| CD-171600 Management of Pharmacies/Pharmaceuticals at Adult Facilities | Issued: 4/16/01<br>Effective: 4/16/01 | Reviewed: 1/31/20<br>Revised: 2/21/18 |
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| Alisha Tafoya Lucero, Cabinet Secretary | | ***Original Signed and Kept on File*** |

**AUTHORITY:**

A. Policy *CD-010100*
B. Policy *CD-171900*
C. *21 USC § 812* Controlled substance
D. NMSA 1978 33-1-6, 43-1-4, 43-1-10, 43-1-15, as amended.
E. NMSA 1978, 61-3-1 through 61-3-30, as amended
F. NMAC 16.10.13 NM Medical Examiners
G. NMAC 16-19-4 through 16.19.29 Pharmacy
H. NMAC 26-1-1 through 26-1-26 Drug and Cosmetic Act
I. "Act Relating To Corrections; Requiring The Corrections Department To Accept And Redispense Unused Prescriptions.", 2009 Legislative Session

**REFERENCES:**

A. Manual of Clinical Psychopharmacology, 1997; American Psychiatric Press Textbook of Psychopharmacology, 1998; Emergency Medicine, June 30, 1998.
B. ACA Expected Practices 5-4A-4261, 5-6A-4378, 5-6A-4379, 5-6C-4401, and 5-6D-4410, Performance Based Expected Practices for Adult Correctional Institutions, 5th Edition.
C. ACA Standard 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 1993.
D. NCCHC: P-29, P-21

**PURPOSE:**

To ensure the protection of inmates receiving pharmaceutical services; to ensure that written procedures and systems related to the total acquisition, stock, maintenance and distribution methods are available; to ensure conformity with State and Federal statutes; to ensure that pharmacy services will be organized, directed and integrated with the total health services delivery system; and to ensure that precautions will be taken in the safe and secure storage of pharmaceutical products.

**APPLICATION:**

All NMCD and contract facilities

**FORMS:**

None

**ATTACHMENTS:**

None

**DEFINITIONS**:

A. *Administer*: To give a unit dose of medication to an inmate in compliance with a medical order given by a licensed practitioner.

B. *Chart*: The continuous permanent documented recording of medical interventions of each inmate.

C. *Controlled Substance*: A medication with a propensity for abuse that is regulated by law with regard to possession and use as defined by the Drug Enforcement Administration of the Department of Justice.

D. *Department Pharmacy Consultant*: A pharmacist contracted by the Medical contractor with the responsibility of operating and supervising pharmacy services.

E. *Formulary*: A list of those pharmaceuticals which are authorized for use in an institution.

F. *Heat Pathology*: Medical problems such as heat stroke, muscle cramps, and heat exhaustion due to a failure of the heat regulating mechanisms of the body.

G. *KOP*: "Keep on Person" medications given to inmates for self-administration.

H. *Licensed Practitioner*: A person licensed by the State who may lawfully prescribe, dispense and/or administer drugs for the treatment of an inmate's condition. This includes doctors of medicine, dentistry, podiatry,osteopathy, nurse practitioners, physician assistants.

I. *Medical Director*: A licensed physician who is named Medical Director by the contracted medical provider.

J. *Mid-Level Practitioner*: A certified physician assistant or certified nurse practitioner.

K. *Nurse Practitioner*: A registered nurse, licensed to practice in New Mexico as described in Section 3-2 of the New Mexico Nursing Regulations, certified to deliver primary health care under the supervision and direction of a licensed physician.

L. *Over-the-counter drugs* (*OTC)*: Drugs that do not require a prescription.

M. *Physician Assistant* : A skilled person certified by the Board of Medical Examiners or Board of Osteopathic Examiners as being qualified by academic and practical training to provide inmate services under the supervision and direction of a licensed physician.

N. *Reclaimable Cards*: Blister cards that are perforated as unit-dose medication and are such that the individual dosage units can be removed from the card skeleton and segregated into individual packages containing all appropriate labeling for each blister unit.

O. *Standard Odd Quantity*: Medicine packaged in quantities other than thirty (30) doses for normal administration (typical antibiotic dosages of twenty (20), twenty-one (21), or ten (10) for example).

P. *Unit Dose*: Medication packaged in individual units, each of which is identified with the name and strength of the packaged drug.

