



# Operating Procedure

<b>Effective Date</b> November 1, 2018	<b>Number</b> 720.5
<b>Amended</b> 12/1/18, 3/1/19, 4/1/19, 7/1/19	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 720.5 (11/1/15)	
<b>Authority</b> COV §53.1-10, §53.1-25, §54.1-3300 et seq.	
<b>Subject</b> <b>PHARMACY SERVICES</b>	
<b>ACA/PREA Standards</b> 5-6A-4378; 4-4378; 4-ACRS 4C-12, 4-ACRS 4C-13; 2-CO-4E-01	
<b>Incarcerated Offender Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Attachments</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Office of Primary Responsibility</b> Chief Pharmacist	

## I. PURPOSE

This operating procedure ensures that the Virginia Department of Corrections provides health care, which includes the availability of pharmacy services as part of the total system of prevention, diagnosis, and treatment of disease.

## II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

**Administer** - The direct application of a medication by injection, inhalation, ingestion, or any other means

**Chief Pharmacist** - The pharmacist designated by the Virginia Board of Pharmacy as *Pharmacist in Charge* for the Department of Corrections pharmacy

**Controlled Substances** - Medications classified by the Drug Enforcement Agency as [Schedule II-V](#)

**Dispense** - To prepare a prescription for the end user by appropriately packaging and labeling the medication pursuant to a prescriber's order by a pharmacist; the dispensed prescription is labeled with the name and number of the offender, name of the medication, directions for use, quantity, date, prescriber, and any other information needed to facilitate correct usage and administration.

**Health Authority** - The individual who functions as the administrator of the facility Medical Department

**Medical Practitioner** - A physician, physician's assistant, or nurse practitioner licensed to practice medicine in the Commonwealth of Virginia or in the jurisdiction where the treatment is to be rendered or withheld

**Medication Administration Record (MAR)** - The form or software used to document the administration of medications to offenders; the Health Services Unit (HSU) must approve the forms or software

**Offender** - Any person placed under supervision within a facility operated by the Virginia Department of Corrections

**Pharmacist** - A person who holds a license to practice Pharmacy

**Pharmacy and Therapeutics (P&T) Committee** - The formal committee established and operated under the authority of the Health Services Unit; the P&T Committee will minimally consist of the Chief Physician (Chairman), Chief Pharmacist (Secretary), Chief Psychiatrist, Chief Dentist, Chief Nurse, two facility physicians, one facility Health Authority, and the Health Services Director.

**Prescriber** - A medical practitioner, dentist, or other individual licensed to prescribe and administer drugs under the laws of the Commonwealth of Virginia

**Prescription** - A prescriber's written, verbal, or electronic order for medications or medical supplies

**Psychotropic Medication** - Medication prescribed for the treatment of a documented mental health disorder, e.g. thought, mood, or behavioral disorder

**Qualified Mental Health Professional (QMHP)** - An individual employed in a designated mental health

services position as a Psychologist or Psychology Associate, Psychiatric Provider, Social Worker (Masters level) or Registered Nurse, or an individual with at least a Master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders

**Restricted Medication** - Any medication designated as such by the Health Services Unit or facility Health Authority

**Transcribe** - The act of transferring a prescriber's orders from the Health Record to the *MAR*, prescription order form, and any other forms necessary, including computer order entry to facilitate ordering and administration of medication

