



Virginia Department of Corrections

Health Services

Operating Procedure 720.5

Pharmacy Services

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

The content owner reviewed this operating procedure in May 2022 and necessary changes are being drafted.

COMPLIANCE

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

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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](#).

Directly Observed Therapy (DOT) - A method of drug administration in which a health care professional gives a medication and an officer watches as a person takes their prescribed medication.

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 inmate or CCAP probationer/parolee, name of the medication, directions for use, quantity, date, prescriber, and any other information needed to facilitate correct usage and administration.

Hazardous Drug- Any medication listed on the NIOSH list or known to be harmful to human health or the environment.

Health Authority - The individual who functions as the administrator of the facility medical department.

Inmate and Probationer/Parolee - A person who is serving a state responsible sentence or under community supervision with the Virginia Department of Corrections or other release authority.

Medical Practitioner - A Physician, Nurse Practitioner, or Physician's Assistant.

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.

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.

Psychology Associate - 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, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.

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

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.

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.

PROCEDURE

- I. Pharmacy Protocol
 - A. 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.
 - B. This operating procedure applies to all facilities under the direct supervision of the Virginia Department of Corrections.
 - C. Proper management of pharmaceuticals includes the following: (5-ACI-6A-43; 4-4378; 4-ACRS-4C-12; 2-CO-4E-01)
 1. A formulary is available
 2. A formalized process for obtaining non-formulary medications and a process for the prescribing medical practitioner to appeal denials of non-formulary prescriptions
 3. Prescription practices, including requirements that:
 - a. Medications are prescribed only when clinically indicated as one facet of a program of therapy
 - b. A prescribing provider reevaluates a prescription prior to its renewal
 - c. There is continuity of medication on intake and renewal, whenever clinically appropriate as determined by the DOC medical practitioner.
 4. Procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
 5. Secure storage and perpetual inventory of all controlled substances, syringes, and needles (does not apply to Epinephrine auto-injectors prescribed for offenders on the Keep on Person program at Field Units and Work Centers); see Operating Procedure 430.2, *Tool, Culinary, and Medical Equipment Control*.
 6. The proper management of pharmaceuticals administered in accordance with state and federal law
 7. Administration of medication by persons properly trained and under the supervision of the Health Authority and facility or program administrator or designee
 8. Accountability for administering or distributing medications in a timely manner according to medical practitioner orders
 9. Timing of medication administration is medically appropriate. Facility administration must coordinate medically necessary medication administration schedules with facility operation and offender movement schedules.
 10. Prescription medications will be administered in accordance with 18VAC110-20-10 et seq., *Regulations Governing the Practice of Pharmacy*. This will include, among other things, labels with offender name, drug name, instructions, and expiration date.
 11. When possible, provisions should be made for medications to be delivered to offenders indoors during inclement weather.
- II. Pharmacy and Therapeutics (P&T) Committee
 - A. 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.
 - B. The P&T Committee performs the following functions:

1. Adopts policies regarding evaluation, selection, and use of medications
2. Obtains and disseminates current information on medications and their uses
3. Develops procedures regarding medication therapy and management
4. Audits medication utilization throughout the DOC
5. Develops and maintains a formulary system

III. Formulary

- A. The Formulary is a list of medications developed by the P&T Committee to be used as a primary source from which prescribers order, which may be located in the pharmacy section of iDOC and in the resource section of the eMAR.
- B. Medical service contractors must use the DOC formulary unless contractually allowed to do otherwise.
- C. Non-formulary medications may be ordered according to procedures enacted by the P&T Committee or by the medical or pharmacy services contractors.
- D. If a provider wishes to appeal a formulary approval decision, this appeal may be made in writing to the Chief Physician.
- E. Medications that are available in commissary should not be prescribed KOP by medical.
 1. An effort should be made to have the offender obtain the medications through the proper facility channels.
 2. If an order is written for a medication that is available in the facility commissary, the medication must be Directly Observed Therapy (DOT) and be used from stock.
 3. Medications available from the commissary are located on the Virtual Library under Contract and Memoranda of Agreement.

