

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 26	Number 2.15Y
HEALTH CARE SERVICES DIRECTIVE-YOUTH SERVICES Manual of Policies and Procedures				

Title MEDICATION MANAGEMENT

Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) describes the manner in which Department facilities and personnel prescribe and manage medication.

II. DEFINITIONS:

For the purposes of this HCSD, the following definitions are provided:

- A. **CONTROLLED SUBSTANCES:** Those drugs included on Schedules I through V of the Federal Controlled Substances Act or on Schedules I through V of IC 35-48-2. No Schedule I drugs may be used in the Indiana Department of Correction. The Indiana board of Pharmacy may place certain drugs in controlled status.
- B. **CLINICAL PHARMACIST:** A pharmacist who holds a valid license in the State of Indiana and who has been assigned to the facility to serve as a pharmacy advisor on matters of pharmaceutical management. This pharmacist will perform quarterly surveys to review facility medication management.
- C. **CONTROLLED SUBSTANCE REGISTRATION (CSR):** A registration with the State of Indiana which, like the DEA Certificate, is required for the procurement, storage, administration, dispensing, and destruction of a controlled substance. This registration is required when applying for a DEA Certificate. The application for an Indiana CSR is made through the office of Professional Licensing.
- D. **DOT (DIRECT OBSERVED THERAPY):** Medication that is in the possession of and is administered by qualified health services staff. Also referred to as “Hand Feed” medication.

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- E. DEA CERTIFICATE: A certificate from the DEA, an agency of the Federal Department of Justice, which can be assigned to a practitioner or a facility on the responsibility of a qualified medical staff person for that facility. This certificate assigns a DEA number registering the certificate holder and is required for the procurement, storage, dispensing, and processing of a controlled substance which has been discontinued.
- F. DEA FORM 222: The triplicate form used to account for the movement of a schedule II controlled substance that is from stock or to destruction company from one entity to another. It is obtained from the DEA by holders of a DEA Certificate.
- G. MAR: The Medication Administration Record.
- H. MEDICATION ERROR: A discrepancy between what the practitioner ordered and what was or was not administered.
- I. PRACTITIONER'S SUPPLY: Pre-packaged medications supplied from a pharmacy but maintained under secure conditions by a practitioner for the purpose of immediate dispensing as required to assure good patient care.
- J. PRESCRIBER or PRACTITIONER: A physician, dentist, or podiatrist with a valid Indiana license, an optician practicing in accordance with IAC 857 (optometry legend drug regulations) or an advanced practice nurse who meets the requirements of IC 25-23-1-19.5 (authority to prescribe legend drugs).
- K. PRESCRIBER'S ORDER: A written, telephonic, electronic or verbal prescription, whether directed to an individual or as part of a properly authorized protocol.
- L. PROVIDER: Practitioner or other properly licensed or certified health care worker.
- M. QUALIFIED MEDICATION AIDE (QMA): an individual who has been certified to administer medications.
- N. SUPERVISING NURSE: A registered nurse authorized to supervise other members of the nursing staff. When only one (1) registered nurse is available at a facility, that nurse shall be considered to be the supervising nurse. When more than one (1) registered nurse is available at a facility, the highest ranking registered nurse shall be considered the supervising nurse.

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- O. SUPPLIES FOR NURSING PROCEDURES (NURSING SUPPLIES):
Items or supplies stocked at the facility, which are necessary for the following purposes: 1) to provide nursing care or 2) to treat a health condition in an immediate fashion.

III. GENERAL GUIDELINES:

The Warden in collaboration with the facility's Health Services Administrator (HSA), the Director of Nursing, the site Medical Director (SMD) and the clinical pharmacist shall be responsible for ensuring the development, implementation, and evaluation of local procedures regarding the selection, procurement, dispensing, distribution, administration, storage, and disposal of medication in accordance with local, state, and federal laws, promulgated rules, contemporary standards of accountability, and this HCSD.

The Medical Division's Pharmacy and Therapeutics Committees will be responsible for determining the scope of pharmaceutical services within the Department establishing procedural guidelines for medication management and establishing and maintaining the formulary.

Practitioners authorized to prescribe within the Department are physicians, psychiatrists, dentists, podiatrists, optometrists licensed and certified under IC 25-16-15, and advance practice nurses who meet the requirements of IC 25-23-1-19.5 and 848 IAC 5-1 and are employed within the Department as practitioners.

All medications shall be provided to youths only upon the approval of a practitioner authorized by law to prescribe. Practitioner authorization may be in written format as drug orders, or directly communicated through verbal or telephone orders.

Department practitioners shall adhere to the following general prescribing guidelines:

- Drug therapy is managed by an authorized prescriber acting in good faith in the usual course of their professional practice
- Drug therapy is initiated only after an appropriate clinical evaluation has been completed
- Provision of the drug is the preferred mode of treatment for the condition
- The prescriber shall review all drug-related allergies prior to prescribing the medication
- The strength and quantity of the drug to be dispensed are reasonable; and,
- The duration of the drug order does not exceed 180 days for formulary

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medication and 90 days for non-formulary medication

All drug orders shall contain the following:

- The name and DOC# of the youth
- The date and time the order was written
- The medication, dose, means, frequency of administration, and duration of treatment
- The signature and credentials of the prescriber

Drug orders which deviate substantially from a normal pattern, are ambiguous, or are of an unusual quantity or frequency shall not be dispensed until verification of the order is obtained from the prescriber.

