



PHARMACEUTICALS AND MEDICATIONS

POLICY.

It is the policy of Deschutes County Sheriff's Office – Adult Jail (AJ) to adhere to all applicable State and Federal regulations regarding the prescribing, dispensing, administering, accounting and disposing of pharmaceuticals. Medications are kept under the control of appropriate staff members.

PURPOSE.

The purpose of this policy is to set forth guidelines for the proper handling of pharmaceuticals by AJ staff members.

OREGON JAIL STANDARDS.

- G-206 Pharmaceuticals and Medications

REFERENCES.

- OAR 291-124-0070, Management of Pharmaceuticals in Correctional Facilities
- ORS 169.076, Standards for local correctional facilities

DEFINITIONS.

Administration of Medication. The act in which a single dose of an identified drug is given to a patient.

Controlled Substance: A drug falling under the jurisdiction of the Federal Controlled Substances Act. Controlled substances are divided into five schedules according to the level of possible abuse and resulting addiction.

Dispensing of Medication. The issuance of one or more doses of a prescribed medication into containers that are correctly labeled with the contents of the container and all other vital information needed to facilitate correct drug administration. All prescribed medication coming into the facility is dispensed by the contract pharmacy or a local pharmacy if approved first by the Facility Provider.

Drug. As used throughout this policy, the words “drug” or “medication” mean any substance, pure or combined, that is intended for use in the diagnosis, cure, mitigation, treatment, or

prevention of disease in man; it might also be a substance or combination of substances that is intended to affect the structure of or any function of the body of man. A prescription “drug” or “medication” can be used only upon a physician’s order.

Drug Enforcement Agency (DEA).

eMAR. Electronic Medication Administration Record.

Formulary. A written list of both prescription and nonprescription medications generally available for administration upon authorized physician’s orders. However, medications are not restricted to this list.

Stimulant Medication. A class of Federal and State controlled medications which produce a temporary increase in mental and physical activity.

PROCEDURES.

- A-1. Supply (Procurement).** All prescription drugs will be prepared by a licensed pharmacist or obtained from a hospital or authorized medical supply vendor.
- A-2. Antidotes.** An adequate supply of antidotes and other emergency drugs will be kept on hand at the Facility.
- A-3. Formulary.** A list of drugs approved for use in the facility. The list is developed and approved by the Facility Provider. Other FDA approved medications may be ordered by the Facility Provider. The formulary is reviewed and approved annually.
- A-4. Medication Storage.** All drugs in the medical unit will be stored under the following conditions:
- a. Test reagents, germicides, disinfectants and other household substances will be stored separately from drugs.
 - b. Drugs to be taken by mouth will be separate from other dosage forms such as eye drops, lotions, or other external medications.
 - c. Drugs will be stored at appropriate temperatures:
 1. Required for room temperature 59 to 86 degrees F.
 2. Required for refrigerator 38 to 46 degrees F.
 - d. Drugs will be stored in an orderly manner in cabinets, drawers or cart of sufficient size to prevent crowding. All medications and other drugs, including treatment items, will be stored in a locked cabinet or room, inaccessible to inmates.
 - e. All drugs and non-prescription medication stock are stored in a locked room with artificial light and power ventilation, in a locked cabinet, or in a locked drug cart. External drugs and external non-prescription medication stock are stored separately in the locked room, cabinet, or drug cart; poisons are stored in a separate distinct area.