IV. Pharmacy Services

- A. The Health Services Unit provides sources for obtaining medications and instructions for medication management.
- B. The DOC pharmacy and all pharmacists are licensed by the Virginia Board of Pharmacy and are under the supervision of the Chief Pharmacist.
- C. The Chief Pharmacist will manage and monitor pharmacy services to ensure compliance with all State and Federal laws, ACA Standards, and operating procedures related to pharmacy services. The Chief Pharmacist will report issues with non-compliance to the Health Services Unit.
- D. The DOC pharmacy and contract pharmacies will maintain a reference library consistent with the scope of practice and with public safety. This reference library may be an electronic reference.
- E. 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.
- F. Pharmacists should offer consultation services to medical staff when appropriate or requested.

V. Medication Management

- A. Each facility must make provisions to receive medication deliveries day and night.
 1. All medication deliveries should be directly to medical staff. If this is not possible, the Shift Commander or other authorized person will sign for the delivery.
 2. Medication will be handled in accordance with facility specific procedures established to ensure security and same day delivery to facility's medical staff .
 3. Medication deliveries must be opened by or in the presence of medical staff only.

- a. Deliveries that contain hazardous drugs will be noted on the delivery manifest.
 - b. Hazardous drugs should be opened by medical staff with gloves.
4. At facilities without 24 hour nursing staff, officers trained in the administration of medications per Operating Procedure 701.1, *Health Services Administration*, may open medication deliveries, when necessary.
 5. Deliveries should be reconciled by scanning or manually comparing the contents to the shipping document. Discrepancies should be reported to the provider pharmacy and to the Health Authority or designee within 24 hours for replacement or credit.
 6. Nursing staff must report by email all pharmacy services provider errors back to the to the provider pharmacy and to the Chief Pharmacist for use in contract administration and fine assessment. This should be noted on the pharmacy provider form; see Attachment 2, *Diamond Pharmacy Services Error Reporting Form*.
- B. Offenders will not be allowed to handle medications or medical supplies except those approved for personal use.
- C. 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 the offenders and immediately given to facility medical staff.
1. Facility procedures should provide for an immediate review of an offender's Health Record by medical staff to ensure that treatment is not interrupted.
 2. The prescriber at the receiving facility will order, change, or discontinue medications as deemed appropriate.
 3. If the prescriber is not present, nursing staff should contact the responsible prescriber and receive appropriate orders.
 4. Maintenance medications should be continued as prescribed until such orders are obtained.
- D. 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 *Keep on Person Program* and *Controlled Substances* sections of this operating procedure.
1. It is imperative that all medications transfer with the offender to avoid interruption in therapy.
 2. Transfer medications must remain in the original container dispensed from the pharmacy.
 3. The sending facility should notify the receiving facility if medications are unavailable for transfer.
 4. Upon receipt, receiving facility staff should be reconcile all transferred medications.
 5. Orders from other DOC facilities may be continued in the sending providers name until reordered, changes, or discontinued by the provider at the receiving facility.

VI. Prescribing and Administering Medications

- A. The Health Authority at each facility should develop specific procedures as to how medications are prescribed, ordered, administered, monitored for adherence, discontinued, and returned or destroyed. The facility specific procedure must require the following:
1. Prescription medications are ordered only when clinically indicated pursuant to a licensed prescriber's individual order that contains all required information.
 2. Prescription medications may be ordered by a prescriber for "stock" according to State and Federal regulations and Attachment 1, *Stock Medication Guidelines*, provided a Controlled Substance Registration (CSR) is obtained by the facility Medical Department from the Virginia Board of Pharmacy and the CSR is renewed annually; see Attachment 1, *Stock Medication Guidelines*.