The Health Services vendor shall not maintain samples of medications supplied by pharmaceutical companies or other sources.

It is the responsibility of the Health Service Administrator (HSA), the Director of Nursing (DON), or Nursing Supervisor, the facility medical director, and the clinical pharmacist to ensure that Health Services staff abide by these guidelines.

IV. SELECTION OF MEDICATION:

A standardized formulary has been established for the purposes of guiding prescribing practices and its use is mandatory by prescribers working within the Department. It shall be readily available to the professional staff who use it. The formulary shall:

- Provides a rational yet limited group of medication
- Provides a process for obtaining off-formulary medications, when necessary
- Provides guidance regarding the selection of the cost effective, efficacious medication when alternative choices of varying costs exist
- Discourages the use of medication without proven effectiveness
- Provides a formal mechanism for adding or removing medications from the approved list
- Provides lists of medication for use in different circumstances

V. FORMULARY MAINTENANCE:

A Statewide Pharmacy and Therapeutic (P&T) Committee shall be established and meet quarterly for the purposes of formulary maintenance, reviewing FDA drug alerts, and medication errors. Requested changes to the formulary shall be

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presented to the P&T committee by the clinical pharmacist with all rationales and descriptions. Formulary shall be maintained by P&T committee and provided to Department Health Services Staff, appropriate Executive Directors and the CMO. All changes to the formulary shall be shared with facility staff and prescribers. The site HSA shall ensure access to current formulary practices.

VI. FORMULARY LIMITATIONS:

The formulary identifies some medications that are reserved for certain health conditions, or for a secondary interventions when first line medications have not been effective. Prescribers are expected to be familiar with the restricted medications listed in the formulary. When the medications are used in accordance with restricted guidelines, they are considered formulary medications. When these restricted medications are not used in accordance with the recommendations listed, they are considered offformulary medications and an Off-Formulary Medication Request form must be submitted and approved in advance of non-urgent use.

VII. REQUESTS FOR OFF-FORMULARY MEDICATION:

The contracted medical vendor shall ensure a process is in place for prescribers to request non-formulary medication. The drug order for a non-formulary medication may not be dispensed by the pharmacy until approval has been obtained. The decision regarding non-formulary medication usage shall be communicated to both the prescriber making the request and the dispensing pharmacy. All decisions regarding clinical care must be documented in the EMR.

When the non-formulary medication is needed on an urgent or emergent basis, the prescriber may authorize its use by indicating to the dispensing pharmacist that the drug order must be filled urgently. In this situation, approval for the non-formulary medication may be obtained retrospectively. The contracted medical vendor shall ensure that processes are in place to obtain non-formulary medications when required urgently.

VIII. THERAPEUTIC SUBSTITUTION:

Youth who arrive at Department facilities with previously dispensed non-formulary medications may continue to use the existing supply subject to considerations described under continuity of care later in this document. If the practitioner elects to continue treating the condition and additional medication supplies are necessary, the practitioner shall use standard formulary medications when possible.

Therapeutic substitution is the replacement of the originally prescribed medication with an alternative molecule with assumed equivalent therapeutic effect. The

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alternative medication may be within the same class or from another class with assumed therapeutic equivalence. This substitution may be suggested by a clinical pharmacist however the pharmacist must obtain full consent and agreement from the prescriber. For all therapeutic substitutions the patient must be made aware and provided education of the new medication and the rationale for the change.

IX. PROCUREMENT OF MEDICATION:

A. Routine Procedures

The Health Services vendor shall have a process in place that allows for prescribed medications to be obtained through routine pharmacy methods and plans for a back-up pharmacy when medication needs are urgent and cannot be filled immediately. The responsible HSA shall identify an emergency pharmacy for this purpose.

The dispensing pharmacy must receive an original order generated through the EMR except for Scheduled II controlled substances when a paper prescription is necessary. The DEA has passed regulations that allow electronic CII prescriptions. The State Board of Pharmacy has also passed regulations allowing electronic prescriptions. If all regulations are met and the P&T committee approve electronic CII prescriptions, this process may be used.

- B. A drug order issued by a prescriber may be communicated to the pharmacist by licensed nursing personnel or another practitioner acting as an agent of the prescriber. Either RN or LPN may accept a telephone or verbal order. Verbal/telephone orders shall contain the date and time, patient name and number, medication, dose, means and frequency of the administration, duration of treatment course, name of the licensed nurse accepting the order and the name of the prescriber giving the order. A prescriber must countersign the order in the electronic medical record (EMR) at the prescriber's next business day. Site HSAs shall ensure a process to verify that verbal orders are obtained and countersigned appropriately.

C. Drug Order Transcription

Both RNs and LPNs may transcribe drug orders onto Medication Administration Records (MAR) or any other authorized document used to guide patient care. The nurse shall affix a professional signature including date and time to indicate that the order has been transcribed. Clerical staff may transcribe drug orders onto MARs only if an RN verifies the accuracy of the transcription and co-signs the transcriber's signature.

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X. DISPENSING:

With the exception of CSIIIs, prescriptions are valid for up to 180 days for formulary medication and 90days for non-formulary medications, and up to a 30 day supply may be dispensed at one time.

The dispensing pharmacy, in collaboration with Health Services staff and in consideration of the availablestorage space within the facility, may dispense a quality less that which is identified on the drug order.

Nursing staff may not repackage medications by removing a bulk quantity and placing them into a separatecontainer for subsequent administration. Nurses may not change the instruction or directions for use on aprescription.

