



SCDC POLICY

This policy has been developed and/or revised in response to and as a portion of the Remedial Plan agreed upon by the parties in the settlement of T.R. V. South Carolina Department of Corrections, No. 2005-CP-40-02925. As agreed by the parties in the Settlement Agreement, it is the understanding and agreement of the parties that implementation and effectuation of the provisions of this policy as a portion of the Remedial Plan shall be phased in over time and all aspects shall not become effective immediately. (See Section 2 - Summary of Agreement and Section 4 (f) - Implementation Phase-In of Settlement Agreement effective May 2, 2016).

CHANGE 1 TO HS-18.16:

NUMBER: HS-18.16

TITLE: PHARMACEUTICALS

ISSUE DATE: OCTOBER 20, 2016

RESPONSIBLE AUTHORITY: *DEPUTY* DIRECTOR FOR MEDICAL AND HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.16 October 1, 2006; July 1, 2002; Change 1 April 15, 2004

RELEVANT SCDC FORMS/SUPPLIES: M-10, M-11, M-30, M-34, M-35, M-36, M-63, M-67, M-77, M-99, M-105, *M-184, Form DEA-224*

ACA/CAC STANDARDS: *4-ACRS-4C-12, 4-ACRS-4C-13, 4-ACRS-4C-18, 4-ACRS-4C-19, 4-4362, 4-4378, 4-4379, 4-4382, 4-4397, 4-4401, 4-4409, 4-4410, 4-4413, 4-4414*

STATE/FEDERAL STATUTES: NONE

HEALTH SERVICES PROCEDURES (HSPs): 100.18; 800.1; 800.4

PURPOSE: To provide guidelines for administering, dispensing, and controlling pharmaceuticals.

POLICY STATEMENT: To promote safety and security, all pharmaceuticals will be strictly controlled, stored, transported, dispensed/administered, and accounted for so as to preclude any unauthorized access to the same. Inmates will not be involved in any pharmaceutical operation and will be prohibited from handling pharmaceuticals other than those issued to them. The Agency will ensure that each SCDC pharmacy possesses appropriate permits/registrations and that all pharmaceutical operations are in compliance with all applicable SCDC policies/procedures, American Correctional Association Standards, and state and federal statutes.

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SPECIFIC PROCEDURES:

1. STAFFING:

1.1 The South Carolina Department of Corrections' (SCDC) pharmacy services will be provided by a central pharmacy located in Kirkland Correctional Institution at 4344 Broad River Road, Columbia, SC 29210. The pharmacy will be maintained by professionally and legally qualified pharmacists and staffed with a sufficient number of personnel to meet the scope of medical needs of the institutions within SCDC.

2. STANDARDS OF OPERATION:

2.1 Kirkland Correctional Institution will provide space, equipment, and supplies for professional and administrative functions of the pharmacy to promote patient safety through proper storage, preparation and dispensing of pharmaceuticals.

2.2 Each institution will house a Non-dispensing drug outlet staffed by nurses. The institution will provide space, equipment, and supplies for professional and administrative functions of the Non-dispensing drug outlet to promote patient safety and proper administration of drugs.

2.3 The Pharmacy Director will maintain up to date reference materials (computer accessible or print), specifically:

2.3.1 Drug information reference (e.g., Facts and Comparisons);

2.3.2 Medispan (drug interactions); and

2.3.3 A copy of the SC Pharmacy Practice Act.

2.4 Equipment in the pharmacy and Non-dispensing drug outlets will include at least:

2.4.1 Adequate computer equipment;

2.4.2 A refrigerator dedicated to and appropriately labeled, for the storage of medications and biologicals;

2.4.3 Adequate lighting and ventilation;

2.4.4 A sink with running water; and

2.4.5 A system to monitor temperature control that meets Department of Health and Environmental Control (DHEC) standards. (Medications not kept at proper temperature must be discarded.)

3. KEY CONTROL AND ACCOUNTABILITY:

3.1 Kirkland Correctional Institution Pharmacy:

3.1.1 Only Pharmacists and the Warden of Kirkland Correctional Institution will have keys to the pharmacy.

3.1.2 The warden's key will be kept in the warden's safe for emergency purposes only.

3.1.1 Only pharmacists have keys to the controlled substance cabinet.

3.2 Non-dispensing Drug Outlet Permits:

3.2.1 Only one nursing staff member per shift will be assigned the key to the outlet and the room will remain locked at all times, even when occupied.