**POLICY:**

Pursuant to the policy of the New Mexico Health Services Department that there shall be mandated adherence to licensure rules as established by the Federal Controlled Substance Act and the New Mexico Pharmacy Act, the New Mexico Drug and Cosmetic Act, the New Mexico Controlled Substance Act, the New Mexico Board of Pharmacy Regulations, and the standards set forth by the New Mexico Board of Medical Examiners and the New Mexico Nursing Practice Act in the provision of pharmaceutical services.

A. The New Mexico Corrections Department shall provide a comprehensive health care services program, staffed by qualified health care professionals, available to all inmates. Policies shall be promulgated to cover the following: **[2-CO-4E-01]**
   - Responsible health authority
   - Personnel
   - Health screenings and examinations
   - Specialized programs
   - Specialized population
   - Quality assurance
   - Participation in research
   - Death of inmates
   - Facilities and equipment
   - Pharmaceuticals
   - Levels of care
   - Informed consent
   - Health record files
   - Notification of designated individuals
   - HIVand other communicable diseases

B. All inmates in segregation shall be provided their prescribed medication, clothing that is not degrading and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmates will destroy an item or induce self-injury. **[5-4A-4261]**

C. Proper management of pharmaceuticals includes the following provisions: **[5-6A-4378]**

- An approved formulary is available.
- A formalized process for obtaining non-formulary medications
- Prescription practices, including requirements that:

  a. Medications are prescribed only when clinically indicated as one facet of a program of therapy
  b. A prescribing provider reevaluates a prescription prior to its renewal

- Procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal.
- Secure storage and perpetual inventory of all controlled substances, syringes, and needles.
- The proper management of pharmaceuticals is administered in accordance with state and federal law.
- Administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee.
- Accountability for administering or distributing medications in a timely manner according to physician orders.

D. Items, policies, and procedures for over-the-counter medications that are available outside of health services shall be approved jointly by the facility or program administrator and the health authority. **[5-6A-4379]**

E. The involuntary administration of psychotropic medication(s) to an inmate is governed by applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met: **[5-6C-4401]**

- Authorization is by a physician who specifies the duration of therapy.
- Less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist.
- Details are specified about why, when, where, and how the medication is to be administered.
- Monitoring occurs for adverse reactions and side effects.
- Treatment plan goals are prepared for less restrictive treatment alternatives as soon as possible.
- The conditions listed in *CD-171601* (H.1.).

F. Medicine may be returned to the contract pharmaceutical provider for credit if such medicine has never been outside the limits of the health services units, or continuous individual control of licensed health services personnel of a correctional facility. Lists of reclaimable drugs and standard odd quantities are available upon request from the contract pharmaceutical provider.

G. A system of documented internal review will be developed and implemented by the health authority. The necessary elements of the system will include: **[5-6D-4410]**

- Onsite monitoring of health service outcomes on a regular basis through review of prescribing practices and administration of medication practices.

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**AUTHORITY:**

Policy *CD-171600*

**PROCEDURES: [5-6A-4378] [2-CO-4E-01]**

**A. General Protocol:**

1. A pharmacy consultant shall be responsible for developing and supervising systems which will ensure that the drug room provides adequate pharmaceutical services and shall:

   a. Monitor all drug therapy in the institution and provide educational programs as needed.

   b. Be available to be contacted for immediate clinical information or when pharmacy related administrative problems occur. In the event the pharmacy consultant is not available, he or she will identify an alternate pharmacist (e.g., contracted pharmacist with the pharmaceutical vendor) who can respond to inquiries.

   c. Visit the drug room as specified in the current medical contract.

   d. The pharmacy consultant will attend all pharmacy and therapeutic committee meetings.

   e. Provide educational lectures and discussions concerning any aspect of therapeutics. These presentations will be made as staff time permits.

   f. Provide drug and medical information to any requesting health practitioner. This service includes written reports, drug and non-formulary usage, and information by telephone.

   g. The pharmacy consultant shall develop a pharmaceutical policies and procedures manual. This manual will be reviewed and updated as necessary. The manual shall be approved by the contract medical director, contract health services administrator (HSA the contract regional manager, and the NMCD Health Services Bureau (HSB) administrator.

   h. The pharmacist will conduct and document audits in accordance with contractual requirements of all drug storage areas. This will include the following elements:

- Inspection for neat, organized, and clean storage and work areas, and evidence of expired or contaminated drugs and to ensure that all medications are kept in clean, dry containers protected from extremes in temperature and damaging light and in compliance with manufacturer's storage instructions.
- Search for discontinued and outdated drugs; containers with worn, illegible, or missing labels. Found items will be returned to the pharmacy for proper disposition.
- Food, food products, and laboratory specimens will not be stored in refrigerators designated for storage of drugs and/or sterile laboratory stock.
- Review of stock levels of drug inventories.
- A copy of the report will be maintained on site by the Facility Health Services Administrator and at the regional office. The report results are reported by the Health Services Administrator at the next staff meeting for discussion and follow-up by the identified discipline.

2. Purchasing and Inventory Controls:

A. Access to the drug room shall be limited to health services personnel only. If it is necessary for other personnel to be in this area, medical staff must accompany.

B. A standard procedure for ordering pharmaceuticals shall be established and followed. Accurate records shall be maintained for all pharmaceuticals ordered. Maintenance of these records shall be the responsibility of the HAS and/or his or her designated person. These records shall be inspected by the pharmacy consultant.

C. All prescribed and non-prescribed medications stocked in the drug room shall be according to the written formulary list.

D. All DEA Schedule Drugs shall be maintained in a locked area within the drug room with access limited to specified medical personnel. Maximum security storage and daily inventories of all controlled substances, syringes, needles and other medical or pharmaceutical contraband items shall be maintained.

E. All pharmaceuticals shall be stored in accordance with manufacturer's recommendations.

1) All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation and security.

2) Antiseptics, other drugs for external use and disinfectants are stored separately from internal and injectable medications.

3) Multi-Dose vials will be dated on label when opened and initialed by the user. All opened vials will be considered to be expired 28 days from their opening (despite manufacturer's expiration date being longer) unless the expiration date is shorter as evidenced by the manufacturer's expiration date.

4) Multi-dose vials will be inspected quarterly by pharmacy staff, monthly by nursing staff and/or monthly by dental staff for evidence of deterioration and contamination. Vials with evidence of either will be removed from use. Noncompliance with this procedure will be reported to the charge nurse, and/or the HSA.

3. Temperature

a. The temperature in refrigerators containing inmate nourishments (food and beverages) in inmate care areas must be maintained within a range of 1° - 4° C (34° - 40° F). Inmate nourishment freezer temperature must be maintained at least 0° C (32° F) or lower. Medication refrigerator temperatures are maintained within a range of 2° - 8° C (36° - 46° F).

b. Appropriate measures should be taken if temperatures are out of range, such as adjusting the thermostat, rechecking the temperature and/or notifying physical plant. If the nourishment refrigerator temperature is above 4° C (40° F) or the nourishment freezer temperature is above 0° C (32° F), temporarily relocate food to another refrigerator/freezer with appropriate storage temperature.

c. If the medication refrigerator is out of range in addition to the above measures, notify the regional pharmacy with a list of medicines contained in the refrigerator. The pharmacist will determine disposition of the medicines. The pharmacy is responsible for ensuring that freezers that contain medicines are maintained within acceptable temperature ranges based on the medicines stored in them.

d. Temperatures for both refrigerators and freezers are read and recorded in a daily log book. The log book shall contain acceptable temperature range for the storage unit, date and time.

4. Medication Returns

a. These parameters have been established to ensure proper storage of medications, and under proper circumstances, these medications may be returned to the pharmacy for credit.

b. The following medications are not eligible for credit when returned to the contract pharmaceutical provider:

1) KOP medications (medications provided to inmates for self-administration);
2) Opened and/or used packages;
3) Expired medications (less than three (3) months before expiration date);
4) Packages that are damaged or that have been written on or defaced in any way;
5) Partial cards (unless packed in reclaimable cards or are standard odd quantity);
6) Medications in vials (parole medications);
7) Any medication that has been outside the health services unit.

b. Full Blister Cards – must meet the following criteria:

1) No less than three (3) months before expiration date;
2) Must be undamaged and with no writing on the card; and
3) Must have been in the custody of health care personnel at all times.

c. Partial-Blister Cards – must meet the following criteria:

1) No less than three (3) months before expiration date;
2) Must be packed in blue reclaimable packaging;
3) If not packed in reclaimable card, then must be standard odd quantity; and
4) Must have been in the custody of health care personnel at all times.

