

1. The Health Services Administrator (HSA), or designee, 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 and properly disposed of, and a notation shall be made on the count sheet.
4. All “contraband” dental working stock shall be counted and documented at the beginning and the close of each workday 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 a health care services area is considered to be “contraband” and is to be disposed of by designated facility staff in a manner that assures safety, security, and confidentiality.

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## Procedure R: Quarterly Pharmacy Inspections

1. The Health Services Administrator (HSA), or designee, shall arrange quarterly inspections of the medication delivery system by the consulting pharmacist.
2. Written reports from the inspecting pharmacist shall be submitted to the HSA, or designee, and Superintendent, or designee. Corrective action shall be implemented for any non-compliance findings or recommendations.
3. The HSA, or designee, shall review the pharmacist's report and any corrective actions with appropriate health care staff.
5. The pharmacist's report and any corrective actions shall be reviewed at the next Medical Audit Committee (MAC) meeting.

## VIII. 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.**
- 3-JCRF-4C-08 Written policy, procedure, and practice provide that the program's health care plan adheres to state and federal laws and regulations regarding storage and distribution of medications.**

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