

## Policy

- A. The Alaska Department of Corrections institutes procedures to ensure that prescribed medications are medically necessary and are administered for no longer than the period of therapy intended by the prescribing health care practitioner.
- B. Facilities of the Department may maintain stock levels of drugs as necessary. Out-dated medications should be returned to the pharmacy for disposition.
- C. The Alaska Department of Corrections restricts the use and administration of controlled substances to the greatest extent possible within the confines of the sound practice of medicine and dentistry. All controlled substances are to be stringently secured and accounted for in accordance with Federal Drug Enforcement Agency regulations.
- D. The Department provides medications to prisoners in an ambulatory care setting in its institutions.

## Procedures

- A. Definitions. The following definitions apply to this policy:
  - 1. Administering medication means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or other means. This process involves a staff member reading a prescription label, determining what dosage of the medication is to be administered per the health care practitioner's order, identifying the correct medication and correct dosage, identifying the prisoner, giving the prisoner the medication by the route prescribed, and documenting in the medical record that the medication has been given. A nurse, health care practitioner, or pharmacist may administer medication.
  - 2. Adverse Drug Reaction is an effect, which is noxious, unintended, and unexpected and occurs from drug doses normally used for the diagnosis, prophylaxis, or treatment of a disease. These effects include unwarranted pharmacologic actions of a drug, excessive effects of the intended pharmacologic action of a drug, and allergic type reactions to a drug.
  - 3. Authorized Stock Level is the pharmaceuticals and medical items authorized by the Pharmacy and Therapeutics Committee to be stocked in the pharmacy or an institution's medical unit.
  - 4. Blister Pack/Card means a prescription-labeled, heat-sealed, clear plastic pop-out bubble unit medication container utilized by the Department to distribute individual prescriptions and to issue bulk medications to institutions' medical units.
  - 5. Controlled Substance is any medication so defined by the Drug Enforcement Agency. These drugs are listed in Schedule V and Penalty Groups I through 4 of the Controlled Substances Act. The prescribing physician's or dentist's Drug Enforcement Administration (DRUG ENFORCEMENT AGENCY) registration number is required on the medication order.
  - 6. Deliver or "delivery" means the actual, constructive, or attempted transfer of a drug or device from one person to another.
  - 7. Device means an instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including a component part or accessory, that is required under federal law to bear the label "Caution: Federal or state law requires dispensing by or on the order of a physician."

8. Dispense or "dispensing" means the preparation and delivery of a drug or device to a patient or patient's agent under a lawful order of a health care practitioner in a suitable container appropriately labeled for subsequent administration to, or use by, a patient; dispensing of medication is only done by a pharmacist or practitioner and does not occur when staff assist prisoners with self-medication.
9. Distribute means the delivery of a drug or device other than by administering or dispensing; when staff assist prisoners with self-medication, this is the distribution of medication.
10. Formulary is a list of medicines that the Departmental Pharmacy Therapeutics Committee determines should be routinely available for the treatment of prisoners.
11. Health Practitioner means a person licensed by the State of Alaska to prescribe legend drugs.
12. Labeling means the process of preparing and affixing a label to a drug container; it does not include, however, the labeling by a manufacturer, packer, or distributor of a nonprescription drug or commercially packed legend drug or device.
13. Legend Drug means any drug with a package or label that states "Caution - Federal Law Prohibits Dispensing Without Prescription."
14. Loose Pills means pills in unmarked containers that are not easily identified or verified. Staff must destroy these pills or return them to the pharmacy.
15. Medication Error occurs when during medication administration a prescription is administered more than one hour from ordered time, a patient is given a wrong dose, wrong drug, wrong route, or when medications are given to the wrong patient.
16. Med Line is a scheduled time at which routine prescribed medication is dispensed to prisoners from a medication cart.
17. Non-Formulary Prescription means any medication not listed on the Department formulary. The provision of these drugs is subject to the approval of the Medical Advisory Committee or the Pharmacy and Therapeutics Committee.
18. Over-the-counter Medications are medications that are not required by federal law to be dispensed under prescription by a health care practitioner.
19. Pharmaceutical means any medical substance, drug, or medicine, either prescription or "over-the-counter."
20. Prescription Medication means a drug that is required by an applicable federal or state law or regulation to be dispensed only under a prescription drug order or that is restricted to use by health care practitioners only or a drug that, under federal law, before being dispensed or delivered, is required to be labeled with either of the following statements: (A) "Caution: Federal law prohibits dispensing without prescription all pharmaceuticals identified by the Federal Drug Enforcement Administration (Drug Enforcement Agency) as controlled substances (schedule II, III, IV and V) and (B) Federal Caution or Legend Drugs (antibiotics, steroids, etc)
21. Prescription Drug Order means a lawful order of a health care practitioner for a drug or device for a specific patient.

