

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.55</u>
SUBJECT: AVAILABILITY OF MEDICATIONS PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/15/14</u> REVIEW DATE <u>06/15/15</u> SUPERSEDES PPD# <u>6.55</u> DATED <u>10/01/12</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To assure availability of medication in the New Hampshire Department of Corrections (NHDOC) health care delivery system.

II. APPLICABILITY:

To all staff involved in the ordering, storage and distribution of medications.

III. POLICY:

It is the policy of the NH Department of Corrections that:

- A. Medications will be purchased by the NHDOC Pharmacy Services, on behalf of the Department of Corrections via contracts with Minnesota Multi-State Contract Alliance for Pharmacy (MMCAP) in compliance with all Federal and State regulations or through other appropriate means as determined by the State of NH Administrative Services Purchasing Department.
- B. Over the counter medications approved by the DOC Pharmacy and Therapeutics Committee will be available for use according to the prescribed orders of physician approved Nursing Clinical Guidelines.
- C. Routine prescription medications will be available within 24 hours of order/receipt in the pharmacy Monday through Thursday. Routine orders received by the pharmacy on Friday will be available on Monday, the next business day.
- D. Night stock medications will be maintained in the health Services Centers in sufficient variety and quantity to meet routine medical needs on an emergent basis. The DOC Chief Pharmacist will determine availability of stock medications. Stock medications will be secured and their use documented in keeping with all regulations of the New Hampshire Board of Pharmacy and U.S. Drug Enforcement Administration (DEA). In accordance with the New Hampshire Board of Pharmacy RSA 318:42, only a pharmacist can dispense medication to an individual inmate. Therefore, all medications removed from the night closets must be directly administered to the inmate by a nurse.
- E. Schedule IV medications will be purchased from/compounded by an off-site pharmacy.

IV. PROCEDURE:

A. Night Stock Medications

1. The Chief Pharmacist, in order to evaluate the current usage of medications and to maintain an adequate supply of medications, will review the night stock medication list for possible additions and deletions annually or as necessary.
2. All recommendations from site personnel for additions to the stock list will be submitted to the Chief Pharmacist for approval if the drug is currently on formulary. Recommendations for a drug not on the formulary will be submitted to the Chief Pharmacist for review and forwarded to the DOC Pharmacy and Therapeutics Committee for consideration as a formulary addition. The Chief Pharmacist will decide if the medication will be added to the night closet.
3. Night closet supplies are stored in secure areas of the NHSP-M Health Services Center, the NHSP-W Health Services Center and NCF Health Services Center which have been approved by the Chief Pharmacist.
 - a. Storage at Concord – to include Secure Psychiatric Unit/Residential Treatment Unit;
Medications stored in the NHSP-M Night Closet will be packaged in vials (excluding topical, liquids, inhalers) bearing labels containing at least the following:
 - 1) Generic name and strength of the medication;
 - 2) Manufacturer;
 - 3) Manufacturer lot number and expiration date;
 - 4) Pharmacy tracking number;
 - 5) Cautions specific to the medication;
 - 6) Prescription vials will be packaged in zip lock bags bearing a duplicate label;
 - 7) Medications will be stored alphabetically by generic name;
 - 8) Internal and external medications will be stored separately; and
 - 9) The pharmacy will maintain the contents of the night closet to ensure that no medications have expired, been recalled by the manufacturer, or been removed from the NHDOC formulary.
 - b. Storage at NHSP-W and NCF
Medications stores in the NHSP-W and NCF Night Closets will be packaged in blister packs (excluding topical, liquids, inhalers) bearing labels containing at the following:
 - 1) Generic name and strength of the medication;
 - 2) Manufacturer;
 - 3) Manufacturer lot number and expiration date;
 - 4) Pharmacy tracking number;
 - 5) Cautions specific to the medications;
 - 6) A log sheet (attachment 1) will be affixed to each blister pack and to items (inhalers, topical, liquids) that are individually packaged;
 - 7) Internal and external medications will be stored separately; and
 - 8) The pharmacy will maintain the contents of the night closets to ensure no medications have expired, been recalled by the manufacturer or removed from the NHDOC formulary.
4. Access to night closet medications is based on a provider order for the medication as documented in the individual inmate medical record. Night closet supplies will only be utilized when access to the pharmacy is unavailable.
 - a. With the exception of controlled substances (II, III, IV, V), the NHSP-M night closet can be used to supply medications to any NHDOC facility which is serviced by the NHDOC's pharmacy provided that any

medication accessed is removed by, is stored by and is administered by nursing staff and the night closet medication and access procedural directive is followed. Controlled substances can be removed only for use in HSC- Concord and SPU.