d. Other Medications – inhalers, topicals, oral liquids, and injectables, must meet the following criteria

1) No less than three (3) months before expiration date;
2) Unopened and/or unused;
3) Must be undamaged and with no writing on the package; and
4) Must have been in the custody of health care personnel at all times.

e. Refrigerated Medication

1) Refrigerated medications **must** be returned via **UPS Next Day Delivery**, Monday through Thursday and must be sent with frozen ice packs for temperature control.

g. Medication Recall

1) Medication recall notices may be received through several sources but usually via prime vendor recall notices or from manufacturer recall notices.

2) Upon receipt of a drug recall notice the pharmacy staff will:
- Note the class of the recall (I, II, or III)
- Check all stock to ascertain if any of the recalled drugs are currently or have been stocked in the past.

3) For all Class I recall, identify and contact all inmates that have received or may have received the drug product.

3.1. Inmates will be instructed to stop taking the medication and return it immediately to the pharmacy.

3.2. All providers will be notified and advised of the recall.

3.3. Comply with instructions in the recall notice.

3.4. Annotate on the recall notice the actions taken, date, and initials of responsible person.

3.5. File recall notice and retain for two years on file in the pharmacy.

5. Medications for Inmates Leaving NMCD Custody:

a. Inmates being discharged will be provided with a sufficient quantity of necessary medication as approved by a physician.

b. When federal, county or city officials assume custody of an inmate(s) for transportation to a county or city facility, NMCDrelinquishes responsibility for the inmate(s) medical care. Relevant health information should be provided to the transporting official.

c. Prescriptions written by off-site physicians or dental consultants shall be considered recommendations only, with the final prescriptive authority residing with the site physician, dentist, or contract medical irector.

d. Each prescription shall be written in the individual inmate chart and recorded on the medication profiles,Medication Administration Record or MAR.

e. Each prescription/medication order must contain all of the following information:

1) Inmate name and NMCD number;

2) Date;

3) Medication name, strength and form;

4) Administration instructions: method, quantity, frequency and stop date;

5) Authorized signature; and

6) Medication allergies.

6. Prescriptions are re-evaluated by the physician or nurse practitioner/physician assistant prior to renewal.

7. If an inmate does not pick up medicine for three (3) consecutive medication times, this information shall be recorded on the inmate profile and medical chart and the inmate shall be referred to the licensed practitioner. The inmate shall be called out for discussion of the non-compliance and action determined regarding continuation of the medication. A medication non-compliance form will be completed by a licensed nurse and forwarded to the licensed practitioner. The practitioner will document the outcome; and return a copy to the director of nursing (DON) or designee.

8. Formulary:

   a. The formulary shall be reviewed and revised if necessary during each Pharmacy and Therapeutics Committee meeting. Only drugs listed in the formulary shall be stocked.

   b. No non-formulary drug shall be procured for use unless authorized for a specific inmate by the contract Regional Medical Director.

   c. All pharmaceutical use shall conform to applicable United States Pharmaceutical Standards and New Mexico Product Selection Act provisions.

9. Medication Administration System:

   a. Dispensing of medicine shall be in conformance with appropriate federal and state laws.

   b. Medications shall be prepared and administered by licensed nursing personnel, using a modified unit-dose system at regularly scheduled medication times at the health services department

   c. Psychotropic drugs, such as antipsychotics, antidepressants and drugs requiring parental administration are prescribed only by a physician following an assessment as part of a program or therapy. A psychiatrist shall monitor all inmates maintained on psychotropic medications.

d. Each administration or delivery of a single dose of prescribed medication shall be appropriately documented for inclusion in the medical record.

e. Procedures shall be developed for reporting adverse reaction(s) to medications.

f. Policies and procedures for nonprescription over-the-counter medications that are available outside of health services shall be approved jointly by the facility or program administrator and the HSA.

10. Medication Profiles:

a. A continually updated medication profile shall be maintained for each inmate. These profiles shall be reviewed by the pharmacy consultant.

b. Each medication prescribed for an inmate will be listed on the profile. Each medication listing shall consist of the date prescribed, prescribed drug name, strength or unit, route of administration, dispensing intervals and expiration date of order.

c. All medication profiles shall include the name of the facility, inmate's name and NMCD number, housing unit, allergies, month and year.

d. The initials and signatures of all licensed nursing personnel administering the medication shall be listed on the medication profile.