22. Self-Administered Medication means the process by which a prisoner takes his/her own medication based upon his/her own understanding of the prescribing information. This is also denoted as Self-Medication.
23. Self-Medication Keep On Person (SM-KOP) is the practice whereby properly-labeled blister packs/cards of medication are periodically issued to a prisoner by medical staff with the prisoner being responsible for storing and self-administering the medication.
24. Self-Medication Med-Line (SM-ML) is self-medication that occurs at a med-line with assistance from a Correctional Officer trained to assist in SM-ML.
25. Self-Medication Stored by Security (SM-SS) is the practice whereby properly-labeled blister packs/cards of medication are issued to a prisoner by medical staff; in order to minimize security risks and enhance prisoner safety, however, the prisoner's medication property is stored by the security staff and made accessible to the prisoner when it is time to take the medication.
26. Telehealth means the provisions of health care utilizing telecommunication equipment. Generally this equipment facilitates live audio-video conferencing.
27. Telenursing means the provision of telehealth functions by a nurse.

#### B. Pharmacy Organization and Operation

1. The Department will provide pharmacy services in accordance with state licensure laws, regulations and rules and the Federal Controlled Substances Act.
2. A registered pharmacist manages the Department's pharmaceutical services. The pharmacist must have a State of Alaska pharmacist license. The pharmacy must have a Controlled Substances Registration Certificate issued by the Federal Drug Enforcement Administration for the purchase and dispensing of controlled substances.
3. Security and storage of pharmaceuticals in the Pharmacy must be conducted in accordance with the following procedures:
  - a. only the pharmacist may have keys to the pharmacy and the combination to the vault where controlled substances are stored;
  - b. the pharmacist shall seal a duplicate set of pharmacy keys and the combination to the vault in an envelope, clearly mark the envelope as to contents, and keep them in a safe place, separate from the pharmacy, as designated by the Health Care Administrator; and
  - c. the pharmacist shall activate a movement or intruder alarm when the pharmacy is closed.
4. Pharmacy staff shall label each container of prescription medications. The container for legend drugs must be labeled with the following information:
  - a. prescription number and date of prescription;
  - b. prescribing health care practitioner and initials of pharmacist;
  - c. name of prisoner/patient;
  - d. instructions for use;
  - e. name and strength of drug;
  - f. expiration date; and

- g. ordered method for distribution (i.e. Medical Staff Administered Medication (MSAM), Self-Medication - Keep on Person (SM-KOP), Self-Medication - Stored by security (SM-SS), or Self-Medication - Med Line (SM-ML)
5. Pharmacy and Therapeutics Committee. The Health Care Administrator shall maintain a Pharmacy and Therapeutics Committee to oversee pharmaceutical practices. The Pharmacy and Therapeutics Committee shall consist of members of the Medical Advisory Committee, the Chief Pharmacist, and institutional health care representatives. This committee shall meet at least quarterly, keep recorded minutes, and perform specific functions, including:
  - a. advising medical staff and the pharmacist on matters concerning the choice of drugs;
  - b. determining drugs to be stocked on nursing units, in emergency boxes, and at other approved locations;
  - c. developing and maintaining a department formulary for prescription and non-prescription (over-the-counter) drugs, and considering requests from DOC health care practitioners submitted on a Request to Use Non-Formulary Drug Form 807.05E for additions to the formulary.
  - d. reviewing the prescription of drugs not on the formulary list; and
  - e. monitoring medication errors and monitoring adverse drug reactions.