- b. Access in Concord: To access medications in the night closet, the nurse on duty will place a copy of the physician's order in the night closet. On the Night Closet Access Log (attachment 2) the nurse will record the following information:
- 1) Name and strength of medication removed;
 - 2) Dosage form, i.e. tablets, cream, etc;
 - 3) Quantity;
 - 4) Date and time;
 - 5) Inmate's name and current housing unit; and
 - 6) Nurse's signature;
 - 7) The medication vial (or container) will be stored in the medication cart; if more than one patient has orders for the same medication, a separate vial will be removed for each patient;
 - 8) The labeled zip lock bag will be stored in the designated area within the night closet (the pharmacist will review the bag to verify the correct medication was taken from the night closet);
 - 9) On the first business day after the night closet has been accessed, the pharmacist will obtain the copy of the order from the night closet and dispense the remaining quantity as a prescription to the patient;
 - 10) If the night closet is accessed for medications to be administered in SPU, the night closet vial will be returned to the pharmacy on the first medication delivery on the next business day; and/or
 - 11) If the night closet is accessed for medication to be administered at NHSP-W or NCF, the night closet vial will be returned to the pharmacy with the next courier delivery in the locked pharmacy courier bags.
- c. Access in NHSP-W and NCF: The nurse accessing the night closet supply must document each dose taken from the night closet on the log sheet affixed to the medication noting:
- 1) Date and time;
 - 2) Patient name;
 - 3) Nurse's signature;
 - 4) The nurse will note "first does removed, date and time" on the Physician Order Form and fax the order to the pharmacy; and
 - 5) On the first business day, the pharmacy will dispense the remaining quantity of the medication to the inmate taking into consideration the date and time the nurse began administering the dose from the night closet.
- d. Nursing will be responsible for verifying that each new medication that is removed was reviewed for indication, correct medication, correct strength, frequency, route of administration and notifying the prescriber of the allergy history.
- e. Restocking-Concord: The pharmacist or designee will be responsible for restocking the night closet daily on business days. This provides the pharmacy the opportunity to review medications removed and administered by the nursing staff for accuracy. This will ensure control of the night closet stock.

- 1) On the next business day, the night closet vial will be removed from the medication cart by pharmacy staff for restocking.
 - 2) After the night closet is restocked, a plastic seal will be placed on the cabinet lock to ensure the integrity of the contents.
 - 3) During the daily restocking function, any discrepancies noted such as medication error, inventory count incorrect, etc. will result in an Incident Report completed by pharmacy staff. The pharmacy staff will provide the Incident Report to the Chief Pharmacist for review. The Chief Pharmacist will forward the incident report to the Director of Nursing and prescribing provider. The Chief Pharmacist follows up to ensure appropriate action is taken. Instances of theft and/or diversion will result in an Incident Report by pharmacy staff, forwarded to the Chief Pharmacist for review and action. The Chief Pharmacist will notify the Director and Assistant Director of Medical/Forensic Services.
- f. Restocking – NHSP-W and NCF: Nursing staff is responsible for restocking the night closet.
- 1) Two blister packs (or individual packages) of each medication will be maintained in each night closet. Each time a blister pack (or individual package) is empty, the empty packaging and sign out sheet will be returned to the pharmacy for replacement. Maintaining this cycle ensures a consistent supply of night closet medications.
 - 2) The pharmacy will not replace medications until the empty container is returned to the pharmacy. (The empty container assists in maintenance of accurate tracking of expiration dates in the pharmacy software.
 - 3) To provide the pharmacy the opportunity to review medications removed and administered by the nursing staff for accuracy, the nurse removing a medication from the night closet blister pack will photo copy the blister pack and fax with the physician's order to the pharmacy for review the next business day. This will ensure control of the night closet stock.
- g. Night Stock Narcotics
- 1) Night Stock Schedule II – V medications in Concord: There is a backup supply of selected controlled substance medications in a separate sealed cabinet within the night closet. Access to these medications is authorized only when routine floor stock supplies are depleted. When needed, the nurse breaks the seal on the controlled substance box. The nurse must sign the receipt within the box. The receipt is left in the night closet for pick up by the pharmacy staff the next business day. The nurse adds the quantity removed from the night closet to the total floor stock sign out log. The pharmacy staff restocks the backup supply based on the receipt and count inventory.
 - 2) Night Stock Schedule II – V medications in NHSP-W and NCF:
Pursuant to New Hampshire Board of Pharmacy Ph 705.03 at facilities with no on-site licensed pharmacy, all non-patient specific controlled substances must be stored in a Controlled Substance Drug Kit (CSDK).

The quantities permitted in the kits must not exceed eight dosage units of eight separate drug entities. No more than one kit will be allowed at any site at any time.