**B. Administration and Dispensing of Medications:**

1. Medication lines:

a. At a minimum, two medication lines will be held at the correctional facility drug room dispensing window at least five (5) days a week. If additional doses of medication are required, the dose may be delivered cell-side.

b. Certain oral medications, all injectable insulin and all other injections are only available through the medication lines.

c. A new prescription will be provided through the medication line until the inmate-specific blister pack, if appropriate, arrives and is issued.

d. Inmates will consume medication in the presence of the licensed nurse or healthcare practitioner and assigned correctional officer.

2. Blister packs:

a. Certain oral medications are issued to the inmate in a blister pack for self administration.

b. Up to a 30-day supply of medication may be dispensed for self administration.

c. The inmate's name, the name of the medication, dosage, and instructions on how to take the medicine and a date that the order for the medication expires will be clearly marked on the package. Any additional information required by state and federal law will also appear on the label.

d. Refills of the medication can be obtained by bringing the blister pack to the health care unit during a.m. and p.m. medication line.

e. Loss of the pack or the medications out of the pack will require the inmate to sign up for and attend sick call to discuss further medication replacement.

f. The privilege of having medication dispensed in a blister pack will be suspended for any of the following reasons:

1) Possession of another inmate's medication.

2) Alteration of the label attached to the package.

3) Having medication out of the package other than for immediate use.

4) Possession of medication after the expiration date.

5) Non-compliance in medication line before a blister pack is issued.

6) Having skipped doses or too many doses removed from the blister pack.

3. Doses of non-KOP medications not picked up at the designated medication line shall not be available at subsequent medication lines. An exception to this rule may be made, in consultation with the medical director, if the missed dose is deemed critical to the inmate’s health (e.g., timed seizure medication, medications for treatment of hepatitis C or HIV to suppress viral load).

4. Returned/refused medication shall be returned to the contracted pharmacy on a monthly basis. Administration of these medications shall require being seen through the sick call process.

5. Medications other than the indicated OTC drugs allowed must be prescribed by a physician, physician assistant, nurse practitioner, dentist or psychiatrist.

6. Those medications prescribed for an inmate shall be ordered for a specified period of time and shall not be administered after the expiration of that time unless the medication is reordered by the appropriate prescribing medical practitioner.

7. Failure of the inmate to pick up three consecutive doses of a medication shall be reported to the psychiatrist and assigned mental health staff.

    a. If an inmate does not pick up medicine for three (3) consecutive medication times, this information shall be recorded on the inmate profile and medical chart, and the inmate shall be referred to the licensed practitioner.

    b. The inmate shall be called out for discussion of the non-compliance and action determined regarding continuation of the medication. A medication non-compliance form will be completed by a licensed nurse and forwarded to the licensed practitioner. The practitioner will document the outcome and return a copy to the DON or designee.

8. Each inmate receiving prescribed medication shall have a MAR established by the nursing personnel.

    a. The following information shall be recorded on a monthly basis on each MAR:

        1) Inmate name, NMCD number, DOB, housing unit, housing facility and any drug allergies.

        2) All medications prescribed during the particular month.

        3) Signature and initials of each nurse administering medication to the inmate during the particular month.

        4) Any dose of medication prepared but not picked up by the inmate will be circled appropriately by nursing staff.

        5) Start date and stop date of each medication prescribed.

    b. Any notation as to discontinuation of a prescribed medication to include date, time and nursing initial. The reason for discontinuation will be documented on the Medical Encounter Record.

    c. These MAR shall be kept in a loose-leaf binder in the drug room. These are to be kept in the binder until the end of the current month.

d. At the end of the month, the original copy of the MAR shall be filed in the inmate's medical record.

e. As required by New Mexico Board of Pharmacy rules, the consultant pharmacist will review 5% of the MAR of the current patient census every other month during his or her monthly on-site visits.

9. Those medications for topical use shall be provided to the inmate in a unit package for application as directed by the prescribing provider. Notation on the MAR shall indicate the date the unit was issued and the initials of the person who provided it to the inmate. Inmates are required to initial on the MAR, acknowledging receiving the medications.