3. The responsible party, supervising practitioner, and facility registrations must be kept up to date by the Health Authority or designee. Any changes must be reported to the Virginia Board of Pharmacy and a copy of current CSR must be emailed to pharmacy@vadoc.virginia.gov upon receipt.
4. Orders are placed according to instructions provided by the DOC or contract pharmacy.
 - a. The Chief Pharmacist must approve contract pharmacy instructions.
 - b. A copy of these instructions should be maintained at each facility Medical Department and made available to all medical staff.
 - c. Prescribers should perform order entry for new orders when offenders are seen in the clinic; see Operating Procedure 720.1, *Access to Health Services*.
 - d. Nurses accepting verbal orders from a prescriber must document the date, time, medication prescribed, directions for administration with indication, duration of order, and prescriber's name in the offender's Health Record.
 - i. The nurse will sign the order with name and title, followed by statement that it is a verbal order.
 - ii. The prescriber must sign and date the order by the end of the prescriber's next working day.
 - e. Orders entered into an *eMAR* on behalf of the prescriber must be approved by the ordering prescriber within seven calendar days.
 - f. Abbreviations should not be used during order entry. All directions should be spelled out with completed words, to include using "units" instead of "u".
5. A prescriber must evaluate all medication orders prior to renewal.
6. Controlled substance analgesics are ordered for a period not to exceed seven days.
 - a. A greater than seven day supply may be prescribed only with prior approval of the Chief Physician or designee.
 - b. Initiation of opiates over 50 MME/day prescribed will need approval from the Chief Physician or designee, and must be documented in the offender's Health Record per Board of Medicine Regulation 18VAC85-21-40, *Treatment of Acute Pain with Opioids*.
 - c. Chronic opiates over 90 MME/day prescribed will need approval from the Chief Physician or designee. Effort should be made to keep offenders on the lowest morphine milligram equivalent (MME) that provides effective pain relief.
 - d. Prior to exceeding 120 MME/day, the provider must document in the offender's Health Record the reasonable justification for such doses or refer to or consult with a pain management specialist. If 120 MME/day is approved by a pain management specialist, Narcan should be prescribed to the offender.
 - e. Contracted medical services providers will follow the non-formulary approval process of the DOC.
7. 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 must be either ordered, changed, or discontinued.
8. Medication orders, other than controlled substance analgesics, may be filled up to a 30-day supply.
 - a. Controlled substances in [Schedule II](#) cannot be refilled.
 - b. Controlled substances in [Schedules III - V](#) may be refilled up to five times within six months from the date of the original order.
 - c. [Schedule VI](#) and non-prescription medications may be refilled as needed up to one year from the date of the original medication order.
 - d. 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 *MAR* and is determined by the date that the offender starts taking the medication.
9. Oral controlled substances and psychotropic medications must be crushed or placed in water to soften or dissolve prior to administration.
 - a. Exceptions include medications or dosage forms where this would be contrary to manufacturer's

- recommendations (e.g. enteric coated, sublingual, and extended release), prescriber orders and the [National Institute for Occupational Safety and Health \(NIOSH\) list](#).
- b. Each facility will develop an Implementation Memorandum to address the procedures necessary to ensure the ingestion of medication not administered through the Keep on Person program. This memorandum should include the responsibilities of medical staff and security staff as necessary for each individual facility's physical barriers and limitations.
10. All medications are administered by appropriately licensed staff or those with proper training e.g., Correctional Health Assistants, medication administration approved Certified Nurse Aides, and non-medical staff 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.
 - a. Medications should be prepared, administered, and documented by the same staff member.
 - b. All prescriber orders are transcribed within one working day of the date written.
 11. The Health Authority or designee may allow offenders in Security Level W - 4 facilities to self-administer their injections (Insulin, Enbrel, etc.) unless the injections are hazardous drugs.
 - a. The offender must be properly trained on the self-administration process for the prescribed medication with training documented in the offender's Health Record.
 - b. 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 Keep on Person program.
 - c. Once the offender has self-administered the injection, the offender will engage the safety device and place the syringe directly in the sharps container. 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*.
 - d. Self-administration must be documented on the offender's MAR.
 12. Offenders 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.
 13. Prescription medications will not be repackaged by the facility staff. Prescription medications should be kept in the original container dispensed from the pharmacy. If a specified amount of medication must be given to an inmate or CCAP probationer/parolee to cover for days when a pill line is not available (i.e., Hepatitis C medications at non-24 hour facilities) the specified amount of medication may be removed from the original packaging and placed in a new secure container as long as the new container is marked with the inmate's or CCAP probationer's/parolee's name, number, medication name and strength, administration instructions, amount, and expiration date.
 14. Medications dispensed for one offender will not be administered to any other offender. Prior to medication administration, offenders must be identified using the state issued identification or positive identification by the Shift Commander or designee.
 15. Medications must be given as ordered by the provider unless a new order is obtained. This includes dose and frequency. Offenders may not request partial doses unless the order is written as such.
 16. 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.
 - a. Controlled substances and high cost drugs such as Hep C direct acting antivirals, should be placed in a labeled area that says no pre-pouring allowed to avoid waste. Additional drugs not eligible for pre-pouring may be determined by the Health Authority or Chief Pharmacist.
 - b. Advance preparation should be done from the eMAR directly or with a current printed list of orders from the eMAR.
 17. 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*.