3.2.2 Access will be limited to specifically designated personnel.

3.2.3 Controlled substances in the outlets will be double locked and must be counted at the beginning and end of each shift.

4. PROCEDURES AND OPERATIONAL PRACTICES:

4.1 The Pharmacy Director will develop and maintain written procedures and operational practices pertaining to pharmaceutical services, in concert with the medical staff, and as appropriate, with representatives of other disciplines.

4.2 Pharmacy and Therapeutics Committee: The Medical Director will establish a Pharmacy and Therapeutics (P&T) Committee that will meet at least quarterly. Members of the Committee will be:

4.2.1 The Medical Director, who is chairman of the committee;

4.2.2 Chief of Psychiatry;

4.2.3 The Pharmacy Director or designee;

4.2.4 Director of Nursing; and

4.2.5 Physicians, dentists, and other staff members as designated by the Chairman.

The P&T Committee will consider and approve/disapprove all proposed additions to the Formulary. Requests for changes to the Formulary will be submitted to the Committee Chairman.

4.3 Formulary:

4.3.1 All pharmaceuticals available for use in the treatment of inmate patients by professionals of the SCDC or contracted Health Services will be listed in a Formulary, which is published online and accessible through the Health Services Procedures Manual on the SCDC intranet website.

4.3.2 Authorization for the use of items not listed on the SCDC Formulary may be requested using SCDC Form M-184, "Non-Formulary Medical Prescription," form. The form along with a prescription must be submitted for approval to the Medical Director, Chief Psychiatrist or designee.

4.3.3 Upon approval from the medical director, Non-formulary drugs will be filled by Kirkland Correctional Institution Pharmacy.

4.4 Training and Education:

4.4.1 Pharmacy personnel will participate in relevant education programs, including orientation of new employees, in-service and outside continuing education. Records of training will be maintained in the employee's personnel file.

4.4.2 All health care providers performing pill line operations will complete pharmacy orientation as part of the Health Services Orientation before administering medications in pill line. Pill line is for administration or distribution of medications not dispensing. Dispensing is a function of pharmacy personnel ONLY.

4.5 Patient Safety: The Pharmacy Director will ensure there are written procedures in place for patient safety and the control, accountability, and distribution of drugs. These procedures will be reviewed /revised annually, as necessary.

4.5.1 All drugs will be labeled according to the guidelines outlined in the SC Pharmacy Practice Act and will include:

- *Patient Name/location;*
- *Prescriber;*
- *Name/Strength of drug ordered;*
- *Quantity dispensed;*
- *Signature;*
- *Manufacturer;*
- *Address of Pharmacy;*
- *Order Start Date;*
- *Order Expiration Date; and*
- *Number of Refills remaining.*

4.5.2 Discontinued and outdated drugs and containers with worn, illegible, or missing labels will be returned to the pharmacy for proper disposition.

4.6 Dispensing Medication Orders: Before a medication order is dispensed, a pharmacist will review it prospectively for the following:

- *Drug/drug interactions;*
- *Drug/disease interactions;*
- *Drug/food interactions;*
- *Therapeutic duplications;*
- *Overuse/underuse;*
- *Allergies;*
- *Therapeutic appropriateness;*
- *Appropriate dose;*
- *Appropriate route of administration;*
- *Duration of therapy;*
- *Adverse drug reactions;*
- *Proper laboratory monitoring;*
- *Appropriate clinical outcomes; and*
- *Provide the final check of the medication order.*

4.7 Transport/Receipt of Medication:

4.7.1 Medications will be transported from the central pharmacy to institutions using the SCDC bus transportation system, by designated employees, in security sealed, numbered totes. A delivery sheet specifying items in the tote will be included in each tote and the number of the security seal will be recorded on the delivery sheet.

4.7.2 All items transported from the pharmacy will be signed out in log books maintained for this purpose. Logbooks will be maintained in accordance with the Agency's Retention Schedule, and sign out information will include:

- *Location destination;*
- *Person transporting; and*
- *Date and time leaving the pharmacy.*

4.7.3 The totes will be sealed by dispensing pharmacists and unsealed by the receiving nurse at the Non-dispensing drug outlet.