#### IV. PROCEDURE

##### A. Pharmacy Services

1. Pharmacy services will comply with this operating procedure and applicable standards set forth by the Virginia Board of Pharmacy, unless designated non-applicable by the DOC Chief Pharmacist.
2. This operating procedure applies to all facilities under the direct supervision of the Virginia Department of Corrections.
3. Proper management of pharmaceuticals includes the following: (5-6A-4378; 4-4378; 4-ACRS-4C-12; 2-CO-4E-01)
  - a. A formulary is available
  - b. A formalized process for obtaining non-formulary medications and a process for the prescribing medical practitioner to appeal denials of non-formulary prescriptions
  - c. Prescription practices, including requirements that:
    - i. Medications are prescribed only when clinically indicated as one facet of a program of therapy
    - ii. A prescribing provider reevaluates a prescription prior to its renewal
    - iii. There is continuity of medication on intake and renewal, whenever clinically appropriate as determined by the DOC medical practitioner.
  - d. Procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
  - e. Secure storage and perpetual inventory of all controlled substances, syringes, and needles (does not apply to Epinephrine auto-injectors prescribed for offenders on the self-medication program at Field Units and Work Centers)
  - f. The proper management of pharmaceuticals administered in accordance with state and federal law.
  - g. Administration of medication by persons properly trained and under the supervision of the Health Authority and facility or program administrator or designee
  - h. Accountability for administering or distributing medications in a timely manner according to medical practitioner orders
  - i. Timing of medication administration is medically appropriate. Facility administration must coordinate medically necessary medication administration schedules with facility operation and offender movement schedules.
  - j. Prescription medications will be administered in accordance with the Virginia *Regulations Governing the Practice of Pharmacy*. This will include, among other things, labels with patient name, drug name, instructions, and expiration date.
  - k. When possible, provisions should be made for medications to be delivered to offenders indoors during inclement weather.

##### B. Pharmacy and Therapeutics (P&T) Committee

1. The P&T Committee serves as an advisory group to the Health Services Unit and meets according to a designated schedule set by the committee chairperson.

2. The P&T Committee performs the following functions:
  - a. Adopts policies regarding evaluation, selection, and use of medications
  - b. Obtains and disseminates current information on medications and their uses
  - c. Develops policies and procedures regarding medication therapy and management
  - d. Audits medication utilization throughout the DOC
  - e. Develops and maintains a formulary system

#### C. Formulary

1. The Formulary is a list of medications developed by the P&T Committee to be used as a primary source from which prescribers order.
2. Medical service contractors may use their own formulary unless contractually required to follow the DOC Formulary.
3. Non-formulary medications may be ordered according to procedures enacted by the P&T Committee or by the medical or pharmacy services contractors.

#### D. Pharmacy Services

1. The Health Services Unit will provide sources for obtaining medications and instructions for medication management.
2. The DOC pharmacy is licensed by the Virginia Board of Pharmacy and is under the supervision of the Chief Pharmacist.
3. The Chief Pharmacist will manage and monitor pharmacy services to comply with all State and Federal laws, ACA Standards, and operating procedures related to pharmacy services. Non-compliance will be reported to the Health Services Unit.
4. The DOC pharmacy and contract pharmacies will maintain a reference library relative to the practice of pharmacy as required for licensure.
5. Prescription medications should be dispensed from a pharmacy only with a written, verbal, or electronic prescription from a licensed prescriber or the prescriber's authorized agent.
6. Pharmacists should offer consultation services to the medical staff when appropriate or requested.

#### E. Medication Management

1. Each facility must make provisions to receive medication deliveries day and night, and all medication deliveries should be made directly to medical personnel. If this is not possible, the Shift Commander or other authorized person will sign for the delivery.
  - a. The medication will be handled in accordance with procedures established by the facility to ensure security and delivery to the facility's medical personnel the same day.
  - b. Medication deliveries will be opened only by or in the presence of medical personnel.
  - c. At facilities without 24 hour nursing, officers trained in the administration of medications per Operating Procedure 701.1, *Health Services Administration*, may open medication deliveries for administration when necessary.
  - d. Deliveries should be reconciled to medication orders. Discrepancies should be reported to the provider pharmacy and to the Health Authority or designee within 24 hours for replacement or credit.
  - e. Nursing staff must report all pharmacy services provider errors by back to the to the provider pharmacy and to the Chief Pharmacist for use in contract administration and fine assessment.
2. Offenders will not be allowed to handle medications or medical supplies except those approved for personal use.
3. For offenders newly received into the DOC, all medications, with the exception of nitroglycerin and

- oral inhalers that may be needed for acute respiratory symptoms, must be removed from the possession of offenders and immediately given to facility health care staff.
- a. Procedures should be developed to provide immediate review of an offender's Health Record by health care staff to ensure that treatment is not interrupted.
  - b. The prescriber at the receiving facility will order, change, or discontinue medications as deemed appropriate.
  - c. If the prescriber is not present, nursing staff should contact the responsible prescriber and receive appropriate orders.
  - d. Maintenance medications should be continued as prescribed until such orders are obtained.
4. When an offender transfers from one DOC facility to another, all currently prescribed medications, except nitroglycerin, Epinephrine auto-injectors (Field Units and Work Centers, only), and oral inhalers that may be needed during transport for acute respiratory symptoms, will be sent in a sealed package with the offender's appropriate medical information to the new facility. This includes medications as described in the *Self-Medication Program* and *Controlled Substances* sections of this operating procedure.
- a. Transfer medications must remain in the original container dispensed from the pharmacy.
  - b. It is imperative that all medications transfer with the offender to avoid interruption in therapy. The sending facility should notify the receiving facility if medications are unavailable for transfer.
  - c. All transferred medications should be reconciled by the receiving facility staff upon receipt.