When a medication has been dispensed on a drug order and a prescriber subsequently changes the duration of the order, the quantity to be administered, or the frequency or timing of the medication, the nurse may continue to use the previously dispensed medication but may not change the prescription label. Labels that refer the nurse to the MAR may be affixed to the container or blister package directing the nurse where to locate current administration information. A prescriber may change the prescription labelof a drug order they authorized only when the prescription is to be administered to the same patient for whom it was originally prescribed.

Under no circumstances may a prescription dispensed for one youth be diverted to another individual.

XI. REFILLS AND EXPIRATION OF MEDICATION ORDER:

Health Services staff may not refill a drug order except in the manner designated on the original order. Nursing staff or dispensing pharmacy may not assume that a prescriber will automatically renew a drugorder and authorize a renewal without first verifying the order with the prescriber.

For medications generally administered on a continuing basis, the facility's Health Services Administrator (HSA), the Director of Nursing (DON), or in facilities without a DON, the Nursing Supervisor and SiteMedical Director (SMD) shall establish a site-specific process for notifying a prescriber of the impending expiration of a drug order so that the prescriber can determine whether the drug should be continued. Prescribers are responsible for writing refill orders and nursing staff should not prepare refill prescriptions unless the orders are obtained via an appropriately executed telephone or verbal order.

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When medications are used to treat a chronic health problem, the prescriber must review the drug regimen at every chronic care appointment. There must be a process in place by the contracted medical vendor to ensure that there are no gaps in medication.

XII. TEMPORARY LEAVES:

If a youth is approved for a temporary leave, Health Services staff shall be given ample time to plan for this temporary absence. Health Services staff may obtain from the pharmacy a travel prescription of sufficient quantity to cover the time away from the facility. If Health Services staff do not have time to obtain a travel prescription, the youth's entire prescription must be sent with them. The Health Services vendor shall ensure a process is in place to ensure continuity of care and no gap in medication services.

XIII. STOCK MEDICATIONS:

Stock medications are those medications dispensed by a pharmacy, maintained at a facility, properly prescribed, and administered by nursing staff when immediate usage is appropriate.

Supplies of stock medication must be kept in a designated cabinet or other suitable fixed location, which is durable, and of sufficient design and size to ensure a proper environment for the preservation of the medication. Stock medications must be secured by a lock at all times except when it is necessary to retrieve medications, audit supplies, or manage the inventory.

A separate log sheet must be kept for each type and dosage of medication.

The prescriber's order, which directs nursing staff to use stock medications, signals the pharmacy to dispense only the remaining portion of the medication order if necessary.

The dispensing pharmacist is responsible for refilling stock medications as ordered, properly labeling all medications, maintaining records of stock medication dispensing and administration, and assisting in resolving discrepancies if such are noted.

The HSA and DON or Supervising Nurse must periodically monitor the type and quantity of stock medications to ensure that the available quantity is sufficient to meet the needs of the facility but is not excessive; this is usually a 14 day supply. If the types or quantities of stock medication are not sufficient or if a supply of medication is not used, the facility may alter the inventory quantities with consultation from the contracted medical vendors clinical pharmacist.

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Whenever there is a discrepancy noted in the inventory, whether theft is suspected or not, the staff shall immediately notify the nurse in charge. The HSA and DON or Nursing Supervisor shall coordinate efforts to investigate and shall notify the Executive Director of Physical Health and Quality Assurance Manager as soon as possible. If criminal behavior is thought likely, the Warden and Deputy Warden shall be informed immediately. A medication problem report must be completed using State Form 49107, "Report of Medication Problem," and the facility's CQI committee, at its next meeting, shall review the circumstances surrounding the discrepancy, theft or loss.

XIV. PRACTITIONER SUPPLY OF MEDICATIONS:

The prescriber's supply includes medications which must be initiated immediately and which are maintained by a prescriber for this purpose. Prescriber's supply shall be reserved for those occasions when the normal delays in obtaining a medication order through routine processing would cause harm to the youth or would negatively impact the outcome of treatment.

Each prescriber shall individually determine whether his or her professional practice requires a practitioner's supply. The prescriber's supply of medication may only be used when the prescriber is available on-site and in response to an evaluation, treatment, or intervention carried out by the practitioner.

Indiana statutes permit maintenance of practitioner supplies in IDOC facilities. The Legend Drug Act (IC 16-42-19-11 section 2) permits a prescriber, in good faith in the course of practice, to deliver a legend drug to a patient. This statute requires the immediate container in which the medication is delivered have a label that contains name of the medication, directions for use, name and address of the prescriber, and name of the patient.

If a prescriber chooses to dispense only a portion of the dispensed medication, the prescriber must write out the name of the medication, the directions for use, the name and address of the prescriber in addition to the name of the patient on a label which is then affixed to the container. In addition, the prescriber must maintain full records of the dispensing process consistent with pharmacy regulation.

When only a single dose is given, the prescriber does not need to label a container, the prescriber may administer the medication directly or provide the nursing staff with a single dose for immediate administration. When the prescriber administers the medication, he or she is responsible for completing the appropriate documentation on the medication administration record.

When a prescriber distributes medication from their supply, they must initiate a

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corresponding medication order in the EMR and indicate that the medication was dispensed from the prescriber's supply.

Prescribers may distribute the medication to nursing personnel for subsequent administration.