18. Nursing medication errors should be reported to the Health Authority, Regional Nurse Manager, 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; see Attachment 4, *Medication Error Report and Assessment*.
19. Medications that are available on the VCUHS/DOC MOU through 340b pricing must be ordered through the VCUHS Outpatient Pharmacy as soon as the appointment is available at VCUHS; see Attachment 3, *DOC/VCUMC Pre-Registration Request Form*.
20. Medications that are in a manufacturers original container may be used until the expiration date given by said manufacturer.

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

- A. 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.
- B. All medication transactions will be documented on the *MAR*.
- C. Medication administration documentation will include the start date, stop date, medication name, strength, directions, time to be administered, and prescriber.
- D. The person giving the medication will record, by initialing, each dose administered, held, no show, or refused, etc. If a medication is not available for administration, the *MAR* should be left blank. A note may be written to explain missing documentation.
 1. 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 staff members shift.
 2. All initials on the *MAR* must be identified by a legible signature, to include the first, and last name.
 3. Electronic *MAR* documentation will supersede manual documentation when implemented at the facility.
 4. When an electronic *MAR* exists and offenders are sent out for appointments or transferred, recent *MARs* should be printed to accompany the offender.
 5. The Health Authority or designee will perform, at a minimum, a monthly audit of medication administration transactions to ensure completion of *MAR* documentation.
- E. Keep on Person (KOP) documentation will be completed in accordance with the *Keep on Person* section of this operating procedure.
- F. Non-medical staff administering medications must initial and sign the *MAR*; see Operating Procedure 701.1, *Health Services Administration*. The *MAR* should be separate from the Health Record when non-medical staff are administering medication.
- G. Medications issued for "release" will be documented on the *MAR* in accordance with the *Release Medications* section of this operating procedure.

VIII. Keep on Person Program

- A. All facilities should implement the Keep on Person program
- B. Participant Selection
 1. The Health Authority or designee will interview offenders, review the offender's Health Record, and determine if the offender is suitable to participate in the Keep on Person program.
 2. Participation in the Keep on Person program is a privilege; the Health Authority or designee may

restrict the type of medication that a participant may receive in the Keep on Person program.

C. Medication Selection

1. Most non-prescription medications, non-psychotropic or non-controlled prescription medications may be administered in the Keep on Person program.
 - a. Liquid medications may be allowed on the Keep on Person program at the discretion of the Health Authority.
 - b. Offenders with a Mental Health Code are not excluded from participation in the Keep on Person program for allowable medications, the Health Authority or designee may consult the Psychology Associate if needed to determine appropriateness.
2. No medication that has the potential for abuse will be administered in this program.
3. The medications listed below are not permitted for Keep on Person. These medications will be administered on regular pill calls as Directly Observed Therapy
 - a. Bulk forming laxative powders (Reguloid/Metamucil)
 - b. Clonidine
 - c. Controlled substances (Includes Butalbital containing products)
 - d. Hepatitis C Direct Acting Antivirals
 - e. Imiquimod (Aldara; Zyclara)
 - f. Injectables (excluding Insulin Pumps at all facilities and Epinephrine auto-injectors for offenders assigned to Field Units and Work Centers)
 - g. Loperamide (Immodium AD)
 - h. Medications for the treatment of tuberculosis, including, but not limited to: Isoniazid, Pyrazinamide, and Rifampin
 - i. Psychotropic medications, unless authorized by Chief Pharmacist or designee in writing or as approved at a CCAP facility
 - j. Restricted Inhalers (Any Respimat, Handihaler, or Twisthalers)
 - k. Restricted medications (The Prescriber, Health Authority or designee can restrict the type of medication that an offender may receive on the Keep on Person program as defined in the facility's Implementation Memorandum or the Health Record for offender specific restrictions.)
 - l. Skeletal muscle relaxants
 - m. Warfarin
4. The *CCAP Limited Psychotropic Keep on Person Program* will be managed according to program procedures as authorized by the Chief Psychiatrist; see Operating Procedure 940.4, *Community Corrections Alternative Program*.