4.7.4 Medications will be received at the Non-dispensing drug outlets then checked in by nursing staff and reconciled with the delivery sheet included in the tote.

4.7.5 The pharmacy should be notified concerning any delivery sheet discrepancies daily.

4.7.6 Prescription medication for inmates being transferred from one institution to another will be transported in a secure container by SCDC transporting officers and delivered to the appropriate employee at the receiving institution.

4.8 Administration of Medication from Non-dispensing drug outlets. Items approved by the Board of Pharmacy to be located in the Non-dispensing drug outlets include:

- *Filled patient specific prescriptions (pre-packaged, pre-labeled);*
- *Standing order drugs;*
- *Starter packs; and*
- *Specially approved emergency drugs for direct administration (e.g., Epipen).*

4.9 Inspections. Each Non-dispensing drug outlet will be inspected monthly by a consultant pharmacist per SC Board of Pharmacy Regulations. A record of these inspections will be maintained in the central pharmacy for two years. A copy of the inspection will be kept in a file at each institution by the nursing supervisor.

4.10 Drug Monitoring. The Pharmacy Director will provide drug monitoring services keeping with each patient's needs, FDA and manufacturer recommendations, and practices recommended through drug information references.

5. DEA CONTROLLED SUBSTANCES:

5.1 Applicability of Federal Law: Drug Enforcement Administration (DEA) controlled substances are drugs and drug products under jurisdiction of the Controlled Substances ACT of 1970 and are divided into five schedules (I, II, III, IV, and V).

5.1.1 For renewal of a DEA registration number, the Pharmacy Director will renew online at deaddiversion.gov FORM DEA-224.

5.1.2 The Pharmacy Director will verify fee exemption status.

5.1.3 'Registration Classification' on DEA-224 will be checked as 'hospital/clinic.' There will be only one official registration number for each SCDC institution.

5.1.4 The DEA number will be used only for official federal business.

5.1.5 The Pharmacy Director will complete and submit these forms.

5.2 Responsibility: The Pharmacy Director will be the responsible authority for all DEA controlled substances. The main stock will be kept in the central pharmacy in a locked cabinet to which only pharmacists have the key.

5.2.1 At the Non-dispensing drug outlets, controlled substances will be kept in a locked cabinet, drawer or box within the locked outlet room. Only nursing staff designated by the nursing supervisor of each

institution will have the key to the controlled substance cabinet, drawer or box.

5.3 Purchasing/Receiving: *Purchase orders for controlled substances will be prepared by a designated employee in the pharmacy.*

5.3.1 *Controlled substances will be stocked in single dose packaging when available.*

5.3.2 *The Pharmacy Director will establish a proper system of security for their receipt.*

5.4 Records:

5.4.1 *The Pharmacy Director will maintain proper records accounting for ordered/dispensed controlled substances.*

5.4.2 *An annual inventory of controlled substances will be taken at the close of business on April 30. The quantity on hand of controlled substances will be recorded. The inventory will maintained by the Pharmacy Director in the controlled substance file in Kirkland pharmacy.*

5.4.3 *Patient specific control registers (internal form) will be sent to the non-dispensing drug outlets at each institution with each controlled substance dispensed. Each dose given will be recorded on the sheet by nursing staff and a perpetual count will be kept. The completed registers will be kept in a file at each institution for three years.*

5.5 *The DEA and SCDHEC require safeguarding and accounting for all controlled substances.*

5.5.1 *Controlled substances will be stored in locked cabinets, drawers or boxes at each institution.*

5.5.2 *When a controlled substance requires refrigeration, the medication must be secured in a locked refrigerator or in a locked drawer within the refrigerator.*

5.6 Disposal: *Expired/outdated controlled substances will be destroyed in accordance with Health Services Procedure (HSP) 800.1.*

6. PRESCRIPTION OF MEDICATION: Pharmaceuticals will be provided for the treatment of inmates only, except as provided by **HSP 100.18**, *"Use of Health Services Resources for SCDC Employees, Volunteers, and Visitors."* SCDC physicians, dentists, physician's assistants, and nurse practitioners will write prescriptions using the following guidelines:

6.1 Prescriptions must be legible and complete or must be properly transmitted to the pharmacy via the Automated Medical Record system; pharmacists will not fill prescriptions containing unclear or incomplete information, but will refer them to the prescribing practitioner for clarification/correction as required.