### C. Ordering and Prescribing Medications

1. Staff shall order all pharmaceuticals through the Department of Corrections pharmacy except when delay could lead to physical harm or inappropriate treatment to a patient.
2. Only a DOC medical contractor or employee health practitioner may prescribe prescription medications for prisoners in DOC custody (except as set out in 807.05D.(10)(A)(3) below. The prescribing health care practitioner must record and sign all medication orders on the Prescription Form 807.05C, except as noted in C3 below and in the Health Care Progress Note (Form 807.06A). Unless indicated otherwise, the order will take effect when the medication has been dispensed and properly labeled by the pharmacy or by a health care practitioner, or when qualified medical staff can administer the medication from stock medications. All medication orders must include:
  - a. date;
  - b. prisoner name;
  - c. name of prescribing health care practitioner;
  - d. name of the medication;
  - e. the exact number of doses to be administered;
  - f. the number of days for administration of medication;
  - g. the stop date of the order; and
  - h. the method of distribution of the medication.
    - (1) If self-medication is authorized in the order, the order must specify the method of self-medication (Self-Medication Keep On Person, Self-Medication Security-Stored, or Self-Medication Med-Line). This authorization indicates that in the opinion of the health care practitioner the prisoner is capable of self-administering medication, the prisoner is aware of how to take the medication, and he/she knows to report any significant side effects to medical staff

3. A nurse may take oral or telephone orders from a DOC Health Practitioner if the nurse can verify the identity of the health care practitioner. The nurse must write the order in the prisoner's medical record as described above and note "V/O" for a verbal order or "T/O" for a telephone order. The prescribing practitioner must sign the order or follow-up with a faxed order the next duty day.
4. Health care practitioners shall routinely utilize drugs that are available on the Alaska DOC formulary. If a consulting health care practitioner outside the Department recommends a non-formulary drug, the Institutional Health Care Officer should contact the health care practitioner to determine if a drug on the formulary is acceptable. If the consulting health care practitioner indicates that there are no acceptable alternatives on the formulary, the Institutional Health Care Officer shall complete a Request to use Non Formulary Drug, Form 807.05E.
5. A health care practitioner must review all prescription orders every 90 days or prior to prescription renewal.
6. Use of drugs not on the Department of Corrections formulary:
  - a. The Alaska Department of Corrections provides prisoners with non-formulary drugs as deemed necessary by the treating health care practitioner subject to review by the Clinical Director or health care practitioner designee.
  - b. Non-formulary drugs may be obtained as follows:
    - (1) The prescribing health care practitioner shall document in the prisoner's health record that the prisoner needs the particular drug.
    - (2) The prescribing health care practitioner, or IHCO, shall submit a completed Request to use Non-Formulary Drug Form, 807.05E, to the Pharmacist. The form must be completed in its entirety. The Pharmacist will either fill the non-formulary request, contact the prescriber to suggest a formulary drug substitution, or refer the request to the Clinical Director or health care practitioner designee for a final determination.
    - (3) The Clinical Director or designee shall review the request in a timely manner and make a determination to approve the non-formulary request or to deny the request. If the request is denied, the prescribing health care practitioner shall select a medication that is on the formulary to use in the treatment of the prisoner.

#### D. Distribution of Medications

1. DOC will distribute medications to prisoners utilizing a variety of different methods as authorized by the Institutional Health Care Officer. The purpose of having a variety of methods of medication distribution is to permit the health care practitioner in each facility to utilize distribution options that suit the particular prisoner and the facility staffing and structure, while also promoting a more active role for the prisoner in his/her medical care. The prescribing health care practitioner or IHCO shall determine which method is the most appropriate for each prisoner. Medications authorized for any self-medication program may be distributed by the SM-ML method if they were authorized for SM-KOP or SM-SS. Medications authorized for SM-KOP may also be distributed by the SM-SS method if KOP is not approved in the prisoner's housing area.
2. The IHCO may not approve any prisoner's participation in a self-medication program if the superintendent or designee has made a determination that security constraints prohibit that prisoner or all prisoners from participating in the self-medication program. The superintendent or designee shall notify the IHCO in writing of any such determinations. It is not necessary for the IHCO to routinely clear authorizations for self-medication through security. Medical Staff Administered Medications will be utilized if no Self-Medication program is appropriate for a prisoner.