#### F. Prescribing and Administering Medications

1. The Health Authority at each facility should develop specific procedures as to how medications are prescribed, ordered, administered, and returned for the monitoring of medication adherence.
2. These procedures require the following:
  - a. Prescription medications are ordered only when clinically indicated pursuant to a licensed prescriber's individual order that contains all required information.
  - b. Prescription medications may be ordered by a prescriber for "stock" according to State and Federal regulations and DOC procedure, provided a Controlled Substance Registration (CSR) is obtained by the facility Medical Department from the Virginia Board of Pharmacy and renewed annually.
  - c. Orders are placed according to instructions from the DOC or contract pharmacy.
    - i. The Chief Pharmacist must approve contract pharmacy instructions.
    - ii. A copy of these instructions should be maintained at each facility Medical Department and available to all medical personnel.
    - iii. Nurses accepting verbal orders from a prescriber must document in the offender's Health Record the date, time, medication prescribed, directions for administration with indication, duration of order, and prescriber's name.
      - (a) The nurse will sign the order with name and title, followed by statement that it is a verbal order.
      - (b) The order must be signed by the prescriber on the prescriber's next working day.
    - iv. Orders entered into an electronic medication administration record on behalf of the prescriber must be approved by the ordering prescriber within 7 calendar days.
  - d. A prescriber must evaluate all medication orders prior to renewal.
  - e. Controlled substance analgesics are ordered for a period not to exceed ten days.
    - i. A greater than ten day supply may be prescribed only with prior approval of the Chief Physician, or designee.
    - ii. Contracted medical services providers will follow the non-formulary approval process of their employer.
  - f. Medications ordered by a consulting prescriber or at the time of hospital discharge will be reviewed as soon as possible by the facility prescriber and ordered, changed, or discontinued.

- g. Medication orders, other than controlled substance analgesics, may be filled up to a 30-day supply.
  - i. Controlled substances in [Schedule II](#) cannot be refilled.
  - ii. Controlled substances in [Schedules III - V](#) may be refilled up to five times within six months from the date of the original order.
  - iii. [Schedule VI](#) and non-prescription medications may be refilled as needed up to one year from the date of the original medication order.
  - iv. A “stop order” time period is required on all medication orders. The stop date of all orders must be written or pre-printed on the *Medication Administration Record (MAR)* and is determined by the date that the offender starts taking the medication.
- h. Oral controlled substances and psychotropic medications must be crushed or placed in water to soften or dissolve prior to administration.
  - i. Exceptions include medications or dosage forms where this would be contrary to manufacturer’s recommendations (e.g. enteric coated, sublingual, and extended release) or prescriber orders.
  - ii. Each facility will develop an Implementation Memorandum to address the procedures necessary to ensure the ingestion of medication not administered through the self-medication program. This Memorandum should include the responsibilities of the medical staff and the security staff as necessary for each individual facility’s physical barriers and limitations.
- i. All medications are administered only by appropriately licensed personnel or those with proper training (e.g. Correctional Health Assistants, medication administration approved Certified Nurse Aides or non-medical employees trained in accordance with Operating Procedure 701.1, *Health Services Administration*) as allowed by State and Federal laws and under the supervision of the Health Authority.
  - i. Medications should be prepared, administered, and documented by the same individual.
  - ii. All prescriber orders are transcribed within one working day of the date written.
- j. The Health Authority or designee may allow offenders in Security Level W - 4 facilities to self-administer their injections (Insulin, Enbrel, etc.).
  - i. The offender must be properly trained on the self-administration process for the prescribed medication with training documented in the offender’s Health Record.
  - ii. Self-Administration must be done in the facility Medical Department under the supervision of facility medical staff or officers trained in the administration of medications; these injections are not allowed on the self-medication program.
  - iii. Once the offender has self-administered the injection, the offender will engage the safety device and return the needle and syringe to facility staff for disposal. If there is no safety feature, the offender will place the syringe and needle directly in the sharps container in accordance with Operating Procedure 740.2, *Infectious Waste Management and Disposal*.
  - iv. Self-administration must be documented on the offender’s *Medication Administration Record (MAR)*.
- k. Offenders at all facilities on an Insulin Pump are not subject to the requirements for self-administration of injections provided a needle is not necessary and a subcutaneous line is in place.
- l. Prescription medications will not be repackaged by the facility staff. Prescription medications should be kept in the original container dispensed from the pharmacy.
- m. Medications dispensed for one offender will not be administered to any other offender. Prior to medication administration, offenders must be identified using the appropriate state issued identification or by the Shift Commander or designee.
- n. The administration of medications may include advance preparation, “set up” or “pre-pouring” of the medication to be administered, provided such advance preparation is reasonably concurrent with the actual administration and is not extended beyond the next scheduled dosage administration.
- o. Non-adherence to prescribed medications should be addressed by the Health Authority or designee through offender education and counseling and, if necessary, prescriber intervention. Medication