10. No medications shall be administered at times other than the established medication lines except when the inmate is seen by a medical provider and a medication is ordered to be given immediately.

11. A Medication Variation Report (MVR) shall be filled out for any error made in connection with the administration of medications or adverse reaction.

    a. All MVR shall be reviewed by the contract medical contractor pharmacy consultant during regular on-site visits.

    b. All MVR shall be kept on file by the DON.

12. Medications for those inmates housed in segregation units shall be administered in segregation by the licensed nurse as ordered.

    a. The licensed nurse shall sign the visitor sign-in log for segregation each time medications are administered to an inmate housed in segregation.

    b. The OTC drugs available without prescriptions offered by the visiting nurse shall be offered to all residents in segregation at the time of the visit.

    c. The licensed nurse shall sign his or her name on the MAR and indicate time and date medication was given.

    d. A correctional officer shall accompany the licensed nurse during administration of medications to residents housed in segregation and verify that the inmate swallowed the medication.

13. Medications for those inmates in mandatory lockdown shall be administered in their individual housing units by the licensed nurse as ordered.

a. Nursing staff will record the administration of the medication on an inmate MAR.

b. The licensed nurse shall sign the MAR and indicate time and date medication was given.

c. A correctional officer shall accompany the licensed nurse during administration of medications to residents housed in mandatory lockdown and verify the inmate swallowed the medication.

**C. Controlled Substances:**

1. The licensed nurse on duty in the pharmacy shall keep the drug room locked at all times.

2. DEA Schedule Drugs shall be stored in a safe, double-locked cabinet in the drug room. All DEA Schedule Drugs shall be inventoried at the conclusion of each nursing shift. The off-going and on-coming nurse shall date and initial the audit. In addition, DEA Schedule Drugs shall be jointly inventoried at least quarterly by the pharmacy consultant and DON, both of whom shall date and initial the inventory figure on the medication inventory sheet.

3. Perpetual inventory records on all DEA Schedule Drugs will be maintained separately from non-controlled drugs. These records will show to whom each dosage unit was dispensed or administered.

4. If a resident is temporarily transferred, furloughed or is off the premises for any other reason, no controlled drugs may be provided to that resident from the drug room stock while he or she is off the premises.

**D. Medication Prescriptions:**

The writing of prescriptions for drugs shall be limited to the physicians and to other licensed, qualified persons.

1. Prescriptions for Schedule II drugs shall be filled only if issued by a licensed provider with a current DEA registration.

2. Each prescription shall be written in the inmate's chart and each prescription/medication order shall contain all of the following information:

a. Inmate/Inmate name and Corrections Department number;
b. Date;
c. DOB;
d. Medication name, strength and form;

e. Medication allergies;
f. Administration instructions, quantity, and frequency, and route;
g. Specification of time period covered by prescription (i.e., 10 days); and
h. Authorized signature.

3. The responsible physician will countersign any verbal medication order for any medication within 24 hours. In the case of a psychotropic drug, the inmate must be scheduled to be seen during the next consultant psychiatrist visit. All inmates receiving psychotropic medication shall be seen at a minimum every 90 days by the contract psychiatrist. In the event that it is a new medication, the inmate will be seen monthly until stable.

**E. Over-the-Counter Medication: [5-6A-4379]**

1. All items for nonprescription over-the-counter medications that are available outside of health services shall be approved jointly by the facility or program administrator and the health authority.

2. OTC medications shall be available through canteen services. Indigent inmates shall have access to OTC medications through medical services.

**F. Purchasing and Inventory Control:**

Only those drugs listed on the approved drug formulary and approved by the Medical Director shall be routinely stocked in the drug room.

1. Drugs not listed on the drug formulary shall be obtained on an individual inmate basis only when the following criteria are met:

   a. The requested drug is specifically indicated for the treatment of the documented condition.

   b. There are no drugs listed on the drug formulary which are appropriate to treat the documented condition.

   c. The use of the non-formulary drug is prescribed by the staff physician, submitted in writing and approved by the contract Regional Medical Director.

2. All drug room stock medications will be maintained in alphabetical order by name. Drugs intended for topical use only will be maintained in an area separate from drugs for internal use. Injectable medications will be maintained in a separate cabinet/refrigerator.

3. All drugs will be stored in labeled bins or on designated and labeled shelves. A refrigerator with thermometer will be available for drugs requiring refrigeration.