3. Prescriptions written by DOC health care practitioners must specify which method is to be used in the distribution of the medication. Available methods include: Medical Staff Administered Medication (MSAM), Self-Medication Keep On Person (SM-KOP), Self-Medication Stored by Security (SM-SS), and Self-Medication Med-Line (SM-ML).
4. MSAM consists of medical staff administering medication to prisoners. MSAM normally occurs at med-line. SM-KOP consists of properly-labeled blister packs/cards of medication being periodically issued to prisoners by nursing staff with the prisoner being responsible for storing and self-administering the medication. SM-SS is similar to SM-KOP except that, in order to minimize security risks and enhance prisoner safety, the prisoner's medication property is stored by the security staff. Prisoners taking medications under the SM-SS method are to self-administer their medication as prescribed but must go to the security staff to get their medication container each time a dosage is due. The SM-ML method is utilized in place of the MSAM method when authorized by the health care practitioner for times when no qualified medical staff is available. SM-ML is self-medication that occurs at the med-line with assistance from a Correctional Officer trained to assist in SM-ML in accordance with the SM-ML protocol.
  - a. Correctional officers who have completed training approved by the clinical director may assist a prisoner with Self-Medication if the prisoner is authorized by the prescribing health care practitioner to self-administer medication using the Self-Medication Stored by Security or Self-Medication Med-Line protocol (Inmate Self-Medication protocols attached).
  - b. Correctional officers may assist prisoners with self-medication, but may not administer prescription medication.
  - c. In institutions where correctional officers assist prisoners with self-medication, training for officers performing this task must be completed at least annually. The clinical director must approve this training curriculum. Documentation of the training must be forwarded to the DOC Training Academy.
5. Distribution of Over-the-Counter Medications
  - a. If a DOC practitioner determines that an over-the-counter medication is required to treat a prisoner within the guidelines of essential health care, the Pharmacy shall provide that medication if it is on the formulary.
  - b. Prisoners may obtain a variety of common over-the-counter medications by ordering them from the institutional commissary.
  - c. Only authorized medical personnel may order over-the-counter medication from the Pharmacy.
6. Medical Staff Administered Medication (MSAM)
  - a. DOC medical staff shall identify the prisoner before giving medication to ensure that the proper person receives the medication.
  - b. Only qualified medical staff may administer the medication to the prisoner. A prisoner may not self-administer medication with this method of medication distribution.
  - c. Immediately after administering medication at the institution, and prior to administering to another prisoner, medical staff must document the administering of each dose, as well as the date and time of administration, and initial the Medication Administration Chart (form 807.05A). If a prisoner refuses to take a prescribed medication, staff must record this on the Medication Administration chart and notify the prescribing health care practitioner. This chart shall become part of the prisoner's medical record.

- d. Medical staff shall directly observe a prisoner while he or she is taking medication to ensure that the medication is being taken.
7. Self-Medication Keep On Person (SM-KOP)
    - a. Blister packs/cards for SM-KOP must be labeled as SM-KOP along with the standard prescription labeling information.
    - b. Each medication prescribed for a prisoner must be specifically ordered for SM-KOP in order to be administered as such.
    - c. In some cases, there will be prisoners who take some of their medications SM-KOP while taking others by another method of distribution due to the type of medication or a specific concern of the health care practitioner.
    - d. SM-KOP medication distribution will be handled according to the Inmate Health "Self-Medication Keep On Person Protocol." No medications may be distributed via the SM-KOP method if prohibited by the Inmate Health SM-KOP Protocol. See attached protocol.
    - e. With the approval of the Health Care Administrator and Superintendent, the Institutional Health Care Officer may develop standard operating procedures consistent with the Inmate Health "Self-Medication Keep On Person Protocol" to clarify more specifically the protocol for SM-KOP in their particular institution. The institution's Standard Operating Procedure for SM-KOP must be approved by the Health Care Administrator before implementation.
  8. Self-Medication Stored by Security (SM-SS)
    - a. Blister packs/cards for SM-SS must be labeled as SM-SS along with the standard prescription labeling information.
    - b. Each medication prescribed for a prisoner must be specifically ordered for SM-SS in order to be distributed as such.
    - c. In facilities where security constraints make it reasonable to allow prisoners to access their medication property as needed, the health care practitioner may order SM-SS for "PRN" (take as needed) medications, but in other facilities this practice should be avoided. If the medication is ordered as PRN, the prisoner may take the PRN medication based upon his/her own assessment that he/she is following the prescribing health care practitioner's guidelines. Medical staff shall periodically monitor the use of PRN medications and the prescribing health care practitioner shall review any apparent misuse.
    - d. Some prisoners may have some medications that they take SM-SS and others that they receive by the MSAM method or by the SM-KOP method, due to the type of medication or a specific concern of the health care practitioner.
    - e. SM-SS medication distribution must be handled according to the Inmate Health "Self-Medication Stored by Security Protocol." No medications may be distributed via the SM-SS method if prohibited by the Inmate Health SM-SS protocol. See attached protocol.
    - f. Upon approval of the Health Care Administrator and Superintendent, the Institutional Health Care Officer may develop operating procedures consistent with the Inmate Health "Self-Medication Stored by Security Protocol" to clarify more specifically the protocol for SM-SS in their particular institution. The institution's Standard Operating Procedure for SM-SS must be approved by the Health Care Administrator before implementation.
  9. Self-Medication Med-Line (SM-ML)