The prescriber must also note the youth's name and DOC number, and the date on which the medication was distributed, affixing his or her initials on the appropriate sections of an inventory of prescriber supply log sheet. When documenting on the log sheet for the first time, the prescriber must complete the signature section signing their name and professional title on the appropriate line and placing their initials in the corresponding initial section.

The prescriber's supply, once packaged by the dispensing pharmacy, will bear a label, which contains the name of the medication, the standard directions for use, and the name and address of the prescriber. If the standard directions for use are ordered, the prescriber shall add only the patient's name and DOC Number to the label when the entire blister package is to be dispensed. If the prescriber deviates from the standard directions for use, then additionally the prescriber must label the medication with the specific directions for use.

Prescriber supply medications will be dispensed by the dispensing pharmacy which routinely dispenses medication for the facility and will normally be packaged in blister packages in quantities to be determined by the prescriber. Prescribers may select to limit the quantity dispensed to a seventy-two (72) hour supply of medication or they may choose to have their supplies packaged in larger quantities in order to deliver a complete course of therapy (i.e., 10-day supply of antibiotics).

The pharmacy is responsible for accurately refilling the prescriber's supply, properly labeling all medications, and maintaining records regarding medications dispensed to prescriber's supplies. The prescriber must maintain records regarding dispensing from the prescriber's supply. If problems develop, the pharmacist may assist in the resolution of discrepancies.

The Clinical pharmacist is responsible for verifying the accuracy and appropriateness of practitioner's supply usage and the integrity of the inventory and storage processes.

The prescriber is responsible for maintaining the security and integrity of the practitioner's supply and associated records and reconciling any noted discrepancies. Facility Directives governing the use of the practitioner's supply medications must be established and implemented in accordance with these guidelines.

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Any prescriber that fails to abide by these guidelines shall have the privilege to maintain prescriber supplies of medications revoked.

The prescriber must conduct a weekly inventory of the prescriber's supply medication, in a perpetual inventory format.

It is the responsibility of the HSA and the Clinical pharmacist in collaboration to ensure that each prescriber is maintaining a prescriber's supply, abides by these operational guidelines.

Prescriber supplies shall be stored in a designated cabinet or other suitable fixed location which is durable and of sufficient structure and size to ensure a proper environment for the preservation of the medication. Storage cabinets must be secured by a lock at all times except when it is necessary to retrieve medications, audit supplies, or manage the inventory. In addition, controlled substances must be securely stored in a fashion that requires two different keys for two unique locking mechanisms. The prescriber may not give access rights to their practitioner supply when they are not onsite at the facility.

At the time supplies of prescriber medications arrive at the facility, a prescriber's supply inventory sheet must be initiated. Separate log sheets must be used for each medication. The prescriber shall use these log sheets to document and monitor all prescriber medication usage.

Log sheets must be completed in a timely manner and maintained on file in the facility for two (2) years and be readily available for review. At a minimum, the prescriber must conduct a physical count of the inventory each week regardless of whether any medications have been removed and, additionally, whenever the storage cabinet is opened. Formal weekly counts shall be documented on the log sheets.

Whenever there is a discrepancy noted in the inventory, whether theft is suspected or not, the staff shall immediately notify the HSA. The HSA shall coordinate efforts to investigate and notify the Executive Director of Physical Health and Quality Assurance Manager as soon as possible. Nursing staff may assist in reconciliation of noted discrepancies. If criminal behavior is thought likely, the Warden and Deputy Warden shall be informed immediately. A medication problem report must be completed and the facility's CQI Committee, at its subsequent meeting, shall review the circumstances surrounding the discrepancy, theft or loss.

XV. SUPPLIES FOR NURSING PROCEDURES:

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Nursing Supplies are items stocked at the facility for use by nurses to facilitate nursing interventions or to treat health conditions in an immediate fashion. For example, nursing supplies may include both legend and over-the-counter products, such as flu vaccine, purified protein derivative (PPD), povidone-iodine, isopropyl alcohol, and sterile water.

Nursing supplies shall include medications needed to respond to drug overdoses (i.e., Narcan) and to treat potential adverse effects of medication (e.g. glucagon, Vitamin K). These supplies may be used pursuant to a prescriber's order or in carrying out standard nursing interventions.

Usage of legend and OTC medications from nursing supplies and nursing protocols must be documented in the EMR.

The Clinical pharmacist is responsible for reviewing the types of medications maintained in nursing supplies and may discard or destroy items which do not belong.

Each facility must post the phone numbers for Poison Control Statewide:
1-800-222-1222

XVI. MEDICATION STORAGE AND REFRIGERATION:

All medications must be stored under proper conditions of sanitation, temperature, light, humidity, and security. When stability is dependent upon special storage conditions such as refrigeration, these conditions must be provided and maintained.

In general, tablets and capsules should be stored at controlled room temperature (not to exceed 78 degrees Fahrenheit). Medications that require refrigeration must be stored at a temperature between 36 – 46 degrees Fahrenheit and medication that require storage in the freezer must be stored below 32 degrees Fahrenheit.

The medication refrigerator shall not contain any food, except nutritional supplements drink items, or laboratory specimens. It shall be kept clean and free of excess frost. The temperature (maximum and minimum) shall be checked and recorded each day on a Refrigeration Temperature Record Form.

Medications which are inadvertently stored at an improper temperature must be discarded.

Nursing staff are responsible for ensuring the proper storage of medication and the pharmacy or manufacturer's recommendation should be consulted whenever storage questions arise.