6.2 Prescriptions must be dated, have the number/amount of medication, and contain an expiration or "stop order" date or specific duration (no longer than one (1) year).

6.2.1 If the prescription is for dose by dose administration from a stock pack, the physician may write the prescription for **chronic medications** up to twelve months.

6.2.2 If the prescription is for KOP supply, the physician must write the prescription for the KOP amount and may include authorization for up to eleven months worth of refills. (KOP amount will be one [1] month or less.)

6.2.3 If the institutional physician, in cooperation with the **Nursing Supervisor**, has assessed the inmate and found him/her incapable of managing large supplies of medication, the physician must order the medication in reduced quantities to meet the inmate's needs. This reduced quantity must be indicated on the prescription so that the pharmacist may package it accordingly, i.e., daily or weekly packs, etc.

6.3 Physicians will re-evaluate the need for continuation of medication prior to renewal.

6.4 Telephone orders for prescription medication will be written in the sick call notes/AMR, and the physician will co-sign the order upon his/her return to the clinic.

6.5 Controlled Substances:

6.5.1 The prescription must have the physician's DEA registration number and be a phoned, faxed or paper prescription. *CIII-CV or paper prescription only is required for CII medications.*

6.5.2 Schedule II Drug Prescriptions: Schedule II drugs will be limited to a seven (7) day supply (except in infirmaries or with previous approval *by the medical director*). The physician must write and sign the prescription (i.e., the nurse may not fill in the prescription for the physician's signature). Telephone orders for *Schedule II* drugs must be called to the pharmacy by the medical doctor and will be filled by the pharmacy only in extreme emergencies, and the written prescription must be immediately forwarded to the pharmacy.

6.6 Special Considerations: If the inmate requires dose-by-dose medication administration, the Health Summary for Classification must be reviewed and updated by the institutional physician (if necessary) so the inmate may be transferred to an institution with coverage to meet that requirement. If an inmate loses his/her medication pack, the *Nursing Supervisor* or designee will consult with the physician in making the decision whether or not to reorder the medication.

7. DISPENSING AND ADMINISTRATION:

7.1 Definitions:

7.1.1 *Administration is defined as providing one dose of medication to be applied or consumed immediately.*

7.1.2 *Dispensing is defined as placing multiple doses in a properly labeled container for use over a period of time. Dispensing is the act of prospectively reviewing the order as described in section 7.1.3 below. Only pharmacists may dispense medications.*

7.1.3 *Distribution is defined as physically handing a filled prescription or Over the Counter (OTC) product to an inmate. Any licensed medical professional who has completed Health Services training may distribute or administer medications.*

7.2 Dispensing: Prescriptions, standing order medications, doctor's box/dentist's box medication, and stock medication will be dispensed by licensed pharmacists from SCDC/contract pharmacies to authorized SCDC employees (never inmates) for delivery/administration directly to inmates. The following will apply:

7.2.1 The pharmacist must receive a legible SCDC Supply M-11, "Medical Prescription," or other legal prescription; SCDC Supply M-34, "Physician's Order;" or SCDC Supply M-35, "Medical/Laboratory Supply Order," electronic order via the Automated Medical Record system; or a telephone order before the prescription/order can be filled.

7.2.2 All written orders must be signed by SCDC physician, dentist, physician's assistant, or nurse practitioner.

7.2.3 Pharmacists will ensure that Pharmacy Drug Orders are not in conflict with the limitations outlined in this policy and that prescription medications are on the formulary or approved as an exception by the *Deputy Director of Health Services* or designee.

7.2.4 Pharmacists will ensure that dispensed prescriptions are correctly labeled to include:

- Date filled;
- The inmate's name, SCDC number, and institutional assignment;
- Drug name, strength, manufacturer, and if generic drug is used;
- Prescription name;
- Directions for use; and
- Other information needed to ensure correct use.

7.2.5 Dose by dose (***DXD***) medications may be dispensed in a stock pack from which the nurses may administer the medication. Stock packs may contain up to three-(3) months' supply of medication.