- a) The Controlled Substance Drug Kit (CSDK) must be sealed with a tamper proof seal and kept in a locked medication room, cart or cabinet. Access will be limited to a registered nurse or pharmacist on duty.
- b) The contents will be jointly approved by the Chief Pharmacist, Chief Medical Officer and the Director of Nursing. Contents may vary by site. A list of the contents will be affixed to the cover of each drug kit.
- c) Procedures to access Controlled substance Drug Kits (CSDK):
 - i. CSDK can only be opened pursuant to an order from a provider privileged to prescribe at the NHDOC for administration to an inmate in the custody of the NHDOC.
 - ii. A copy of the cumulative "Controlled Substance Emergency Access Log" will be faxed to the pharmacy *immediately* upon accessing the CSDK. When the final line of the cumulative log has been completed, a new cumulative sheet will be started. The completed form will be stored in the pharmacy for four years. (See attached Controlled Substance Emergency Kit Access Log attachment 3).
 - iii. A copy of the medication order will be faxed as part of the same transmission with the CSDK cumulative log.
 - iv. After the seal on the CSDK is broken, the nursing staff must perform a controlled substance inventory at each shift change. A count sheet can be found inside the kit and must be returned to the pharmacy when the CSDK is returned. The pharmacy will maintain the count sheets on file for four years.
- d) NCF
 - i. Upon notification of the opening, the pharmacy will automatically send a replacement kit to NCF in the next med run.
 - ii. Upon receipt of the sealed kit, NCF nurses will immediately put the opened kit into the pharmacy bag to be returned to the pharmacy (with the completed count sheet enclosed) in the next med run.
 - iii. The Chief of Compliance Officer at the NH Board of Pharmacy has clarified that these boxes can pass in transit. This is not interpreted as the site having more than one box.
- e) NHSP-W
 - i. NHSP-W nursing staff will call the pharmacy to request a replacement box. (This might not

occur until an individual prescription has been dispensed by the pharmacy and received by the facility).

- ii. The opened box will be returned to the pharmacy in the next med run.
 - iii. Upon receipt of the opened box, the pharmacy will send a replacement kit.
 - iv. At no time can the facility have more than one CSDK on the premises.
- h. Medications Not in the Night Closet
- 1) If a medication necessary to sustain life or prevent undue adverse effects is not available in the night closet and an appropriate substitute is not available, the medication can be obtained from an outside pharmacy.
 - 2) The prescribing practitioner is responsible for calling in a prescription to the designated community pharmacy.
 - a) For NCF: Rite Aid Pharmacy, 200 Pleasant Street, Berlin, NH 03570, 603-752-3952.
 - b) For NHSP-W: Rite Aid Pharmacy, 577 Mast Road, Goffstown, NH 03045, 603-623-3290.
 - c) For NHSP-M: The Prescription Center – Downtown Concord, 125 Main Street, Concord, NH 03301, 603-224-9591. The Prescription Center will deliver the medication orders to the concord facility. The Officer in CP-5 will take control of the prescription and notify nursing in HSC when the medication has arrived for retrieval and administration.
 - 3) For Rite Aid Orders Only
Nursing is responsible for arranging with the Officer in Charge to have an officer obtain these medications as ordered through the above referenced pharmacy. DOC staff will be required to show their NHDOC photo ID and sign for pick up. Rite Aid will issue a monthly statement to our Division of Financial Services and send the receipts directly to Division Headquarters for verification of prescription and inmate information.
 - 4) Drugs obtained from an outside pharmacy will be ordered in conformance with the NHDOC formulary, i.e. narcotic prescribed by a non-DOC provider will be converted to an approved drug on the formulary. Non-formulary drugs i.e. transplant maintenance medications may be ordered as long as a Non-Formulary Request Form is completed at the time of the order.

B. Stat Medications

- 1. Physician-designated orders to be filled immediately will be brought to the pharmacy by nursing during the pharmacy hours of operation. After hours, the night closet will be accessed.
- 2. Physician-designated orders to be started immediately at NHSPW and NCF will be taken from the on-site night closet supplies. Nursing will document the night closet access on the physicians order before faxing the order to the pharmacy.
- 3. If the medication is not available in the night closet, the outside pharmacy procedures will be followed (see 4.h above). If the medication is not available from the outside pharmacy, the prescribing physician will be contacted to determine the necessity of transport to the hospital.

C. Unavailable Medications

If a medication is unavailable due to a problem with the manufacturing process, the physician will be contacted to recommend an appropriate alternative. This medication change will be documented as a physician's order and in a progress note.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

HANKS/clr

Attachments

QTY SENT BY PHARMACY

INITIALS	NAME	INITIALS	NAME

DATE AND TIME			ON-COMING RN SIGNATURE	LEAVING RN SIGNATURE