4. Perpetual inventory will be maintained on a daily basis for each DEA controlled drug, syringes, needles and other drugs as deemed necessary by the Health Services Department.

5. All drugs shall be ordered through an approved pharmacy:

   a. Fax or transmit electronically by computerized physician order entry all prescriptions and stock medical needs on a daily basis to the contracted pharmacy.

   b. Upon delivery, health services will be contacted by the mail room or front desk personnel.

   c. All shipments will be checked against order forms and invoices prior to being placed into stock.

6. All drugs shall be rotated, as restocking is done so that those with the earliest out-dating shall be used first.

7. DEA scheduled (controlled) drugs shall be accounted for by using the standard procedures.

8. All records pertaining to the purchase and inventory of drugs shall be available for review by the pharmacy consultant during his or her regular on-site visit.

**G. Syringe and Needle Control:**

The stock supply of syringes, needles and scalpels shall be kept in a locked storage closet in the pharmacy. A count sheet shall be maintained for each type of needle and syringe.

1. Keys to the locked storage room shall be available as needed from the clinic coordinator or DON.

2. On a monthly basis the DON, accompanied by a security supervisor, will check the stock of needles, syringes and scalpels in the locked closet. Verify that the quantity on hand is as recorded on the inventory sheet for that item.

3. A small supply of syringes, needles and scalpels shall be kept in the working stock for day-to-day use.

4. The working supply of syringes, needles and scalpels shall be kept in a locked drawer in the drug room. The nurse on duty shall keep the keys for access to this cabinet. When authorized personnel move needles, syringes, or scalpels from the storage room to the drug room, he or she will enter this transaction on the needle/syringe/scalpel inventory control sheet.

5. All syringes, needles or scalpels taken from this cabinet shall be signed out on the needle/scalpel/syringe inventory control sheet.

6. Supplies of syringes, needles, and scalpels in the working stock shall be checked and counted at the end of each work shift. The nurse going off duty and the nurse coming on duty shall do this. Together they will verify that the number of needles, syringes, and scalpels that they physically count corresponds with the number remaining as recorded on the inventory control sheets for each of these items. The inventory control sheet for used needles/syringes/scalpels will be checked against the inventory control sheet for non-used needles/syringes/scalpels when the shift count is done by the nurse going off duty and the nurse coming on duty. After verification that the count is correct, both nurses conducting the count shall sign the needle/syringe/scalpel audit form.

7. Shortages of needles, syringes or scalpels shall be reported immediately to the Health Services Administrator who shall be responsible for notification of the appropriate Facility personnel.

**H. Forced Administration of Psychotropic Medications: [5-6C-4401]**

1. Immediate Safeguards:

   a. The examining physician must make a determination that meets all of the following criteria in order to place a inmate on an involuntary emergency status:

      1) There is substantial disorder of the psychological process which grossly impairs the judgment, behavior, or the capacity to recognize reality;

      2) There is imminent danger of serious harm to self or others, either by direct action or by severe passive neglect; and

      3) Emergency involuntary treatment is the least drastic means of intervention consistent with the needs of the inmate.

   b. The inmate must be informed of his or her status and informed of his or her right to communicate with an attorney or guardian.

c. If a treatment guardian exists, then notification must be made of the physician's actions and treatment plan.

2. Protocol and Documentation of Forced Medication:

a. Authorization is by a physician who specifies the duration of therapy.

b. Treatment plan goals are prepared for less restrictive treatment alternatives as soon as possible.

c. Less restrictive intervention options have been exercised without success, as determined by the physician or psychiatrist.

d. As soon as practical after the medication has been administered, the licensed physician must begin the procedure for seeking the appointment of a treatment guardian by contacting the Department's General Counsel, the NMCD HSB administrator and the Attorney General's Office. A detailed report of the actions taken and the reasons documented in 1-a. above shall be submitted to each.

e. The physician shall fully and in detail document the nature of the emergency and the reason that the treatment was necessary. The ways in which the previously stated criteria were met shall be documented.

f. Each succeeding dose of medication administered shall require the same documentation and subsequent notification as in H.1.a., b. and c above.

g. Nursing notes shall be recorded at least every four hours with particular attention to inmate's behavioral response to the medication and to observations concerning sleep, food and fluid intake and vital signs if clinically indicated.