State of Iowa Department of Corrections
Policy and Procedures

Policy Number: HSP-404
Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: Health Services
Sub Chapter: Pharmacy
Related DOC Policies: HSP-408, HSP-502
Administrative Code Reference: N/A
Subject: Dispensing and Medication
Administration ACA Standards: 5-ACI-6A-43(M)
Responsibility: Dr. Michael Riley, William Yohe
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Authority:

1. PURPOSE

To ensure the Iowa Department of Corrections (IDOC) follows basic standards for the dispensing and administration of medication.

2. POLICY

It is the policy of the IDOC that basic standards for dispensing and administration of medication are followed.

3. DEFINITIONS - As Used in this document:

A. Dispensing is the issuance of one or more doses of a prescribed medication from a stock or bulk container.

B. Medication administration is an act in which a single dose of an identified drug is given to a patient.

4. PROCEDURES

A. Dispensing of medication to patients occurs when the medication is correctly labeled to indicate the name of the patient, the contents, and all

other vital information needed to ensure correct patient usage and drug administration.

B. When a new medication order is received and processed, the appropriate Central Pharmacy location will dispense a sufficient quantity of medication, up to a 30 day supply, in unit-dose or other appropriate packaging.

C. Medication Handling and Dispensing

Pharmacy will provide protective gloves to be worn by staff when packaging hazardous medications for patient use. These medications must be packaged by hand - use in automated dispensing systems will not be allowed. Each individual card/package must be labeled with a "Hazardouse Drug" or "Chemo" sticker. Solid dosage forms must not be manipulated in any way (split, curshed, etc.) by pharmacy staff.

D. Outside of regular pharmacy hours, nurses may start emergent medication orders, if requested by the provider, by removing necessary doses from the provisional stock supply. Patients shall report to pill line to receive doses from provisional stock until the pharmacy reopens and can dispense an appropriately labeled supply for the individual patient.

E. Medications may be administered to patients at regularly scheduled pill lines. Each facility should detail procedures specifying when and how patients should report to pill lines for their medications. Medications may also be issued to patients for self-administration (SAM) per Health Services Policy **HSP-408** *Self-Administration of Prescribed Medication*; each facility should also detail procedures specifying how and when patients should obtain SAM medications.

F. An Electronic Medication Administration Record is maintained on each IDOC patient receiving such service.

G. Without exception, federal legend drugs may only be dispensed or administered pursuant to a duly licensed prescriber's written order or verbal order, which is reduced to writing in a timely fashion.

H. Licensed pharmacists are authorized by approval of the Pharmacy & Therapeutics/Health Services Committee to record licensed medical practioners' verbal prescription orders, including clarifications and changes to prior written orders, in the patients' health records without countersignature by the prescribing practitioner provided all such entries are properly dated and signed or initialed by the pharmacist.

I. Non-prescription medications shall only be administered pursuant to either a duly licensed medical practitioner's order or a Pharmacy & Therapeutics/Health Services Committee approved Treatment Protocol for medical treatment.

J. Each institution shall detail procedures that enable all employees to practice within the limits imposed by their professional practice acts. Personnel involved in the administration of medication shall either be duly licensed (RN, LPN, pharmacist, etc.) or have written documentation in their personnel files of the successful completion of either a stat-approved Certified Medication Administration Aide course, or the IDOC medication administration course as approved by the Board of Pharmacy. Only duly licensed personnel or those who have completed the Certified Medication Aide course will be permitted to administer controlled substances; they may only administer those medications which were dispensed in patient-specific cards or containers. CMAs shall not sign out or administer controlled substances that are taken from stock supplies; they will also not perform controlled substances counts between shifts.

K. Recertification for those persons with the CMA course or the IDOC medication administration course will be required at three year intervals, either by attending a refresher of the IDOC medication administration course or another course approved by the State of Iowa and the IDOC.

L. Patients who are temporarily off prison grounds may be provided with an appropriate supply of medication(s). If provided by the pharmacy, these supplies shall be dispensed in child-proof containers and labeled in accordance with **Section 657-8.14(155A)** of the IAC. If pharmacy supplies are not available, a 24-hour supply may be provided by nursing from the patient's Health Services supply. Each medication unit must be clearly labeled with the name of the institution, the patient's name and number, name of the medication, directions for use, and nurse's initials.

M. Any medications in excess of a 24-hour supply intended for self-administration by an patient while off the prison grounds must be dispensed by a licensed pharmacist or practitioner's designee, in compliance with state and federal laws pursuant to an order by a duly licensed practitioner.

N. All patients leaving the institution for discharge of sentence, parole, furlough, shock probation, work release, OWI facilities, residential care facilities, etc., will be given an appropriate supply of medication, as determined by the DOC's licensed medical practitioners, not to exceed a 30-day supply. If specified, the patient's prescription information may also include instructions on how to have 2 additional refills, good for 90 days

from their date of release, transferred to a community pharmacy of the patient's choosing. Patients are responsible for the cost of medications for their chronic medical conditions; mental health medications may be available at no charge through the IDOC/SafeNetRX medication program. If the medication order expires prior to 30 days from the date of departure, the quantity of medication dispensed will be sufficient to last until the expiration date of the medication order. Prescriptions for controlled substances will not be transferrable or refillable.

O. Health Services nursing staff, pharmacists or technicians must be notified of the patient's name, ID number, and the address of their destination, sufficiently in advance so as to allow for delivery of the filled prescription(s) to their point of departure. Each institution will develop a procedure to ensure the continuation of medication upon release.

P. Patients leaving an institution for court order will have a maximum of a 30-day supply of medication sent with them if the pharmacy servicing the institution receives notice sufficiently in advance to allow for delivery of the medication to the facility. These supplies shall be dispensed in child-proof containers and labeled in accordance with **Section 657-8.14 (155A)** of the IAC. If there is not enough advance notice received, nursing staff at the facility may package up a 24-hour supply of the patient's medication, labeled with the patient's name, ID number, medication name, dose, and directions for use, and send it with them to court. If the receiving jail or other facility needs more than this 24 hour supply, they can contact the appropriate IDOC pharmacy and make further arrangements. The IDOC will not be responsible for any medication costs for patients, nor will patients or the jail be reimbursed if the receiving jail or facility chooses to obtain medications from other sources.

Q. All active orders will remain in effect upon transfer for the remainder of the prescribed course of therapy unless changed by a physician at the receiving institution. All pill line medications being used for the patient at the originating institution should be transferred to the receiving institution along with the patient's hard copy medical record to assure continuity of care. This includes any partial cards in use, plus any back-up cards which may be in storage, as well as all creams, eye/ear drops, inhalers, etc. Patients taking self-administered medications should turn their medications in to the Health Center prior to transfer, so that the medications can be transported with the patient's medical record, as per Policy **HSP-408**. These will be re-issued to the patient after arrival according to each facility's established procedure.

R. The originating institution should provide a sufficient supply of medication for a patient on medication whenever it is determined it is likely the patient will be "held over" at another IDOC institution.

S. Non-controlled substance prescription medications brought in with patients from jails or the community with their personal property may be authorized for use by a licensed medical practitioner; unused items are to be sent to the appropriate central pharmacy location for disposal.

T. Each facility will develop procedures detailing their processes for handling medications when they are received from their respective Central Pharmacy, including but not limited to storage, reordering refills, removing discontinued items, reordering provisional stock, and obtaining emergent medications not routinely available in the pharmacy.

(5-ACI-6A-43(M))