- a. Self-Medication Med-Line (SM-ML) is a type of self-medication in which a prisoner self-administers medication at med-line with the assistance of a Correctional Officer. These prisoners will be administered their medication by medical staff if on duty rather than self medicating. The prescribing health care practitioner may authorize this form of medication distribution upon concluding that the prisoner is capable of self-administering medication. When medical staff is not present in the facility, a trained officer shall hold med-line at specified times. The officer may not administer medications, but shall instead assist the prisoner with self-medication.
- b. The officer shall identify the prisoner and hand the prisoner his/her pharmacy labeled medication containers. The prisoner shall take the appropriate medication out of the medication container. The officer must observe the prisoner properly taking the medication. The officer shall write the letter "S" to indicate self-medication in the appropriate box of the Medication Administration Chart (or the Remand Medication Form 807.05I) for each medication taken. If the prisoner refuses to take the medication, the officer shall draw a circle around the "S" to indicate that the prisoner did not take his/her medication. The officer shall then return the medication to the storage area in the medication cart. Any problems must be reported to medical staff.
- c. In facilities where security constraints make it reasonable to allow prisoners to access their medication property as needed, the health care practitioner may order SM-ML for "PRN" (take as needed) medications, but in other facilities this practice should be avoided. If the medication is ordered as PRN, the prisoner may take the PRN medication based upon his/her own assessment that he/she is following the prescribing health care practitioner's guidelines. The officer shall write the letter "S" to indicate self-medication in the appropriate box of the PRN section of the Medication Administration Chart (or the Remand Medication Form) for each medication taken. Any problems must be reported to medical staff. Medical staff shall periodically monitor the use of PRN medications and the prescribing health care practitioner shall review any apparent misuse.
- d. Oral liquid medications and injections may not be distributed by the SM-ML method. In the case of diabetics on insulin who are approved for the self-administration of insulin, the Self-Medication Stored by Security method may be used.
- e. Controlled substances in blister cards must have a red "C" stamped in the upper left corner. Only controlled substance blister cards that are stamped with "SM-ML" may be accessible to officers assisting with SM-ML. A prisoner or security staff shall initial the Medication Administration Chart form (807.05 A) for each self-administered dosage. Additionally, a count sheet showing a descending count must be attached to each blister card containing controlled substances. Both the prisoner and security staff shall initial on the appropriate line on the count sheet acknowledging the descending count.
- f. In the event that a medication is ordered that has not been approved for self-medication, if no qualified medical staff is available to administer the medication, then either a nurse or the IHCO must be called in to the facility to administer the medication.
- g. SM-ML medication distribution must be handled according to the Inmate Health "Self-Medication Med-Line Protocol." No medications may be distributed via the SM-ML method if prohibited by the Inmate Health SM-ML protocol.
- h. Upon approval of the Health Care Administrator and Superintendent, the Institutional Health Care Officer may develop operating procedures consistent with the Inmate Health "Self-Medication Med-Line Protocol" to clarify more specifically the protocol for SM-ML in their particular institution. The institution's Standard Operating Procedure for SM-ML must be approved by the Health Care Administrator before implementation.