7.2.6 Chronic KOP medications will be packaged in no more than a one (1) month supply.

7.2.7 For medications whose potency can be altered due to temperature and moisture extremes, the pharmacist will provide appropriate packaging to prevent medication deterioration, or arrangements must be made for appropriate storage.

7.2.8 The nurse or health trained employee must ***distribute*** the medication to the inmate in the same pack prepared by the pharmacy. The medication may not be re-packaged by non-pharmacy personnel for delivery to inmates.

7.2.9 Refills for current medication treating chronic conditions including mental health diagnoses will be automatically generated through CIPS pharmacy program and processed daily by pharmacy staff.

7.2.10 All other refills will be requested using the inmate's name, prescription number, and type of medication sent to the pharmacy on a refill request sheet.

7.3 Transferring: When an inmate transfers from one (1) institution to another, the sending institution must transfer all the inmate's medication and MARs along with the medical record. At the receiving institutions:

7.3.1 The medical staff will write the name of the new institution on the current pill packs/containers.

7.4 Distribution/Administration:

7.4.1 Institutional Medication Guidelines: Medications will be given to inmates either as dose-by-dose administration or in KOP packs. (Refer to ***HSP 800.4***, "Medication Administration/Delivery," for further details.) The following will apply:

7.4.1.1 The decision as to which ***medications should be administered by each*** method (KOP or dose-by-dose) will be determined by the ***Pharmacy and Therapeutics Committee***, taking into account the security level of the institution as well as the hours of nursing coverage and other medical management issues. ***This status can also be considered on an individual basis by medical staff at an institution as well.***

7.4.1.2 A list of dose-by-dose medications will be issued by the ***Pharmacy and Therapeutics Committee***.

7.4.1.3 For most non-controlled chronic medication, a 30-day supply will be issued to the inmate.

7.4.1.4 At institutions ***all*** controlled medications will be dose by dose.

7.4.2 TB Medications: (Refer to ***HSP 800.4***, "Medication Administration/Delivery," for more details.)

7.4.2.1 TB medications for treatment of active tuberculosis will always be given as directly observed therapy (DOT).

7.4.2.2 TB preventive treatment medications will be administered as dose-by-dose DOT.

7.4.2.3 SCDC will provide TB preventive therapy for an inmate on Work Release. The covering institutional Medical staff will continue to provide and document the inmate's TB medications.

7.4.3 Doctor's Box Medications: The *Pharmacy and Therapeutics Committee* will provide a list of pharmaceuticals approved for the doctor's box for institutions with outpatient clinics. SCDC Supply M-77, "Control Register," will be used to ensure accountability for these medications.

7.4.4 Standing Order medications may be administered by a nurse in strict compliance with procedure for the use of Standing Medical Orders.

7.4.4.1 Standing Medical Order drugs will be ordered from the pharmacy using SCDC Supply M-35, "Medical/Laboratory Supply Order." The physician must sign SCDC Supply M-35.

7.4.4.2 The Standing Order medications will be pre-packaged and pre-labeled by the pharmacy as required by law, leaving space for the date of issue and the inmate's name.

7.4.4.3 Audits will be conducted *monthly* by a pharmacist to ensure proper documentation and counts of Standing Order drugs. This will be documented on an audit checklist, "Pharmacy Monthly Audit," developed and maintained by the Director of Pharmacy Services. The completed audit checklists will be maintained in the pharmacy *in accordance with the Agency's Retention Schedule*.

7.4.5 Stock Medications: *Kirkland Correctional Institution* pharmacists will be responsible for stocking infirmaries with infirmary approved medication in adequate levels to meet the needs of the infirmary.

8. DOCUMENTATION:

8.1 In medical clinics and infirmaries, medication administration will be documented by medical staff on the AMR, SCDC Supply M-10, "Daily Medication Administration Record," or SCDC Supply M-36, "Inpatient Medication Administration Record," and SCDC Supply M-99, "Tuberculosis Preventive Treatment Record," as outlined in the Agency's Documentation Standards Guidelines. Administration/delivery of standing order medication will be documented on the Sick Call Clinic Notes/AMR.