- f. Blood, urine or other body fluids collected for laboratory analysis shall be placed in a designated refrigerator and not be stored in the designated medication refrigerator.
- A-5. Storage of Non-Prescription Medications.** Non-prescription medications will be maintained in the medical area accessible to the Medical Staff, Facility Health Providers, Command Staff and Health Trained Officers. Non-prescription jail stock medications will be limited to those listed on the approved formulary. All non-prescription drugs will be stored only in their original container.
- A-6. Storage of Prescribed Medications.** Prescription medication will be prepared for administration by the pharmacy vendor in a “bubble pack.” Prescribed medication will be stored in the medical unit in a secured, locked medication delivery cart accessible to the Facility Nurse, Facility Provider, Corrections Supervisors and Health Trained Officers. The medical unit maintains a number of prescribed medications in stock for emergency use. Jail stock medications are listed on the approved formulary and stored in the locked cabinet, in the locked medication/record room.
- A-7. Storage of Psychiatric Medications.** Prescription psychiatric medications will be prepared for administration by the pharmacy vendor in a “bubble pack.” Psychiatric medication will be stored in a secured, locked medication delivery cart accessible to the Facility Nurse, Facility Provider, Corrections Supervisors, and Health Trained Officers.
- A-8. Storage of Controlled Substance.** All DEA controlled substances will be bubble-packed and stored in a secured, double locked area accessible only by the medical staff, facility provider and corrections supervisors. Health Trained Officers will not have access to controlled substances. No controlled substances will be brought into the facility from the community, unless approved by medical staff, facility provider, shift supervisor or brought into the facility through booking when an inmate is arrested. All controlled medication will be, “bubble packed.”
- A-9. Labeling, Dispensing, Distribution and Administration.** The medication prescribed for each inmate will be dispensed by a licensed pharmacist. A facility nurse will use the Medication Management System to ensure the eMAR is up to date with current medication orders. The facility nurse will ensure current medication orders are properly entered in the eMAR with the inmate’s name, inmate’s housing assignment, medication name, dosage, and time administered.
- a. Non-prescription drugs may be accessed and administered by any health care professional pursuant to a Treatment Protocol.
 - b. Prescribed and psychiatric medication may be accessed and administered to inmates by a facility nurse or facility provider. Corrections supervisors and the facility nurse may administer prescribed and psychiatric medication in a “bubble pack” to inmates with authorization from the facility provider.
 - c. Prescribed controlled medications may be accessed and administered to inmates by the facility provider or corrections supervisors. Health Trained Officers will NOT

have access to controlled medications. Controlled medication will be dispensed from a bubble pack.

A-10. Electronic Medication Administration Sheet (eMAR). An Electronic Medication Administration Sheet will be kept for each inmate to record the administration of all medication. The inmate's name, the drug's identity, strength, dosage and time administered will be entered into the Medication Management System to create an eMAR. Each authorized user of the Medication Management System will have a unique user name. The unique user name will ensure the eMAR will accurately reflect who administers each medication.

Exception to the above individual medication records will be as follows: Inmates may purchase one packet each of Tylenol (Acetaminophen) or Ibuprofen per medication pass to be consumed at the time of purchase. If continuous pain medication is needed beyond the 14-day assessment, an exam by the nurse will be necessary to continue medication.

A-11. Refusal of Medication. Any refusal to take prescription or non-prescription medication will be noted on the eMAR.

A-12. Palming or Cheeking of Medication. If the inmate pretends to take the medication, but does not, the person aware of the situation will write an Incident Report and provide a copy to the Facility Provider, nurse and shift supervisor.

A-13. Inventory and Medication Control. All medications will be accounted for and strictly monitored for proper control.

- a. Prescribed and psychiatric medications will be controlled and monitored by the facility nurse. Periodic examinations of records for the purposes of accountability will be followed.
- b. DEA controlled medication will be inventoried at each shift change by both nurses. In the absence of a nurse, a supervisor will assist. Quarterly inventory of controlled drugs will be completed by the consultant pharmacist.

A-14. Discrepancies. If the count is incorrect, the discrepancy must be reconciled before the off-going nurse may leave the facility. Any discrepancy will be reported to the shift supervisor immediately and the Discrepancy/Incident Report will be completed. An AJ Incident Report will be generated and forwarded to the Corrections Captain for further investigation.

A-15. Stop Orders. All Standing Orders and Direct Medical Orders involving prescription and non-prescription medications will have ending dates established at the time of issuance, with the exception of medications for chronic conditions such as diabetes, epilepsy, hypertension, etc. These exceptions will be reviewed as designed for each condition, no longer than monthly, by the facility provider.