## 10. Remands on Prescribed Medications

- a. Staff shall follow the procedures below if prisoners have their own prescription medications in their possession upon remand:
  - (1) All prescription drugs brought into Alaska DOC facilities must be surrendered to staff in order to assess the medication needs of the patient. Prisoners' own medication must be stored in the medical unit rather than in the prisoners' property.
  - (2) Medical staff shall verify that the medication is current, review the quantity compared to the prescription date and prescribing information, and examine the medication to ensure that other medications are not present in the container.
  - (3) A prisoner's personal properly-labeled medication may in some circumstances be temporarily continued by the prisoner utilizing the SM-ML method of distribution without a DOC practitioner's order. This may only be done if health care staff is on duty and have reviewed the medication. If nursing staff reviewing the medication have any questions regarding the appropriateness of the medication, then the health care practitioner on call for the facility must be promptly contacted for direction. If the health care practitioner determines that the medication is not necessary to continue at this time, the prisoner may not take his/her personal medication while in DOC custody. Pending a DOC practitioner's order, when a prisoner receives his/her own personal medications, the recording of doses taken by the prisoner must be kept on the Remand Medication Form (807.05I).
- b. If the prisoner did not bring medication to the facility at remand, then health care staff shall attempt to verify the prescription when the prisoner reports he/she is on prescription medication. If verified, the IHCO or on call health care practitioner must be notified prior to the next scheduled dose.
- c. If no medical staff is on duty and a prisoner indicates that he has medication that must be taken before health care staff is scheduled to be on site, whether the prisoner brought his or her medication or not, the correctional officer shall inform the telenurse who shall attempt to verify the prescription and may conduct a telehealth screening. The prisoner's personal medications may not be used until on-site medical staff has identified the medication. If the prescription is verified, the IHCO or on call health care practitioner must be notified for directions or orders prior to the next scheduled dose. If medication must be taken before medical staff is on duty, then the health care practitioner shall arrange for health care staff to come into the facility, arrange for medication to be brought into the facility, or refer the prisoner to the emergency room.
- d. Upon a DOC health practitioner's order, the medication shall be obtained from the Department pharmacy in a blister pack/card and staff must start the prisoner on the medications. The prisoner's personal medications must be placed in a secure place in the medical department. Unidentified loose pills must be sent to the Pharmacy for destruction.

## 11. Controlled Substances

- a. Only a properly authorized health care practitioner with a DRUG ENFORCEMENT AGENCY (DEA) number may write prescriptions for controlled substances. All orders for Schedule II Controlled Substances must be for a specific patient and the original prescription must be forwarded to the pharmacy as soon as possible. The orders automatically must be discontinued after 72 hours, except as described below.
  - (1) Exceptions to Automatic Stop Orders are:
    - (a) The order indicates the exact number of doses to be administered; or

- (b) An exact period of time for administration of medication is specified in the initial order.
- b. Medical Staff at an institution must record the receipt of all controlled substances on form 807.05D. This includes medications to be prescribed for a prisoner or assigned to stock.
  - c. The medical unit must secure all medications. The unit must store stock controlled substances in a secure, double-locked safe or cabinet, access to which is limited to medical staff.
  - d. Medical staff at an institution shall return unused controlled medications, controlled substance inventory sheets, and empty cards to the pharmacy with the Returned Controlled Substance Form 807.05H. The pharmacist shall record the receipt on the Returned Controlled Substance Form 807.05H and the Controlled Substance Inventory Sheet 807.05B. Unused controlled substances must be verified against the Controlled Substance Inventory Sheet, 807.05B, by the pharmacy staff. All returned Schedule II drugs must be put in the safe in the pharmacy.
  - e. Correctional officers may assist a prisoner with self-medication of controlled substances in properly labeled blister pack/card. The correctional officer and the prisoner shall document the process. The correctional officer and prisoner shall jointly sign out for each dose the prisoner self-administers while at the same time keeping a running count of the remaining dosages of the controlled substance in the prisoner's blister card or other medication container. This documentation will occur on the Dispensed Controlled Substances Accounting Form 807.05G, attached to the back of the prisoner's blister pack/card.
  - f. The Department will maintain a complete record and inventory of controlled substances and related equipment as follows:
    - (1) All controlled substances must be clearly marked on their containers with a capital C followed by a Roman numeral indicating Schedule I, II, III, IV, or V as appropriate (e.g., CII). Dispensed controlled substances in prisoner-specific labeled blister packs/cards must be marked with a red C on the package.
    - (2) On-site medical personnel at each shift change shall inventory stock controlled substances, if any, and related equipment items and note the correct count by signing their name to the Controlled Substance Inventory Sheet (form 807.05B) on each item. This count is to be performed by two individuals. Dispensed controlled substances in a prisoner-specific labeled blister pack/card must be accounted for at the time of each dosage given by the staff and the prisoner (or two staff in the event that a prisoner cannot or will not sign) cosigning the Dispensed Controlled Substances Accounting Form, 807.05G, attached to the back of the blister pack/card for each dose along with the descending count. In the event there is a discrepancy in the count, off-going staff must report the discrepancy immediately to their supervisor or to the on-call health care practitioner before leaving the facility.
    - (3) Medical personnel at each facility shall submit a controlled substance inventory to the pharmacy on the first and fifteenth of each month. The inventory must include the name of the medication and the Rx number for all controlled substance containers in the facility.
  - g. Controlled substances may be transferred from one facility to another when a prisoner is transferred and the drug is not currently in stock at the receiving facility. Medical personnel transferring the prisoner will complete the Transfer of Controlled Substances, Form 807.05K. The form must be faxed to the pharmacy and to the receiving facility. When the medication arrives at the receiving facility, medical staff will complete the form and fax a copy to the transferring facility and to the pharmacy.