8.2 KOP and over the counter (i.e., can be obtained without a prescription) medications delivered to inmates by non-Health Services personnel will be documented on SCDC Supply M-105, "Medication Log," which will be kept *in accordance with the Agency's Retention Schedule*. "Medication Logs" will include date, name of the medication, and the inmate's name, SCDC number, and signature.

8.3 In Pre-Release or Work Release Centers where there is no full-time medical staff, SCDC Supply M-105, "Medication Log," will be reviewed bi-annually by medical staff of the covering institution. The completed "Medication Logs" will be maintained by the medical staff *in accordance with the Agency's Retention Schedule*.

8.4 Inmates *who are on medications will have their prescriptions renewed*. This will be documented on SCDC Supply M-30, "Medical Information for Released Inmates." (See *HSP 800.5*, "Medications for Inmates Being Released from SCDC," for further details.)

9. MENTAL HEALTH MEDICATION MANAGEMENT: *In addition to sections 1-8 above, the following accommodations are made for mentally ill offenders:*

9.1 Reception and Evaluation:

9.1.1 Inmates currently prescribed psychotropic medication:

9.1.1.1 *If inmates arrive to SCDC with psychotropic medication currently prescribed, nursing staff will obtain relevant information from the inmate, through available records and through*

consultation with the detention center.

9.1.1.2 The R&E medical practitioner will be notified by nursing staff and will evaluate the records and write an order to continue, discontinue or substitute the medication. The R&E medical practitioner will perform a physical exam as part of the R&E process.

9.1.1.3 Mental Health staff will be notified by nursing staff of the arrival of inmates taking psychotropic medication. The inmates will be seen per existing R&E procedures unless the situation warrants immediate attention.

9.1.1.4 The inmate will be scheduled for evaluation by Psychiatry.

9.1.2 Inmates who exhibit symptoms of mental illness and are not taking medication:

9.1.2.1 Inmates will be evaluated by psychiatry and medication will be prescribed if indicated.

9.1.2.2 The prescribing psychiatrist will discuss potential side effects of the medication when it is prescribed.

9.1.3 Inmates taking psychotropic medication will be evaluated by the R&E psychiatrist at least every 30 days or more often, if clinically indicated, until transfer to another institution or program.

9.1.4 Follow up procedures for care of inmates on medications who are transferred to another institution or program will be initiated consistent with institutional/program mental health services.

9.1.5 If psychotropic mental health medication is discontinued, the prescriber will assure appropriate reassessment and monitoring for return of symptoms and any possible withdrawal side effects.

9.2 Specialized Mental Health Programs:

9.2.1 Inmates will be regularly evaluated by the psychiatrist or a psychiatric nurse practitioner/physician assistant practicing under the supervision of a psychiatrist. The evaluation will include assessment of effectiveness and the development of potential side effects.

9.2.2 The following is the maximum allowed period of time between assessments. Inmates will be seen more frequently if necessary. Ultimately, the frequency of follow up will be determined by the acuity of the mental illness.

9.2.2.2 Gilliam Psychiatric Hospital - at least weekly for 4 weeks and at least monthly after that.

9.2.2.3 Intermediate Care Services/Behavioral Management Unit - at least monthly.

9.2.2.4 Others - at least every 90 days.

9.2.3 All practitioner medication management encounters will be documented in the automated medical record.

9.3 General Prescribing Guidelines:

9.3.1 Every effort should be made to use medications on the Formulary.

9.3.2 If a non-formulary medication is ordered, it must be ordered per the non-formulary process with detailed rationale for the need to use a non-formulary medication.

9.3.3 Medications which require laboratory monitoring must have pertinent labs ordered by the prescribing practitioner.

9.3.4 Polypharmacy (using more than two drugs from the same class or more than four medications to treat the same condition) should be avoided when possible and rationale for use of multiple medications in the same class or for the same purpose should be clearly explained in the inmate/patient record.

9.3.5 Inmates receiving antipsychotics, lithium, tricyclic antidepressants, or any medication identified by the Pharmacy and Therapeutics Committee as associated with poor heat tolerance or interference with temperature regulation should be assigned to dorms with air conditioning.

9.3.6 Psychotropic medication for inmates who are on a stable psychotropic medication regimen of a chronic/ long term illness may be ordered for a maximum of 180 days at a time to limit the likelihood of lapse in medication regimens due to prescription processing but the inmate must be evaluated at least every 90 days by a psychiatrist or psychiatric nurse practitioner and documentation of that evaluation and the current medication treatment plan must be entered into the inmate's medical record.