discontinuation should be considered for repeated non-adherence issues and documented on a [Health Services Consent to Treatment; Refusal](#) 720\_F3.

- p. Nursing medication errors should be reported to the Regional Nurse, prescriber, and Chief Pharmacist for evaluation. The Chief Pharmacist will report error statistics to the Continuous Quality Improvement (CQI) team to look for system improvements.

G. Documentation on *Medication Administration Record (MAR)* (4-ACRS-4C-13)

1. Each offender receiving medications will have a *MAR* documenting the offender's full name, offender number, allergies, date of birth, and facility where the offender is assigned. *MARs* may be in an electronic format if available.
2. All medication transactions will be documented on the *MAR*.
3. Medication administration documentation will include start date, stop date, medication name, strength, directions, time to be administered, and prescriber.
4. The person giving the medication will record, by initialing, each dose administered or refused.
  - a. This documentation should be completed at the time the medication is given or as soon as possible thereafter but no later than the end of the person's shift.
  - b. All initials must be identified by a legible signature, first and last name, on the *MAR*.
  - c. Electronic *MAR* documentation will supersede manual documentation when implemented at the facility.
  - d. The Health Authority or designee will perform, at a minimum, a monthly audit of medication administration transactions to ensure completion of *MAR* documentation.
5. Self-medication documentation will be completed in accordance with the *Self Medication* section of this operating procedure.
6. Non-medical employees administering medication per Operating Procedure 701.1, *Health Services Administration*, must initial and sign the *MAR*. The *MAR* should be separated from the Health Record when a non-medical employee is administering medication.
7. Medications issued for "release" will be documented on the *MAR* in accordance with the *Release Medications* section of this operating procedure.

H. Self-Medication Program - All facilities should implement the self-medication program as outlined below.

1. Participant Selection
  - a. The Health Authority or designee will assume responsibility to interview offenders, review the offender's Health Record, and determine if the offender is suitable to participate in the self-medication program.
  - b. Participation in the self-medication program is a privilege; the Health Authority or designee may restrict the type of medication that a participant may receive in the self-medication program.
2. Medication Selection
  - a. Most non-prescription medications, non-psychotropic or non-controlled prescription medications may be administered in the self-medication program.
    - i. Liquid medications may be allowed on the self-medication program at the discretion of the Health Authority.
    - ii. Offenders with a Mental Health Code are not excluded from participation in the self-medication program for allowable medications, the Health Authority or designee may consult the QMHP if needed to determine appropriateness.
  - b. No medication that has the potential for abuse will be administered in this program.
  - c. The medications listed below are not permitted for self-medication. These medications will be administered on regular pill calls as Directly Observed Therapy in accordance with established procedures.

