

Pharmaceutical Operations

726.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

726.1.1 DEFINITIONS

Definitions related to this policy include:

Administration - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals in accordance with state law.

Controlled substances - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

Delivery - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing physician and expiration dates). Under these circumstances a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional.

Dispensing - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

Distributing - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

Dose - The amount of a drug to be administered at one time.

Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

Milwaukee County Sheriff's Office

Custody Manual

Pharmaceutical Operations

Pharmaceutical operations - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the jail, the monitoring of inmate drug therapy and the provision of inmate/patient drug information.

726.2 POLICY

It is the policy of this agency that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient to meet the needs of the facility population (Wis. Admin. Code DOC § 350.16).

726.3 PHARMACEUTICAL OPERATIONS

- (a) The Responsible Physician, in conjunction with the Jail Commander, shall ensure that all medications provided by an arrestee during the admission process or brought to the facility after admission are inventoried and properly stored (Wis. Admin. Code DOC § 350.16(4)).
- (b) The Responsible Physician shall be responsible for establishing and maintaining a system for storing and accounting for controlled substances. An incorrect count shall be reported immediately to the Jail Captain or Lieutenant. Medications shall be stored under proper conditions of security, segregation and environmental control in locked drug cabinets at all storage locations (Wis. Admin. Code DOC § 350.16(5)).
- (c) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.
- (d) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician and the Jail Commander.

726.4 PRESCRIBING MEDICATIONS

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules (Wis. Admin. Code DOC § 350.16).

- (a) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.
- (b) The qualified health care professional shall notify the Jail Captain or Lieutenant of all known medication errors in a timely manner.
- (c) Unused medication shall be inventoried or disposed upon the inmate's release or transfer (Wis. Admin. Code DOC § 350.16(10); Wis. Admin. Code DOC § 349.19). Medication brought into the facility shall be returned to the inmate upon release or delivered to the transporting correctional officer upon transfer (Wis. Admin. Code DOC § 350.16(9); Wis. Admin. Code DOC § 349.19).

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726.5 PER DOSE MEDICATION ADMINISTRATION

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis.

- (a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.
- (b) Medication dispensing envelopes bearing the inmate's name, booking number, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.
- (c) The qualified health care professional will confirm the inmate's identity with the name and/or booking number on the dispensing envelope prior to administering the medication.
 - 1. Inmates should have a fluid container and adequate fluid to take the medication being administered.
 - 2. The qualified health care professional should observe the inmate taking the medication to prevent "cheeking" or "palming".
 - 3. The qualified health care professional should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be "cheeking" the medication, a chart entry will be made and a notation entered on the medication envelope, as well as the back of the Medication Administration Record (MAR). Custody staff shall be immediately notified of the suspected "cheeking" and shall follow-up with the appropriate security, corrective and/or disciplinary action.
- (d) The qualified health care professional shall record each medication administered by initialing the appropriate date and time. The qualified health care professional shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed (Wis. Admin. Code DOC § 350.16 (7)).
 - 1. In the event that medication cannot be administered (for example, the inmate is in court or the medication is not in stock), a note explaining the situation and planned action shall be made on the back of the MAR or on a progress note.
- (e) The qualified health care professional shall have inmates who refuse their medication sign a refusal form at the medication round (Wis. Stat. § 302.384(3); Wis. Admin. Code DOC § 350.16(8)). If the inmate willfully refuses to sign the refusal form, the qualified health care professional shall advise custody staff, who should attempt to resolve the situation through voluntary compliance by reminding the inmate that a refusal to sign may lead to disciplinary action. The qualified health care professional shall also:
 - 1. Note the refusal on the medication log including the date and time.
 - 2. Review the medication logs for prior refusals.

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3. Patterns of refused medications will be documented on the inmate's medical record.
 4. Make a reasonable effort to convince the inmate to voluntarily continue with the medication as prescribed.
 5. Report continued refusals to the Responsible Physician.
- (f) No inmate should be deprived of prescribed medication as a means of punishment.

726.6 SELF-ADMINISTRATION OF MEDICATION

Upon approval of the Responsible Physician or qualified health care professional, inmates may be allowed to self-administer prescribed medication other than psychotropic medication, seizure medication, controlled drugs, TB medication, any medication that is required to be DOT, or has the recognized potential for abuse.

The qualified health care professional ordering medication should educate the inmate regarding potential side effects and the proper use of the medication.

- (a) Medication may be ordered through a pre-booking examination or medical clearance obtained at a hospital or other clinic, an emergency room visit or evaluation by an on-site qualified health care professional.
- (b) Any questions the inmate may have concerning his/her medication should be addressed at this time.
- (c) The inmate shall be instructed to carry medication at all times or to secure it in designated areas within the housing unit.
- (d) All self-administered medications are to be documented on the MAR.
- (e) Upon receipt of the medication, the qualified health care professional should issue the inmate his/her medication as follows:
 1. The qualified health care professional issuing the medication should confirm the inmate's identity with the name and/or booking number on the self-administer package.
 2. When issuing self-administered medication, documentation on the MAR should include the number of pills issued and the qualified health care professional's initials.
- (f) Any self-administered medication may be changed to per-dose at the discretion of the medical staff if the inmate is not responsible enough to self-administer the medication or has a history of frequent rule violations. Documentation in the medical record should accompany any decision to change the medication to per-dose. Custody and health care staff should continuously monitor and communicate with each other regarding inmates complying with the conditions and rules for self-administered medication.
- (g) Inmates who arrive at the facility with prescribed medication should be administered per-dose for any new medications or refills until the new medication or refill is received from the pharmacy.

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726.7 NON-PRESCRIPTION MEDICATION

Any over-the-counter non-prescription medication available to inmates for purchase in the facility commissary shall be approved by the Jail Commander and reviewed annually.

The Jail Commander and the Responsible Physician should establish a limit on the amount of non-prescription medication an inmate may purchase and have in his/her possession at any time. Inmates with medication in an amount above the proscribed limit may be subject to disciplinary sanctions.