9.4 Informed consent:

9.4.1 Practitioners will provide information about the proposed treatment and explain the expected benefit and potential side effects of psychotropic medications before initiating therapy. This information will be documented in the Automatic Medical Record.

9.4.2 If an inmate is mentally ill and an imminent danger to self or others, an emergency dose of medication may be ordered to be administered against the inmate's will.

9.4.3 Inmates housed at GPH who are committed on an emergency basis or have been committed involuntarily may be given forced medication if they have been evaluated by three (3) physicians who concur that they pose a significant risk to themselves, others or property if not medicated.

9.4.4 Inmates who have been court ordered to participate in treatment to include taking medication may be given medication against their will.

9.5 Noncompliance:

9.5.1 When three (3) consecutive doses of mental health medications are missed, or an inmate misses 50% of their medication or demonstrates a clinically significant pattern of missing medication within a week, the nurse will notify the prescribing physician and the Qualified Mental Health Professional. Nursing staff will review MARs on a weekly basis to detect medication compliance issues and report their findings to the prescribing physician or nurse practitioner.

9.5.2 The MD/NP/PA or psychiatrist will be notified and the inmate will be seen or scheduled to be seen at the next available psychiatric clinic or more often if clinically indicated. An inmate wishing to discontinue medication will be encouraged to discuss this with their psychiatrist or the psychiatrist on call prior to stopping any medication. The need to taper any medication if abrupt withdrawal is contraindicated will be discussed with the inmate.

9.5.3 For an inmate with an acute need for the medication, the nurse or MH clinician will work with the practitioner to identify a solution (e.g., change to daily dosing, move to a higher level of care).

9.5.4 If an inmate who has discontinued medication wishes to resume the medication, he/she will be scheduled to see the psychiatrist.

9.6 Mental Health KOP Medication:

*9.6.1 It is recognized that some mental health patients are able to manage their own medication administration (i.e when they are eligible for work release programs or a **minimum custody institution**). ~~SHOCK incarceration~~. SCDC Mental Health Services will evaluate inmates anticipating transfer to*

Correctional Institutions work release programs and minimum custody institutions with less than daily nursing coverage and or no evening pill line (7 PM pm or later).

9.6.2 Determination will be made by agreement from ~~counselor~~ a QMHP, nursing staff and the assigned psychiatrist, deciding if he/she meets criteria for self-administering mental health medication. The criteria includes: the assessment of treatment/medication compliance, ability to name prescribed medications, demonstrated responsibility by attending pill line regularly, a lack of history of diverting psychotropic medications, and understanding the side effects of medications.

~~9.6.3 Mental health reserves the right to cap the number of mentally ill inmates at institutions with less than daily nursing coverage or no evening pill line.~~

~~9.6.4~~ 9.6.3 The Division of Mental Health Services will maintain a list of medications that will be approved for KOP in this program. ~~At present the list includes:~~ Approved medications will be determined by the Chief of Psychiatry and communicated via official memo through the Office of The Deputy Director for Behavioral Health at least once yearly, or more often if necessary. The following medications/classes of medications are prohibited from being prescribed as Keep on Person: Tricyclic antidepressants, lithium, and carbamazepine.

~~ANTIDEPRESSANTS:~~

- o ~~Celexa;~~*
- o ~~Effexor;~~*
- o ~~Paxil;~~*
- o ~~Prozac/fluoxetine;~~*
- o ~~Remeron; and~~*
- o ~~Zoloft.~~*

~~9.6.5~~ 9.6.4 No more than a 30 day supply of medication will be dispensed at a time.

~~9.6.6~~ 9.6.5 The approved medications will be self-administered keep on person (KOP). All other medication will be administered (DXD).

~~9.6.7~~ 9.6.6 Inmates at these institutions will also be allowed to self-administer their non-mental health medication as appropriate.

~~9.6.8~~ 9.6.7 Patients who take medications which alter the body's ability to maintain consistent body temperature will not be transferred to an institution which is not air-conditioned.