## 12. Medical Errors/Drug Reactions

Medical staff must immediately report medication errors or adverse drug reactions that require any type of medical intervention to the on-call health care practitioner and complete a Medical Incident Report 807.05D prior to the end of the shift during which the incident occurred, or during the shift when staff become aware of the error or drug reaction. The Medical Incident Report must be sent to the Health Care Administrator or designee at Central Office. Institutional health care staff shall document in the chart and inform the pharmacy of any adverse drug reactions experienced by prisoners for whom they prescribe medication.

### 13. Medications Provided Upon Release

- a. It is the prisoner's responsibility to inform medical staff of his or her pending release. If a prisoner is released without prior notice, the health practitioner may write or phone in a prescription to a pharmacy of the prisoner's choice.
- b. Only essential medications may be provided to a prisoner upon release. Prisoners may be given a one-week supply of the following essential medications: anticonvulsants, antibiotics, antivirals, antituberculosis agents, psychotropics, cardiovascular agents, asthma medications oral diabetic agents or medications recently started for an acute condition. If necessary, a two-week supply of psychotropic medications may be given to mentally ill prisoners. For prisoners on birth control medications, the remainder of the medication/package may be given upon release.
- c. If the medication provided upon release is not in a childproof container, the prisoner must sign a Release Medication Waiver Log, Form 807.05J.
- d. If an IHCO determines that a prisoner needs a discharge medication that is not listed in 13(b) above, or for a period longer than stated above, he/she should complete a non-formulary request.
- e. Health care practitioners may not issue over-the-counter medications to prisoners upon release.
- f. If personal medications are taken to a CRC, CRC staff shall ensure that the medications are given to the prisoner upon release. Medical staff shall ensure that the medications and labels are consistent with current medication orders. Any discrepancy must be referred to the IHCO to determine a plan to resolve the discrepancy.

### 14. Handling and Packaging Medications

- a. The Institutional Health Care Officer is responsible for devising procedures that ensure the security of pharmaceuticals. These procedures must be submitted to the Superintendent and the Pharmacist for approval.
- b. Staff must return all ordered but unused prescription medications to the pharmacy. Staff must also return controlled substances with the Controlled Substance Inventory Sheet (form 807.05B) or the empty blister pack/card with the Returned Controlled Substances Form, 807.05G.
- c. The label of any legend drug may not be changed except by a pharmacist or health care practitioner.
- d. Only the pharmacist may destroy unused medications. Controlled substances must be destroyed at an incinerator approved by the Environmental Protection Agency as directed by DEA procedure.
- e. A prisoner participating in a self-medication program may put his/her own medication in a plastic divi-dose or other container for his/her convenience if so ordered by the prescribing health care practitioner.

## 15. Stock of Medications.

- a. Each institution's medical unit shall stock a minimal amount of medications to use when pharmacy service is unavailable. Stock pharmaceuticals are to be ordered on the pharmacy-provided stock ordering form. Only medical personnel may take medication from stock and administer it upon a health care practitioner's order.
- b. Each container of stock medication must be labeled with the medication name, expiration date, and number of dosage units in the container.

1-18-01

Date

William Worrall MD

William Worrall MD

Department of Corrections

January 18, 2001

Date

Margaret M. Pugh

Margaret M. Pugh, Commissioner

Department of Corrections

## Authority:

22 AAC 05.120

22 AAC 05.122

## Applicable Forms:

807.05A - K

807.06A