D. Program Implementation

1. A *Keep on Person Contract 720_F6* must be signed by the offender and witnessed by the interviewer.
 - a. 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.
 - b. Only one contract will be signed at each facility.
 - c. A new *Keep on Person 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 Keep on Person program after previous removal.
2. 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.
3. Before administering medications for the Keep on Person program, the offender must be provided a full explanation of the purpose, risks, and side effects of the medication prescribed.

4. Medication must be given in the container or package in which it was received from the pharmacy.
5. 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.
6. The offender will be informed of facility Keep on Person pick-up days and times and instructed to report to the Medical Department to request or receive a new supply of medication. It is the responsibility of the offender to report as instructed.
7. It is the responsibility of the offender to immediately report to the Medical Department any side effects or adverse reactions to any medication.
8. The offender is required to report immediately to security staff and the Medical Department any medication that is lost or stolen.
 - a. The prescriber will decide whether or not the medication is replaced.
 - b. The Health Authority will decide whether or not the medication, if replaced, will be kept on person.
9. The *Keep on Person Contract* expires when an offender is transferred to another facility.
 - a. 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.
 - b. Keep on Person medications must be returned to the Medical Department for transfer to the receiving facility.
 - c. 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.
 - d. The receiving nurse should verify receipt of transferred medications.
 - e. The receiving nurse should interview the offender for continuation in the Keep on Person program.
10. Offenders are prohibited from giving, exchanging, bartering, selling, or in any way conveying to any other person medications administered under this program.
11. 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:
 - a. Before receiving a new supply of medication
 - i. If the quantity of returned medication does not exceed a seven day supply, it may be reissued with the new supply of medication.
 - ii. 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.
 - iii. The quantity of medication returned and/or reissued must be documented in accordance with this operating procedure.
 - b. When the medication is discontinued by the prescriber
 - c. When the offender is transferred to another facility
 - d. When the offender is released, unless it is appropriate to allow the offender to take medication with them.
 - i. Unit of use items, i.e. creams and inhalers, may be kept.
 - ii. If an offender needs to take blister cards with them, a statement agreeing to non childproof packaging must be signed and placed in the offender's Health Record.
12. At the discretion of the Health Authority or designee, or the prescriber, any offender found to be non-compliant with the terms of the *Keep on Person Contract* may be removed from the program indefinitely or for a specified time period.

13. The Health Authority or designee will perform a weekly audit of Keep on Person program compliance.
14. 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 Keep on Person program. (4-ACRS-4C-13)
 - a. This audit should be noted in the offender's Health Record and documented on the *Keep on Person Adherence Audit 720_F12*.
 - b. Non-adherence to the Keep on Person program should be managed as for other medication non-compliance in this operating procedure and may result in the removal from the Keep on Person program.
 - c. All Epinephrine Auto-Injectors will be checked monthly and documented on the *Epinephrine Auto-Injector Adherence Audit 720_F37*.

E. Documentation

1. The interview for consideration of the Keep on Person program must be recorded in the offender's Health Record to document that a contract was initiated or denied by the nurse or refused by the offender.
2. The *MAR* will indicate Keep on Person (KOP) for each medication administered under this program.
3. Medication exemptions must be documented in the offender's Health Record, on the *MAR*, and on the *Keep on Person Contract*.
4. Medications delivered to offenders on the Keep on Person program must be documented on the *MAR* including date given, by whom, and quantity delivered by the end of the staff members shift. (4-ACRS-4C-13)
 - a. If applicable, the quantity of medication returned and/or reissued at the exchange will be documented on the *MAR*.
 - b. The *MAR* documentation will represent the total quantity delivered to the offender and, if applicable, the quantity returned and not reissued.
5. Termination of the contract must be documented in the offender's Health Record, on the *MAR*, and on the *Keep on Person Contract*.