- i. Gabapentin
  - ii. Medications for the treatment of tuberculosis, including, but not limited to: Isoniazid, Pyrazinamide, and Rifampin
  - iii. Warfarin
  - iv. Butalbital containing products
  - v. Tramadol containing products
  - vi. Controlled substances
  - vii. Loperamide (Immodium AD)
  - viii. Injectables (excluding Insulin Pumps at all facilities and Epinephrine auto-injectors for offenders assigned to Field Units and Work Centers)
  - ix. Psychotropic medications
  - x. Skeletal muscle relaxants
  - xi. Any Respimat Inhaler (i.e. Combivent, Spiriva)
  - xii. ~~Tiotropium bromide~~ Any Handihaler Inhaler (i.e. Spiriva)
  - xiii. Any Twisthaler Inhaler (i.e. Asmanex)
  - xiv. Bulk forming laxative powders (Reguloid/Metamucil)
  - xv. Clonidine
  - xvi. Hepatitis C Direct Acting Antivirals
  - xvii. Restricted medications (The Prescriber, Health Authority or designee can restrict the type of medication that an offender may receive on the self-medication program as defined in the facility's Implementation Memorandum or the Health Record for offender specific restrictions.)
- d. The *CCAP Limited Psychotropic Self-Medication Program* will be managed according to program procedures as authorized by the Chief Psychiatrist. (See Operating Procedure 940.4, *Community Corrections Alternative Program*.)

### 3. Program Implementation

- a. A [Self-Medication Contract](#) 720\_F6 must be signed by the offender and witnessed by the interviewer.
  - i. One copy of the contract will be given to the offender, upon request, and the original filed in Section I of the offender's Health Record.
  - ii. Only one contract will be signed at each facility.
  - iii. A new *Self-Medication Contract* will be signed by the offender and witnessed by the interviewer if significant wording of the contract is changed or if an offender is reinstated in the self-medication program after previous removal.
- b. Offenders may be given up to a 30-day supply of permissible medications. The offender will assume responsibility for taking the medication according to label directions.
- c. Before administering medications for the self-medication program, the offender must be provided a full explanation of the purpose, risks, and side effects of the medication prescribed.
- d. Medication must be given in the container or package in which it was received from the pharmacy.
- e. Medication must be kept by the offender in the original container in which it was received. The offender will be required to keep the medication on their person or secured in their locker. Epinephrine auto-injectors must be kept on the person at all times and may only be stored in their locker when the offender is present and has immediate access.
- f. The offender will be informed of facility self-medication pick-up days and times and instructed to report to the Medical Department to request and/or receive a new supply of medication. It is the responsibility of the offender to report as instructed.
- g. It is the responsibility of the offender to immediately report to the Medical Department any side effects or adverse reactions to any medication.
- h. The offender is required to report immediately to security staff and the Medical Department any medication that is lost or stolen.



- i. The prescriber will decide whether or not the medication is replaced.
  - ii. The Health Authority will decide whether or not the medication, if replaced, will be self-administered.
  - i. The *Self-Medication Contract* expires when an offender is transferred to another facility.
    - i. No prescribed medication, except for nitroglycerin, Epinephrine auto-injectors (Field Units and Work Centers, only), and oral inhalers that may be needed during transport for acute respiratory symptoms, should be transferred as personal property.
    - ii. Self-medications must be returned to the Medical Department for transfer to the receiving facility.
    - iii. The sending nurse should verify that the offender is on the medication and that the quantity is correct, place the medication in a sealed package and send it with the appropriate medical information to the receiving facility.
    - iv. The receiving nurse should verify receipt of transferred medications.
    - v. The receiving nurse should interview the offender for continuation in the self-medication program.
  - j. Offenders are prohibited from giving, exchanging, bartering, selling, or in any way conveying to any other person medications given to them under this program.
  - k. It is the responsibility of the offender to return all unused portions of the medication or the empty medication container to the Medical Department under the following circumstances:
    - i. Before receiving a new supply of medication
      - (a) If the quantity of returned medication does not exceed a seven day supply, it may be reissued with the new supply of medication.
      - (b) If the quantity of returned medication exceeds a seven day supply, then the returned medication will be reissued to the offender and the offender directed to come back to medical at the appropriate time for a new supply.
      - (c) The quantity of medication returned and/or reissued must be documented in accordance with this operating procedure.
    - ii. When the medication is discontinued by the prescriber
    - iii. When the offender is transferred to another facility
    - iv. When the offender is released
  - l. At the discretion of the Health Authority, or designee, or the prescriber, any offender found to be non-compliant with the terms of the *Self-Medication Contract* may be removed from the program indefinitely or for a specified time period.
  - m. The Health Authority or designee will perform a weekly audit of self-medication program compliance.
  - n. The Health Authority or designee will perform a random monthly audit of the medication count in the possession of five offenders to verify proper adherence to the directions for use and the self-medication program. (4-ACRS-4C-13)
    - i. This audit should be noted in the offender's Health Record and documented on the [Self-Medication Adherence Audit 720\\_F12](#).
    - ii. Non-adherence to the self-medication program should be managed as for other medication non-compliance in this operating procedure and may result in the removal from the self-medication program.
    - iii. All Epinephrine Auto-Injectors will be checked monthly and documented on the [Epinephrine Auto-Injector Adherence Audit 720\\_F37](#).
4. Documentation
- a. The interview for consideration in the self-medication program must be recorded in the offender's Health Record documenting that a contract was initiated or denied by the nurse or refused by the offender.
  - b. The *MAR* will indicate Self-Med (SM) or Keep on Person (KOP) for each medication administered