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Medications that are stored in similar containers but do not have similar uses must be properly labeled and should not be stored in proximity to each other (e.g., PPD and Tetanus).

XVII. DANGEROUS ITEMS:

Needles, syringes, and other sharps or other items subject to abuse must be stored under proper, secured conditions and be accounted for by the maintenance of a perpetual inventory sheet, end-of-shift counting procedures and other counts in accordance with Policy and Administrative Procedure 02-03-107, "Tool/Equipment Control."

XVIII. MEDICATION DISTRIBUTION:

All medications prescribed within DYS facilities shall be considered handfeed/directly observed therapy (DOT).

DOTs are provided one dose at a time, and each dose is documented on a Medication Administration Record (MAR). In general, DOT medications include:

- Addictive or controlled substances
- Psychotropic medications
- Medications used in the control or prevention of dystonic reactions
- Preparations in flammable vehicles
- Substances with broad abuse histories
- Anti-tuberculosis drugs used for treating tuberculosis infection
- Anti-retroviral medications including but not limited to protease inhibitors and ribavirin (currently used to treat HIV, Hepatitis B, or Hepatitis C)

In most setting, DOT medications will be delivered by nurses or QMAs. However, an unlicensed person such as a trained Correctional Officer or other employee may assist or facilitate the self-administration of medication in the following manner.

The employee may:

- Remind the youth to take the medication.
- Assist the youth by removing the medication container from the storage area and handing it to the youth (If the youth is physically unable to open a container, the employee may open it.).
- Observe the youth taking the medication to ensure they adhere to the directions on the container.
- At the youth's request, read the label to the youth to clarify the amount to

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be taken.

When unlicensed staff are used to assist self-administration of medication, a facility directive must be developed and implemented, and documentation of each dose must be maintained.

DOT medication(s) when discontinued, may be returned provided the medication:

- Is not a controlled substance; and,
- Has been under the immediate control of licensed nursing personnel

Medication dispensed from one pharmacy may not be returned to another pharmacy.

XIX. ACCOUNTABILITY:

Medication storage and distribution areas must be devoid of outdated, discontinued or recalled medications. Once each month, Health Services staff must review medications in storage, including those maintained as stock medication, Prescriber Supplies, Nursing Supplies, and DOT supplies waiting to be delivered, and remove from them medications which are outdated.

When checking for expiration dates, the last day of the month shall be used if the manufacturer's expiration date simply identifies a month and year.

Multi-dose vials (MDVs) may be used for up to 30 days after the date of first entry or to the manufacturer's expiration date, whichever comes first, subject to a favorable visual inspection using professional judgment of the MDV and its contents. The date of first entry should be indicated on the vial. In lieu of the date of first entry, the pharmacy fill date on the label must be used as a default date of first entry. Vaccines may be used until manufacturer expiration date.

XX. OUTDATED ORDERS / CONFISCATED MEDICATIONS:

If any medications are confiscated by any employee, the medications shall be returned to Health Services staff for a timely review.

XXI. MEDICATION ADMINISTRATION:

Medication must be administered only upon the authorization of a prescriber and in a manner, which is consistent with the usual and customary practices of medication delivery. All nurses administering medication within the Department have a responsibility to adhere to the five (5) "rights" of medication by giving the right medication to the right youth, in the right dose, by the right route, at the right

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time. Medication must be administered by the nurse or the QMA who has set up the doses.

Student nurses may administer medications when under the direct supervision of the instructor and the activity is part of the student nurse's educational programs.

While it is impractical to deliver medications to all youth in a facility at the exact time at which they are scheduled, the generally accepted standard is to provide medications within a one-hour window, within 30 minutes before or after the designated time. Periodically, circumstances or situations will arise (e.g., lock downs or emergency counts) which derail the administering staff's ability to adhere to this standard. In this situation, the administering staff shall make all reasonable attempts to administer the medication as close to the prescribed time as humanly possible. Certain medications do not permit this much latitude in administration; examples include pre-meal insulin and pre-procedure pain medication.

Nurses are responsible for:

- Monitoring for desired therapeutic effects and adverse reactions, documenting these observations and reporting them to the appropriate prescriber; and,
- Recognizing common drug incompatibilities and reporting interactions or potential interactions to the prescriber.

Youth are to receive instruction in the proper manner or technique of self-administration by a prescriber or nurse for those medications which they are to self-administer. This instruction should include but is not necessarily limited to the name of the drug, the schedule and technique for administration, the duration of therapy, and special storage requirements, if any.

All nurses, QMAs, and officers involved facilitating self-administration must be fully instructed and trained regarding the medications involved and regarding the administration process. Training must be documented and records of the training available for inspection.

A nurse or QMA shall not:

- Administer any medication they are not trained or qualified to administer
- Provide medication through any route in which they are not trained or qualified
- Delegate aspects of medication administration to any nurses or QMAs untrained or unqualified to perform
- Accept the delegated assignment of any aspect of medication

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administration that the nurse or QMA is untrained or unqualified to perform

The following guidelines shall be considered in determining which nurses may use specialized medication administration routes.

RNs who have received additional educational preparation and demonstrated clinical competency may administer medications via intra-arterial, intraperitoneal, intravesical, intrapleural, endotracheal, and implanted injection port routes.