IX. Emergency and Stat Boxes

- A. Each facility may maintain and manage Emergency and Stat (Starter and Post-Exposure Prophylaxis [PEP]) boxes according to State and Federal regulations and applicable DOC operating procedures.
 1. The pharmacy services provider will be responsible for appropriate instructions regarding the management of and the inventory contained in the boxes.
 2. The instructions and inventory are subject to approval by the Health Services Unit.
 3. Only licensed medical staff can have access to Emergency and Stat Boxes or administer medications taken from the boxes.
- B. Boxes must be secured at all times using numbered seals supplied by the pharmacy services provider.
 1. A list of contents bearing an expiration date must be affixed to the outside of each box.
 2. Boxes should not be accepted unless secured by a seal.
- C. 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.).
 1. This *Log* must be kept in the controlled substance count book.
 2. The seal number is noted in the appropriate place and must be verified at each shift change control

count by the nurse going off duty and the nurse coming on duty.

- D. 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
1. Content verification of boxes containing controlled substances (Scheduled II-V) must be performed by two staff members. Verification of contents for boxes without controlled substances may be performed by one staff member.
 2. In the event of a shortage, document the shortage with a staff witness and notify the pharmacy services provider.
 3. Controlled substance inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
 4. Controlled substance inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse Manager, Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
- E. A valid prescription or lawful order must exist prior to the removal of any drug from an Emergency Box or a Stat Box.
1. Any medication removed from an Emergency Box or a Stat Box will be replaced by a prescription, signed by the prescriber or licensed medical staff, if a verbal order has been issued.
 2. 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.
- F. All boxes must be returned to the pharmacy services provider for replenishment or updating.
1. Emergency Boxes must be returned to the pharmacy services provider within 72 hours of opening and removing contents.
 2. At the end of each month, staff must check the expiration date on all boxes and return any boxes within 30 days of expiration and all opened boxes to the pharmacy services provider for updating.
 3. Staff must 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. Electronic documentation of returns will supersede a paper form.

X. Storage

- A. All medications, except those managed by the commissary or on a *Keep on Person Contract*, should be stored in a suitable locked storage area at the facility.
1. Keys to prescription medication areas will be in the possession of the person responsible for administering medications when the Medical Department is open only.
 2. If the Medical Department does not have 24 hour staffing, keys to the Medical Department must be kept in a key-control area with limited access.
- B. 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).
- C. 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). Refrigerator temperature should be recorded at least once daily.
- D. External preparations should be stored separately from internal or injectable medications.
- E. 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.
- F. Narcan nasal spray for officer use should not be stored in the Medical Departments.

1. Narcan nasal spray is specifically for officers to use in emergency situations, and nurses may not use this stock.
2. Medical staff may use the naloxone that is in the emergency boxes as they are specifically trained to use this form of medication.
3. If officers want assistance during an emergency, it should be provided, but the medication should not be administered by medical staff without an order; see Operating Procedure 720.9, *Naloxone Administration Program*.

XI. Controlled Substances

- A. Controlled substances must be stored in a secure area with access limited to the person responsible for administering medications only.
- B. 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.
 1. Each dose administered must be recorded on the *Count Sheet* in addition to the required *MAR* documentation.
 2. 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.
 - a. Inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
 - b. Inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse Manager, DOC Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
 - c. If more than one *Count Sheet* is required for an order, keep all sheets together chronologically until the order is complete; then file.
 - d. Use the “Comments” column to make notations (e.g. additional quantity received, dose wasted, etc.).
- C. 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.
 1. All controlled substances must be stored in the designated secure area and must be counted and verified at each change of shift until disposal.
 2. The disposal must be documented by two staff signatures, one of which must be a Nurse Supervisor or their designee, and must be 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*.
 3. When full, each disposal listed on *DOC Controlled Medication (C II-C V) Disposal Sheet 720_F36*, must be verified by the Health Authority against the corresponding *DOC Controlled Medication (C II-C V) Administration and Count Sheet 720_F14*.
 - a. A completed copy of *DOC Controlled Medication (C II-C V) Disposal Sheet 720_F36*, must be signed and dated by the Health Authority and sent to the Regional Nurse Manager and Chief Pharmacist.
 - b. Facility staff must remove full containers from medical and dispose of them outside the facility perimeter in a trash receptacle inaccessible to offenders.
- D. Controlled substances are transferred when an offender transfers to another facility to avoid interruption of therapy.
 1. Two people should document the medication quantity on the *DOC Controlled Medication (C II-C V) Administration and Count Sheet 720_F14*.