under this program.

- c. Medication exemptions must be documented in the offender's Health Record, on the *MAR*, and on the *Self-Medication Contract*.
- d. Medications delivered to offenders on the self-medication program must be documented by the end of the person's shift on the *MAR* including date given, by whom, and quantity delivered. (4-ACRS-4C-13)
  - i. If applicable, the quantity of medication returned and/or reissued at the exchange will be documented on the *MAR*.
  - ii. The *MAR* documentation will represent the total quantity delivered to the offender and, if applicable, the quantity returned and not reissued.
- e. Termination of the contract must be documented in the offender's Health Record on the *MAR* and the *Self-Medication Contract*.

#### I. Emergency and Stat Boxes

1. Each facility may maintain and manage Emergency and Stat (Starter and Post-Exposure Prophylaxis [PEP]) boxes according to State and Federal regulations and DOC procedures.
  - a. The pharmacy services provider will be responsible for appropriate instructions regarding the management of and the inventory contained in the boxes.
  - b. The instructions and inventory are subject to approval by the Health Services Unit.
  - c. Only licensed medical personnel will have access to Emergency and Stat Boxes or administer medications taken from the boxes.
2. Boxes must be secured at all times using numbered seals supplied by the pharmacy services provider.
  - a. A list of contents, bearing an expiration date must be affixed to the outside of each box.
  - b. Boxes should not be accepted unless secured by a seal.
3. Boxes containing controlled substances (Schedule II - V) will be noted on the [Emergency/Stat Box Controlled Medication \(CII-CV\) Verification Log 720\\_F13](#). If more than one *Verification Log* is required, keep all *Logs* together chronologically until the box is returned for replenishment; then file. Use the "Comments" column to make notations (e.g. count verification, seal change, etc.).
  - a. This *Log* will be kept in the controlled substance count book.
  - b. The seal number is noted in the appropriate place and verified at each shift change control count by the nurse going off duty and the nurse coming on duty.
4. When the original pharmacy seal is removed from a box, the contents of the box should be verified against the list on the outside of the box
  - a. Content verification of boxes containing controlled substances (Scheduled II-V) will be performed by two individuals. Verification of contents for boxes without controlled substances may be performed by one individual.
  - b. In the event of a shortage, document the shortage with a witness and notify the pharmacy services provider.
  - c. Controlled substance inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
  - d. Controlled substance inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse, Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
5. A valid prescription or lawful order must exist prior to the removal of any drug from an Emergency Box or a Stat Box.
  - a. Any medication removed from an Emergency Box or a Stat Box will be replaced by a prescription, signed by the prescriber or licensed medical personnel if a verbal order has been issued.
  - b. The prescription must also contain the name of the individual opening the box, the date, time, and

name and quantity of the item (s) removed.

6. All boxes must be returned to the pharmacy services provider for replenishment or updating.
  - a. Emergency Boxes must be returned within 72 hours of opening and removing contents.
  - b. At the end of each month, check the expiration date on all boxes and promptly return any outdated boxes to the pharmacy services provider for updating.
  - c. Document the return of boxes containing controlled substances on the [Emergency/Stat Box Controlled Medication \(CII-CV\) Verification Log](#) 720\_F13 and on the appropriate returned medication form.