LPNs may participate in certain aspects of intravenous (IV) therapy procedures providing the LPN has received training through a continuing education course and has the clinical experience which supports performance of the tasks safely and competently. Under the direction of an RN or prescriber, the LPN may only perform the following aspects of IV therapy procedures:

For peripheral catheters:

- Preparing the administration equipment
- Performing the peripheral venipuncture and inserting a butterfly or “over the needle” plastic catheter
- Initiating or hanging replacement IV solutions
- Calculating or regulating flow rates
- Changing tubing
- Observe for therapeutic and adverse effects of IV therapy
- Inspect insertion sites, and change dressings
- Administration of a routine maintenance medication via a preprogrammed pump
- Converting continuous infusion to intermittent infusion

For all other IV lines (midline, midclavicular peripheral catheters, central venous catheters):

- Calculating or regulating flow rates
- Hanging replacement fluid
- Changing tubing
- Observe for therapeutic and adverse effects of IV therapy
- Inspect insertion sites and change dressings
- Administration of a routine maintenance medication via a preprogrammed pump
- Converting continuous infusion to intermittent infusion

LPNs may administer IV medication and fluids that are mixed and labeled by a

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RN or pharmacist including “solusets” or “ready or mix” solution infusion systems or given on a routine reoccurring basis to a patient with a stable condition

While the RN may delegate certain activities associated with IV therapy, the RN is responsible for the overall administration and nursing management of the patient receiving this therapy by providing appropriate supervision and delegating only those procedures that the LPN is capable, by education and demonstrated skill, to performing. When delegating to an LPN, the RN should consider the condition of the patient, the type of IV line being used for therapy, the type of fluid or therapy being administered, the ability of the LPN to recognize adverse reactions and to take appropriate action when adverse events occur, and the proximity and availability of the RN responsible for supervision.

LPNs are not permitted to:

- Administer blood or blood components, plasma volume expanders, tissue plasminogen activators
- Give IV push or bolus medication
- Administer medications/fluids via an arterial line
- Draw blood samples from central venous access ports
- Administer medication requiring titration or continuous patient assessment
- Remove peripherally inserted central, midclavicular, and midline catheters.

XXI. MEDICATION ADMINISTRATION DOCUMENTATION:

- A. All administration of medication must be documented on an approved Medication Administration Record (MAR), approved receipt form, or elsewhere in the EMR.
- B. Nurse providing medication under DOT conditions must document each scheduled dose on the MAR, including whether it was administered, and the reason if not administered.
- C. Non-Health Services staff facilitating self-administration must document each youth contact for this purpose. This documentation must be available for inclusion in the EMR.
- D. For transferring youth, an MAR initiated at one facility may be continued at the receiving facility.

XXIII. NONADHERENCE AND REFUSALS:

Every time a patient refuses a medication dose, a refusal must be documented on the MAR. A refusal form should be obtained if 3 consecutive doses are missed.

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The refusal form must indicate that the patient has been instructed on the potential consequences for not accepting the prescribed medication. The prescriber shall be informed of repeated refusals and a determination made whether to continue to offer the medication and have refusal forms signed.

Medication nonadherence and refusals shall be documented appropriately. All refusals shall be documented on the MAR and by completion of State Form 9262, "Refusal and Release from Responsibility for Medical, Surgical, Psychiatric and Other Treatment." No-shows shall not be accepted as a refusal of medication. All youth who miss three (3) consecutive doses of prescribed medication shall be counselled by qualified Health Services staff.

For all medications, if it is determined that a youth is non-compliant, a member of the Health Services staff, usually a nurse, must assess the patient to determine the reason. The youth must be counseled regarding the medication's purpose and what may be the consequences of refusing it. If the youth refuses to continue with the medication, a refusal form must be completed and the prescriber and Warden must be notified.

XXIV. MEDICATION ERROR REPORTING:

Upon discovery of a problem which has occurred with any aspect of the medication distribution process, from the original prescription to administration, the staff member noting the problem is required to submit details in writing on the appropriate form State Form 49107 "Report of Medication Problem". Medication errors will be reported to the Department Quality Assurance Manager (QAM), Executive Director of Physical Health, and CMO at time of discovery.

When completed, the form shall be forwarded it to the Director of Nursing, Nursing Supervisor, and the HSA either directly or through the staff member's immediate supervisor.

XXV. CONTINUITY OF CARE INTAKE:

Medication brought in by youth from outside sources (home pharmacy, county jail, etc.) may not be administered unless it can be precisely identified and approved pursuant to an order initiated by a prescriber.

Precisely identified means that, at a minimum:

The pharmaceutical products brought in must be properly labeled in accordance with State Board of Pharmacy regulations. (Must show all required elements of a valid prescription label, including but not limited to name/address of Dispensing Pharmacy, name of Patient, Name/Lot number/Exp. Date of

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Medication)

- The pharmaceutical products in the container cannot be mixed with any other medications in the same container
- The contents of the container must be identified as being the pharmaceutical products identified on the container label
- The container must be visually inspected and found to be free of dirt or other adulterant both inside and out.

Medication brought in with a youth may not be administered if:

- The medication was kept in the youth's possession at the county jail and not under the supervision of Custody or Health Services staff
- The medication required refrigeration and refrigeration was not provided during transport

If such drugs are not to be administered, they must be destroyed in accordance with established procedures.