- A-16. Prescribing.** Medications will be prescribed for inmates at the AJ by the Facility Provider or other treating M.D., D.O., or D.M.D. licensed to practice in the State of Oregon.
- Psychotropic medication will be prescribed only by the Facility Provider, after assessment and diagnosis is made and need established, or if under current treatment by a personal physician.
 - No controlled stimulant medications will be prescribed or dispensed to inmates in the AJ.
 - All renewal of narcotic analgesic or other controlled substance must first be approved by the Facility Provider. The Facility Provider must first provide an assessment and diagnosis of the inmate.
- A-17. Expired Medications.** Drugs will be disposed of after the expiration date. The Facility Nurse will return all expired medications to the pharmacy vendor for proper disposal in accordance with Oregon Administrative Rule of Board of Pharmacy. The facility nurse will maintain an accurate list of all medications that have expired and returned to the pharmacy on the contract provider form, "Returned Item Record." All expired medication records will be maintained for three (3) years.
- A-18. Unused Medications.** All prescription medication received from a vendor that are unused will be returned to the pharmacy vendor. The Facility Nurse will maintain a list of medications returned to the pharmacy vendor for credit or destruction on contract provider form, "Return Item Record." All unused medication records will be maintained for three (3) years.
- A-19. Destruction of Controlled Drugs.** Controlled drugs will be returned to the pharmacy vendor or destroyed by two (2) people, preferably the Consulting Pharmacist (employed by the pharmacy vendor) and a facility nurse in accordance with the Oregon Administration Rules of the Board of Pharmacy. The Facility Nurse will maintain accurate records of the destruction of controlled drugs on the contract provider form, "Medication Disposal Log." The destruction of controlled drugs records will be maintained for three (3) years.
- A-20. Prescribed Medication at Intake.** During the intake procedures of an inmate, Health Trained Officers (HTO) will log the name of each prescribed medication on the inmate's property sheet and Intake Medical Form. The Health Trained Officer or medical staff completing the Intake Medical Form during the booking process will log each prescribed medication on the form. All medication will be placed in the locked medical records room, in the medical unit, as soon as possible. A copy of the Property form will be attached to the medications.

Exception: An inmate who is in possession of the following medication will be allowed to keep the prescribed medication with them at all times:

- Nitroglycerin tablets
- Nitroglycerine Lingual Aerosol

- Asthma inhaler Only (Albuterol or Advair)

A-21. Prescribed Medication at Administration. When a person brings in prescribed medication for an inmate, the administrative staff will notify medical staff. A facility nurse will review and approve all prescribed medications prior to accepting. All prescribed medication must be current. If a nurse is not available, administrative staff will not accept medication.

Medical staff will complete *Personal Medications Brought to DCAJ Form No. 535*. All medication will be placed in the locked medical records room, in the medical unit, as soon as possible along with *Personal Medications Brought to DCAJ Form No. 535*.

Controlled medications will only be accepted into the facility for distribution when approved by the Facility Provider. Controlled medications will be locked in the medication room in the medical unit and returned to the inmate upon release from the AJ.

- a. Medication left by an inmate will be securely stored in Medical for 30 days before it is considered abandoned. Abandoned medication will be destroyed. Medication disposal procedures will be followed (Normally, pills will be inventoried by two staff members and dropped in the pill disposal drop box in the Sheriff's Office lobby.). A Medication Disposal Log will be completed (and retained) when any medication is destroyed.

A-22. Personal Prescribed Medication Prohibited. A Facility Nurse may issue a prescribed medication to an inmate **ONLY** after full compliance of Section A-23 in this policy.

A-23. Personal Prescribed Medication Requirements. The Facility Nurse will complete the following steps prior to providing the medication to the inmate:

1. Ensure the label on the prescription bottle contains the inmate's name, medication name, prescribed dosage and frequency of administration.
2. The tablets have been positively identified by a pharmacist, emergency room physician, nurse practitioner, nurse or other doctor.
3. The medication does not appear to be tampered with or stained, and all pills are identical.
4. The facility nurse will gather information to present to the Facility Provider. The Facility Nurse may contact the prescribing doctor to confirm the validity of all prescriptions and to inquire as to the underlying medical condition. The Facility Provider will determine the need for the medication, and give written or verbal order for the medication prior to providing the medication to the inmate.

A-24. Medical Supplies are controlled, accounted for and stored in Medical. Medical Supplies are distributed by medical staff to First Aid Kits, Emergency Bags and throughout the jail and Work Center as needed.

Forms:

- Master Medical Sign-Off Form No. 551
- Personal Medications Brought To DCAJ Form No. 535
- Return Item Record – Contract Pharmacy Form.
- Medication Disposal Log
- Discrepancy/Incident Report