#### J. Storage

1. All medications, except those managed by the commissary or on a self-medication contract, should be stored in a suitable locked storage area at the facility.
  - a. Keys to prescription medication areas will only be in the possession of the person responsible for administering medications when the Medical Department is open.
  - b. If the Medical Department does not have twenty-four hour staffing, keys to the Medical Department must be kept in a key-control area with limited access.
2. The Medical Department should have adequate space, ventilation, sanitation, and light as well as sufficient heat and air-conditioning for proper storage of pharmaceuticals. The medication storage area will be maintained at a controlled room temperature of 20° - 25°C (68° - 77°F).
3. Medications requiring refrigeration will be stored in a refrigerator in the medication storage area and maintained at a temperature between 2° - 8°C (36° - 46°F).
4. External preparations should be stored separately from internal or injectable medications.
5. Non-prescription medications should be stored in the original manufacturer's container or as received from the pharmacy or appropriately licensed re-packager or distributor.

#### K. Controlled Substances

1. Controlled substances must be stored in a secure area with access only to the person responsible for administering medications.
2. All controlled substances will be counted upon receipt by the receiving nurse and entered onto a separate [DOC Controlled Medication \(C II-C V\) Administration and Count Sheet](#) 720\_F14 to maintain a perpetual inventory for each prescription.
  - a. Each dose administered must be recorded on the *Count Sheet* in addition to the required *MAR* documentation.
  - b. Controlled substances must be counted and documented on the *Count Sheet* at each nursing shift change by the nurse going off duty and the nurse coming on duty.
    - i. Inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
    - ii. Inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse, DOC Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
    - iii. If more than one *Count Sheet* is required for an order, keep all sheets together chronologically until the order is complete; then file.
    - iv. Use the "Comments" column to make notations (e.g. additional quantity received, dose wasted, etc.).
3. Discontinued, wasted, unused, and expired controlled substances must be disposed of, as soon as possible but at least once per month, on site in an approved container (i.e. drug buster) or as otherwise designated by the Chief Pharmacist.
  - a. All controlled substances must be stored in the designated secure area and must be counted and

verified at each change of shift until disposal.

- b. The disposal must be documented by two staff signatures, one of which must be a Nurse Supervisor or their designee, and recorded on the [DOC Controlled Medication \(C II-C V\) Administration and Count Sheet](#) 720\_F14 and [DOC Controlled Medication \(C II-C V\) Disposal Sheet](#) 720\_F36.
  - c. Full containers must be removed from medical by facility staff and disposed of outside the facility perimeter in a trash receptacle inaccessible to offenders.
4. Controlled substances are transferred when an offender transfers to another facility to avoid interruption of therapy.
- a. Two people should document the medication quantity on the *Count Sheet*.
  - b. The original *Count Sheet* should be forwarded with the medication and the appropriate medical information to the receiving facility.
  - c. A copy of the *Count Sheet* should be filed with the returned medication documentation at the sending facility.
  - d. The receiving facility should verify the controlled substance count upon receipt and create a new *Count Sheet* attaching it to the original sheet.
    - i. Inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
    - ii. Inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse, DOC Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
5. At facilities without 24 hour medical staffing, the appropriately trained non-medical personnel responsible for medication administration will perform the required documentation for controlled substances as needed.

#### L. Return of Medications

1. All discontinued, expired, and wasted (contaminated) medications excluding controlled substances will be returned to the provider pharmacy or to a secondary pharmacy within 30 days using the current forms and instructions. Documentation should be kept on file chronologically in the Medical Department.
2. The Chief Pharmacist must approve other procedures for the removal of medications from a facility.