~~9.6.9~~ 9.6.8 Mental health staff will provide counseling/education regarding self-administration of medication to the inmates chosen for this procedure before being approved for self-administration of mental health medications.

~~9.6.10~~ 9.6.9 Those inmates who are allowed to self-administer psychiatric medications will sign a letter of understanding, which will include:

- o Must take medications as ordered by the doctor.*
- o No sharing, selling, or hoarding of medications.*
- o Must keep medications locked up at all times (must have lock on locker).*
- o Report any side effects to medical staff.*

~~9.6.11~~ 9.6.10 The medical staff will monitor the inmate's self-administration of psychiatric medications weekly, using the 'Keep on Person' (KOP) Psychiatric Medication Program Weekly Monitoring Sheet,' for at least one month; then monthly until he/she is released or transferred.

~~9.6.12~~ **9.6.11** *Inmates who remain non-compliant after being counseled will be put back on DXD medication by the nursing staff and the prescribing physician will be notified by medical to see if it is appropriate to remain at current institution.*

~~9.6.12.1~~ **9.6.11.1** *Nurses will notify the psychiatrist when an inmate's medications are changed to DXD.*

~~9.6.12.2~~ **9.6.11.2** *Any other problems will be referred to the psychiatrist and treatment team as appropriate.*

10. DEFINITIONS:

Active TB Disease refers to a clinically active disease caused by organisms of the Mycobacterium tuberculosis complex, which are sometimes referred to as the tubercle bacillus.

Administration of Medication refers to an act in which a single dose of a prescribed drug or biological (e.g., vaccine) is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's/dentist's orders, giving the individual dose to the proper patient, and promptly recording the time and dose given. This will only be done by licensed medical staff (MD, DDS, DMD, PA, NP, RN, or LPN).

Chronic Medications refer to medications ordered on an on-going basis for a chronic disease process.

Controlled Medications refer to drugs identified by the DEA to have a high potential for abuse. They are classified as Schedule II, III, IV, and V.

Delivery/Distribution of Medication refers to the delivery of a drug, other than by administering or dispensing, to a patient. This may be done by licensed medical staff or a medically trained person.

Directly Observed Therapy (DOT) refers to directly observed administration of one (1) dose of medication at a time.

Dispensing of Medication refers to an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological for a patient or for a service unit of the facility.

Doctor's Box Medications refer to pre-packaged and pre-labeled medication to be kept at a clinic and given under the direct order of a physician/dentist. A list of medications to be used as the clinic doctor's box medications will be approved by the Director of Medical Services for use in the clinics.

Dose-by-Dose Administration refers to administration of one (1) dose of medication at a time.

Health Trained Employee refers to an institutional staff member other than a physician, physician's assistant, *nurse practitioner*, or nurse, who has been trained by the medical staff to deliver medication to inmates.

Keep-on-Person (KOP) Medications refer to medications that the inmate is allowed to keep on his/her person for self-administration.

Latent TB Infection refers to a condition in which a relatively small number of living tubercle bacilli (i.e., M. Tuberculosis) are present in the body but are not multiplying or causing clinically active disease. Although infected persons usually have positive tuberculin skin-test reactions they have no symptoms associated with the infection and are not infectious or contagious.

Psychotropic Medications refer to drugs that affect psychological function, behavior, or experience. For the purpose of this policy, this includes antidepressants, neuroleptics/ antipsychotics/anxiolytics, and mood

stabilizers.

Pharmacy refers to a place where drugs are prepared and dispensed for proper utilization.

Pharmacy Outlet refers to a secured area where medications are held prior to licensed personnel administering those medications as ordered by medical staff.

Standing Order Medications refer to pre-packaged and pre-labeled medication used to treat patients per SCDC Standing Medical Orders, as authorized by the Director of Medical Services.

Starter Pack Medication refers to pre-packaged and pre-filled medications that are kept in the clinics and given under the direct order of a physician, nurse practitioner, or dentist. These medications will be used to treat acute medical conditions that require medications immediately. Starter packs are limited to a supply of three (3).

Stock Medications refer to a quantity of prescription medications approved by the Director of Medical Services to be kept in infirmary/clinic areas to treat patients by direct order of a physician/dentist. Stock medications must be administered dose by dose.

Temporary Medications refer to medications ordered on a limited basis for an acute medical condition.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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