XXVI. MEDICATION MANAGEMENT DURING OFF-SITE TRIPS:

There are three (3) major circumstances, which require medication management during off site trips. These are diabetes, controlled substances, and DOT medications. In each of these instances facility health care staff shall work with operations and the transport team to ensure necessary medication and clinical management is addressed. Facility health care staff shall ensure that appropriate medical records are shared with the receiving off-site clinic and that the transporting officers are provided with the appropriate instructions. Clinicians shall determine what medications are needed prior, during, and following all off-site transports.

XXVII. INTRA-FACILITY TRANSFERS:

To ensure continuity of care, medication dispensed for a youth transferring from a facility to another facility is to accompany the youth. Transporting staff shall receive special instruction from Health Services staff if medication will need to be made available to a youth enroute (including short stays in an interim location) to another facility.

Medication which should not be interrupted must be made available to a youth in a timely manner upon arrival at the receiving facility. Health Services staff

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conducting the transfer screening shall review the medication and corresponding drug order(s). If both the dispensed medication and the corresponding drug order are current, the medication is to be returned to the youth or set up for the next scheduled medication pass. Health Services staff do not need to obtain a new order from a prescriber.

XXVIII. RELEASE FROM CONFINEMENT:

When a youth is released from a Department facility, the existing supply of prescribed medication (legend or over the counter) should be provided to the departing youth. If the medication supply is for less than seven (7) days and time permits, additional medication should be obtained from the pharmacy. The seven (7) day release supply shall be regarded as a minimum quantity, but on a case-by-case basis, it may be necessary to obtain up to a thirty (30) day supply of medication from the sending facility shall provide the youth with a written prescription.

If the youth is receiving medication to control tuberculosis (infection or disease), HIV, HCV, psychiatric medications, and any medication deemed appropriate a minimum thirty (30) day supply must be provided upon release.

If a youth is receiving insulin or other medication for diabetes control, the youth shall also be provided with a simple home glucose testing device and associated materials including control test materials and at least a seven (7) day supply of test strips at the youth's current usage rate. In addition, the youth should receive instructions on self-monitoring techniques and how to obtain supplies in the community. If the diabetic youth injects insulin, a seven (7) day, or greater, supply of insulin, syringes, and alcohol swabs shall be provided.

The Health Services vendor shall communicate within one business day with the site Transitional Healthcare Facilitator when notified of a youth's immediate release to determine Medicaid eligibility.

If a youth is released from a Department facility without required medications and/or written prescriptions, the Health Services vendor shall forward required medications and written prescription via overnight mail to the youth's release address.

If a youth is receiving medication requiring mechanical assistance such as inhaler spacers, oxygen concentrators, or nebulization machines, adequate support must be provided in order reasonably to assure continuity of care upon release which may include releasing with the equipment.

If a youth is in the process of receiving a series of vaccinations (e.g., Hepatitis B),

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the youth shall be instructed regarding the date the next injection is due and the location of public health or other community-based clinics where the vaccination series can be completed. Education shall be provided to youth regarding how to obtain vaccination records in the community.

XIX. MEDICATION DESTRUCTION:

Unused portions of prescribed medications excluding controlled substances (Expired, recalled, or discontinued) must be returned to the pharmacy.

Medication return logs must contain the following information: patient identifiers, name and strength of the drug, prescription number, reason for return, quantity returned, date of return, and signature of person completing the return.

Completed medication return logs shall be maintained on file for two (2) years. Medication logs must be verified once a week and when sent out for return of medication.

XXX. MANAGEMENT OF CONTROLLED SUBSTANCES:

Controlled substances are permitted for use when prescribed for an individual youth, and in stock medications but they may not be included in Nursing Supplies.

A licensed prescriber holding valid federal DEA and state Controlled Substance Registration certificates may prescribe Schedules II-V controlled substances in accordance with applicable laws and regulations. In accordance with IC 35-48-39-9 CS III-V drugs may be transmitted to the dispensing pharmacy in written, electronic, or oral form. CS II drugs may be transmitted via written or electronic methods.

All controlled substance shall be secured in a location and with two separate locks. All controlled substances shall be counted in a manner that ensures accountability until the medication is either consumed or destroyed. When controlled substances are under the supervision of employees under twenty-four/seven (24/7) conditions, they must be counted at the beginning and end of each shift by two (2) staff members, preferably one (1) staff member from the ending shift and one (1) from the oncoming shift. These counts shall be recorded on the appropriate form. If controlled substances are maintained in facility without twenty-four/seven (24/7) nursing coverage, the substances shall be counted when staff come on or depart from the shifts using the same form as described above. The Clinical pharmacist shall review the process at each visit.

When counting procedures identify a discrepancy, staff shall attempt to resolve it.

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If it cannot be resolved, whether theft is suspected or not, the staff shall immediately notify the HSA and the DON, Nursing Supervisor, or designee. The HSA and DON or Nursing Supervisor shall coordinate efforts to investigate and notify the Executive Director of Physical Health and the QAM. If criminal behavior is thought likely (theft or diversion), the Warden and Deputy Warden(s) shall be informed immediately and the Drug Enforcement Agency (DEA) and State Board of Pharmacy must be contacted to determine if a Theft and Loss sheet must be completed and submitted. This is a DEA form 106 and may be completed on the DEA website. A medication problem report must be completed and the facility's Quality Assurance Committee, at its subsequent meeting, shall review the circumstances surrounding the discrepancy.