2. The original *Count Sheet* should be forwarded with the medication and the appropriate medical information to the receiving facility.
 3. A copy of the *Count Sheet* should be filed chronologically with the returned medication documentation at the sending facility.
 4. The receiving facility should verify the controlled substance count upon receipt and create a new *Count Sheet* attaching it to the original sheet.
 - a. Inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
 - b. Inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse Manager, DOC Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
- E. At facilities without 24 hour medical staffing, the appropriately trained non-medical staff member responsible for medication administration will perform the required documentation for controlled substances as needed.

XII. Hazardous Drugs

- A. Each facility/institution will designate a compliance officer who will be responsible for the following;
 1. Ensuring staff are appropriately trained.
 2. Necessary supplies are available (PPE, cleaning materials, disposal bins, etc).
 3. Completing Annual USP 800 Checklist located on iDOC and submitting to pharmacy@vadoc.virginia.gov.
- B. The NIOSH list, a comprehensive list of all hazardous drugs, will be posted in each facility/institution and available on iDOC. All medications listed should be handled according to the following regulations.
 1. All hazardous drugs will be labeled by Diamond as such on the prescription label as well as the delivery manifest.
 2. Unit-dose hazardous drugs may be stored in the med room in the same manner that all other medications are stored. Any non unit-dose hazardous drugs should be stored in a separate, designated area.
 3. All staff that come in contact with hazardous drugs should be trained and have a signed acknowledgment on file at their facility/institution.
 4. All staff should complete the USP 800 Training through Virginia Learning Center annually and record of this should be sent to their compliance officer.
 5. All facilities/institutions should have an Implementation Memorandum in place to ensure that temporary staff have been trained and have acknowledged their potential exposure to hazardous drugs.
 6. All staff should follow proper safety and handling strategies including appropriate PPE throughout the entire lifecycle of the hazardous drug.
 - a. When receiving hazardous drugs medical staff should wear single gloves.
 - b. When administering an intact tablet or capsule, medical staff should wear single gloves.
 - c. Hazardous drugs should not be crushed, split, or otherwise manipulated.
 7. If a hazardous drug must be manipulated, the dose will need to be placed in a plastic pouch to contain powder and particles. Staff should wear double gloves, gown, and a N95 mask.
 8. When administering an injection from a prefilled syringe, double gloves and gown should be worn. If withdrawing the injection from a vial before administration, double gloves, gown and a N95 mask should be worn.
 9. All hazardous drugs should be disposed of according to the following regulations:

- a. Any hazardous drug still in the Diamond Pharmacy blister pack may be sent back to Diamond Pharmacy for credit through the normal procedure.
- b. Empty blister packs are not considered hazardous and do not need to be disposed of according to hazardous material regulations.
- c. Any hazardous drug not in a blister pack (e.g., loose pills, punctured vials, broken vials, etc) will need to be disposed of in a Department of Environmental Quality approved container designated as Hazardous Pharmaceutical Waste (HPW) before being transported off-site. These containers should be ordered by the facility/institution.; see Operating Procedure 740.2, *Infectious Waste Management and Disposal* for more information regarding disposal.
- d. A monthly log must be kept of the weight of HPW; with the weight of the designated container subtracted.
- e. When cleaning a hazardous spill, such as a broken vial or spilt liquid, the following steps should be taken:
 - i. Don appropriate PPE to include double gloves, gown, and mask.
 - ii. Clean any hazardous material up and dispose of in the designated HPW container.
 - iii. Mist CorrectPac Germicidal Red Cleaner on the area just cleaned. Do not saturate the area. A light mist works best as this cleaner is not designed to be wiped off, it should be allowed to dry on the surface, sanitizing as it does so.
 - iv. Use the PeridoxRTU cleaning solution over the area just cleaned with the germicidal cleaner.
 - v. Dispose of all PPE and materials used to clean spill into the designated HPW container.

XIII. Return of Medications

- A. 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 located in the Health Services section on IDOC. Documentation should be kept on file chronologically in the Medical Department.
- B. The Chief Pharmacist must approve other methods for the removal of medications from a facility not covered in this Operating Procedure.