#### M. Release Medications

1. Offenders being released to the community will be given a supply of current medications upon leaving the facility.
  - a. Medications must be ordered "For Release" by the prescriber.
  - b. The quantity of medication ordered will not exceed a 30-day supply for those offenders pending release.
  - c. Offenders released to the VASAVOR program will receive a 75-day supply of medications for those offenders who are pending transfer.
  - d. Medications for HIV infected offenders will be provided in accordance with *Medical and Nursing Guidelines*.
2. Release medications should be ordered from the appropriate pharmacy as soon as necessary to ensure the released offender can be supplied the medications when leaving the facility. These release medications should be dispensed in childproof containers and be accompanied by patient product information sheets and federally mandated medication guides.
3. Include in the released offender's [Medical Discharge Summary](#) 720\_F5 documentation of the instructions given to the released offender on the medications provided.
4. Released offenders should be instructed to report to a local clinic or prescriber for follow-up medical

- treatment to avoid interruption of medication therapy.
5. Mental Health offenders being released to the community:
    - a. Released offenders who are prescribed psychotropic medications for a documented mental health disorder may be prescribed a supply not to exceed 30 days of the medication provided the following conditions are met:
      - i. The date of release from the facility is known
      - ii. The released offender has been compliant with taking their medication as prescribed
      - iii. An aftercare appointment with local community mental health services has been arranged
      - iv. The released offender is assessed by the psychiatrist for the risks/benefits of providing the offender with medication upon release, taking into consideration any history of suicide attempts or incidents of self-harm and the medication being prescribed. If the psychiatrist determines that the provision of a medication is contraindicated, the psychiatrist must document this in the offender's Health Record.
    - b. For offenders meeting the above requirements who are being released under community supervision, the psychiatrist will provide a back-up prescription for a supply not to exceed 30 days of medication except in those cases where the psychiatrist determines the provision of the prescription to be medically contraindicated.
      - i. If the psychiatrist determines that the provision of a prescription is contraindicated, the psychiatrist must document this in the offender's Health Record.
      - ii. Upon scheduled release, the psychiatrist or Health Authority will contact the Senior QMHP and provide the written prescription. The Senior QMHP will contact the Chief P&P Officer at the appropriate P&P District to inform them of the written prescription and will then mail the written prescription to the Chief P&P Officer. A cover memo will accompany the written prescription and will include the following:
        - (a) The name and number of the offender
        - (b) The name of the medication, strength, directions for use
        - (c) Prescriber
        - (d) The name and phone number of the Senior QMHP
      - iii. Either by hard copy of the memo or e-mail, the Senior QMHP will also provide this information to the Community Corrections Mental Health Clinical Supervisor. The Senior QMHP will file a copy of the memo in Section IV of the offender's Health Record. Please note that this provision applies only to psychotropic medications, prescribed by a psychiatrist for a documented mental health disorder. The cost of filling the written prescription is the responsibility of the released offender.
  6. Released Offenders with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)
    - a. In addition to the 30-day supply of current release medications, released offenders requiring treatment for HIV+/AIDS should be entered into the HIV/AIDS Discharge Plan program as detailed in the *Medical and Nursing Guidelines*.
    - b. This may include an additional written prescription for a supply not to exceed 30 days of HIV+ medications to be dispensed by the Health Department when appropriate.
  7. Jail Re-entry Program Releases - Jail Re-entry Program participants will be issued a supply not to exceed 30 days of medications at transfer to the jail as described in the *Release Medications* section of this operating procedure.
  8. "Release Medications" must be documented on the offender's *MAR* by the delivering nurse, indicating the date and quantity given with a notation of "Release Medication, Release Med.", etc. as in the *Self-Medication, Documentation* section of this operating procedure.

## V. REFERENCES

*CCAP Limited Psychotropic Self-Medication Program*

*Medical and Nursing Guidelines*

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 701.1, *Health Services Administration*

Operating Procedure 740.2, *Infectious Waste Management and Disposal*

Operating Procedure 940.4, *Community Corrections Alternative Program*

*Regulations Governing the Practice of Pharmacy* [18VAC110-20-10 et seq.](#)

VI. FORM CITATIONS

[Health Services Consent to Treatment; Refusal](#) 720\_F3

[Medical Discharge Summary](#) 720\_F5

[Self-Medication Contract](#) 720\_F6

[Self-Medication Adherence Audit](#) 720\_F12

[Emergency/Stat Box Controlled Medication \(CII-CV\) Verification Log](#) 720\_F13

[DOC Controlled Medication \(C II-C V\) Administration and Count Sheet](#) 720\_F14

[DOC Controlled Medication \(C II-C V\) Disposal Sheet](#) 720\_F36

[Epinephrine Auto-Injector Adherence Audit](#) 720\_F37

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*Signature Copy on File*

**9/20/18**

N. H. Scott, Deputy Director of Administration

Date