Health Services vendor shall ensure written policies are in place at each facility to maintain completed and accurate records for all controlled substances and account for each dose from the time the prescription arrives from the pharmacy until the medication is administered, returned, shipped to the reclamation company, or destroyed. Proof-of-use sheets shall be maintained for this purpose for every controlled substance dispensed for every individual patient. Proof of use sheets shall contain patient identifier, date medication received, name and strength of medication, drug form, total received. Date, time, amount administered with staff signature, and the quantity remaining.

The proof-of-use sheet shall be used in addition to the MAR and does not substitute for it. The proof-of-use sheets shall be maintained in a location which is separate from the controlled substances.

The original copy of a proof-of-use sheet shall be maintained onsite for two (2) years. A photocopy shall accompany any controlled substance which is sent when patient transfers from one facility to another.

When a dose of a controlled substance is administered, the dose is removed from its container, offered to the patient, and, whether or not taken, recorded on both the proof-of-use sheet and the MAR.

Once an individual dose has been removed from its container, under no circumstances is the dose to be returned to the container (i.e., taped back into the blister package). The dose shall be appropriately destroyed and witnessed by two nurses and recorded on the proof of use sheet and signed by two witnesses.

Health Services vendor in conjunction with the clinical pharmacist shall ensure a secure process is in place for the destruction and return of all controlled substances in accordance with applicable laws and regulations. Each facility shall have a written policy and procedure to cover this process.

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Bulk destruction may be completed by using the RX destroyer or a cactus type system. The contracted medical vendor in conjunction with the clinical pharmacist shall ensure a written policy outlining this procedure is in place. This shall be done for any quantity of a controlled substance remaining in a container (even as single dose) which will no longer be administered to the youth for whom it was dispensed. Medications on schedules III, IV, or V may also be forwarded to an approved medication reclamation company

CSIIs may only be destroyed when there is presence of a DEA license reversal.

If a medication reclamation company performs the destruction, the company provides standard forms for documentation purposes. These forms must identify each prescription number, drug name, and quantity of each controlled substance sent for destruction. The overall form shall be dated and signed by the person preparing the form and a staff member acting as a witness.

If the medication being sent to the medication reclamation company is a CSII, the facility must contact the company prior to forwarding the medication. The company will send the facility a completed DEA Form 222 identifying the quantity to be destroyed. Once the facility provides the information for the DEA Form 222, the facility may not alter the form or include additional CSII drugs not previously identified of the form.

When the DEA Form 222 arrives, Health Services staff at the facility is responsible for verification of the form and forwarding the second page to the DEA regional office.

Regardless of the methods employed, the proof-of-use sheets shall be cancelled by striking a line across the remaining lines of the sheet and writing the number of units destroyed, the date, and the signature of the authorized person completing the sheet.

The facility must maintain on file for two (2) years all proof of use sheets, standard forms used by reverse distributor company, and DEA Form 222 if applicable.

Controlled substances held for destruction shall be kept in a double locked area and counted each shift. Facilities may not store bulk controlled substances awaiting destruction for more than one (1) month. Additionally, the quantity of controlled substances awaiting destruction shall not be permitted to grow to the point that the storage area becomes crowded or cluttered. All efforts shall be made to ensure that controlled substances are promptly returned or destroyed per the contracted medical vendors policy and per applicable statutes and Indiana Law.

XXXI. OVER-THE-COUNTER MEDICATIONS:

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The Department must provide youth with OTC medication when they are necessary to treat a serious health need. The Department will not provide health services that primarily address cosmetic desires, convenience care, general hygiene or minor problems unless these conditions cause or have the potential to cause mortality or significant morbidity.

XXXII. SUPPLY SHORTAGE AND DRUG RECALLS:

Occasionally supplies of medications, vaccines, or other therapeutics may not be available or may be in limited supply. When the dispensing pharmacy becomes aware of an actual or potential shortage, the dispensing pharmacy must take all reasonable steps to supply the product including procurement outside of their standard supply chain. In the event the pharmacy cannot obtain adequate stock, the pharmacy must notify the facilities which it serves and the CMO regarding the anticipated duration of the shortage and recommendations for alternative therapies.

When alternate therapies or therapeutic substitution are adequate, the prescriber must review the recommendation and determine if this is appropriate for each individual youth affected. Health record documentation should reflect this review and new drug orders written.

When no alternate therapies are available (e.g., vaccines), the facility shall document the reason the therapy was not administered and establish a process for follow up when the product is once again available.

When the shortage has been resolved, the dispensing pharmacy must notify the facilities and the CMO.

In the event a medication is recalled by the manufacturer, the dispensing pharmacy must provide facilities and the CMO with a list of:

- Youth for whom the recalled medication was prescribed;
- Recalled medications potentially maintained in stock supplies, prescriber supplies, or nursing supplies
- Instruction provided to the facility on the proper disposition of recalled medications

When the facility receives recall information, Health Services staff must review it and take appropriate action.

XXXIV. CLINICAL PHARMACIST DUTIES:

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At a minimum, every three months (four time annually), a consulting pharmacist must make a site visit and review management of pharmaceuticals at each facility. This review must include:

- On-site review of the pharmaceutical services program
- A determination that drugs records are in order, including but not limited to medication inventories, Practitioner's supplies, MARs, and proof of use sheets.
- Identification of discrepancies and deviations from accepted pharmaceutical practices as defined in applicable rules, regulations, and Department requirements
- Completion of the Clinical Pharmacist review form
- Narrative description of additional issues as identified

The results of the pharmacist's review must be shared initially with the HSA and after completion of the written report, with the Executive Director of Physical Health and the QAM.

XXXV. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date