XIV. Release Medications

- A. Offenders being released to the community will be given a supply of current medications upon leaving the facility.
 1. Medications must be ordered "For Release" by the prescriber.
 - a. This includes anything needed for continuity of care as deemed appropriate by the provider.
 - b. Examples include but are not limited to, nutritional supplements, over the counter supplies, diabetic supplies, controlled substances, etc.
 2. The quantity of medication ordered will not exceed a 30-day supply for those offenders pending release. The current supply of partially used Unit of use items, i.e. inhalers, creams, etc., may be given to the offender in addition to their 30-day supply.
 3. Offenders released to the VASAVOR program will receive a 75-day supply of medications for those offenders who are pending transfer.
- B. 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. Release medications should be dispensed in childproof containers and be accompanied by patient product information sheets and federally mandated medication guides. If childproof containers are unavailable at the time of release, the offender must sign a *Waiver for Non-Child Resistant Packaging 720_F41* to receive medication in blister packaging.
- C. Documentation of the instructions given to the released offender on the medications provided will be included in the released offender's *Medical Discharge Summary 720_F5*.

- D. Released offenders should be instructed to report to a local clinic or prescriber for follow-up medical treatment to avoid interruption of medication therapy.
- E. Mental Health offenders being released to the community:
1. 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:
 - a. The date of release from the facility is known
 - b. The released offender has been compliant with taking their medication as prescribed
 - c. An aftercare appointment with local community mental health services has been arranged
 - d. 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.
 2. For offenders meeting the above requirements who are being released under community supervision, the psychiatrist will provide a back-up prescription at release or upon request except in those cases where the psychiatrist determines the provision of the prescription to be medically contraindicated. The back-up prescription supply is not to exceed 30 days of medication.
 - a. If the psychiatrist determines that the provision of a prescription is contraindicated, the psychiatrist must document this in the offender's Health Record.
 - b. Upon scheduled release, the psychiatrist or Health Authority will contact the Senior Psychology Associate and provide the written prescription.
 - c. The Senior Psychology Associate will contact the Chief P&P Officer at the appropriate P&P Office to inform them of the written prescription and will then mail the written prescription to the Chief P&P Officer.
 - d. A cover memo must accompany the written prescription and will include the following:
 - i. The name and DOC number of the offender
 - ii. The name of the medication, strength, directions for use
 - iii. Prescriber
 - iv. The name and phone number of the Senior Psychology Associate
 - e. Either by hard copy of the memo or e-mail, the Senior Psychology Associate will also provide this information to the Community Corrections Mental Health Clinical Supervisor.
 - f. The Senior Psychology Associate will file a copy of the memo in Section IV of the offender's Health Record.
 - g. This provision applies to psychotropic medications, prescribed by a psychiatrist for a documented mental health disorder, only. The cost of filling the written prescription is the responsibility of the released offender.
- F. Released Offenders with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)
1. 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*.
 2. 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.
- G. 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.

- H. “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 *Keep on Person, Documentation* section of this operating procedure.
- I. All pharmacy records are subject to the retention and disposition requirements set by the Library of Virginia Retention Schedules and Operating Procedure 025.3, *Public Records Retention and Disposition*.

REFERENCES

18VAC110-20-10 et seq., *Regulations Governing the Practice of Pharmacy*
18VAC85-21-40, *Treatment of Acute Pain with Opioids*
Medical and Nursing Guidelines
Operating Procedure 025.3, *Public Records Retention and Disposition*
Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*
Operating Procedure 430.2, *Tool, Culinary, and Medical Equipment Control*
Operating Procedure 701.1, *Health Services Administration*
Operating Procedure 720.1, *Access to Health Services*
Operating Procedure 720.9, *Naloxone Administration Program*
Operating Procedure 740.2, *Infectious Waste Management and Disposal*
Operating Procedure 940.4, *Community Corrections Alternative Program*

ATTACHMENTS

Attachment 1, *Stock Medication Guidelines*
Attachment 2, *Diamond Pharmacy Services Error Reporting Form*
Attachment 3, *DOC/VCUMC Pre-Registration Request Form*
Attachment 4, *Medication Error Report and Assessment*

FORM CITATIONS

Health Services Consent to Treatment; Refusal 720_F3
Medical Discharge Summary 720_F5
Keep on Person Contract 720_F6
Keep on Person 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
Waiver for Non-Child Resistant Packaging 720_F41