


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.42</u>
SUBJECT: PHARMACEUTICAL SERVICES PROPONENT: <u>Director, Medical and Forensic Services.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-5563</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>8/21/2020</u> REVIEW DATE <u>8/21/2023</u> SUPERSEDES PPD# <u>6.42</u> DATED <u>02/01/06</u>
ISSUING OFFICER:  Helen E. Hanks, Commissioner	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- (a) **PURPOSE:**
To provide guidance for the proper management of pharmaceuticals, to include prescribing, storage, delivery and administration of pharmaceuticals.
- (b) **APPLICABILITY:**
To all staff involved in the management and use of medications.
- (c) **POLICY:**
It is the policy of the Department of Corrections to operate pharmaceutical services in accordance with applicable federal laws, state laws, New Hampshire Board of Pharmacy regulations, and industry standards.
- (d) **PROCEDURE:**
 - (1) The Department of Corrections (DOC) pharmaceutical services are provided by the pharmacy located at the New Hampshire State Prison for Men. The pharmacy is fully licensed (Pharmacy permit number 0333-P and Drug Enforcement Agency number BN2554839) according to state and federal regulations.
 - (2) Scope of Services:
 - a. The pharmacy shall dispense medication in DOC facilities in conformance with all appropriate federal and state regulations as well as regulations set forth by the New Hampshire Board of Pharmacy.
 - b. The Chief Pharmacist shall determine the pharmacy's hours of operation. Minimally, the pharmacy shall be open Monday through Friday.
 - c. After hours medication will be available via floor stock, night closet and/or emergency drug boxes located in the Health Services Centers. If the needed medication is not available, arrangements shall be made with contracted, off-site local pharmacies after contacting the Chief Pharmacist. Orders for medication needed immediately and not available shall be

- authorized after consultation with the provider on call.
- d. A formulary that is reviewed at least annually by the Pharmacy and Therapeutics Committee lists all medications that are available from the Pharmacy Department.
 1. If a non-formulary medication is required, the provider must obtain approval from the Chief Medical Officer or the Chief Psychiatric Officer. Approval must be obtained prior to ordering the medication.
 - e. Emergency drug box locations and contents are maintained and approved by the Pharmacy and Therapeutics Committee. Locations will be reviewed as needed. Contents of emergency drug boxes shall be reviewed annually.
 - f. The Chief Pharmacist will develop, review, and implement specific procedures that provide guidance with regard to controlled substances, stop orders, medication distribution, inventory control, and other areas necessary for the day-to-day operation of the pharmacy as required by RSA 318, the Administrative Rules for the NH Board of Pharmacy and any applicable federal laws.
- (3) DOC prescription privileges are limited to those licensed providers employed by the DOC or with whom there is an established contract for provision of said services. Pharmaceuticals are supplied only to individuals under the care and custody of the DOC or, in rare circumstances, those who have been recently released. All licensed providers authorized to prescribe medication will adhere to the following:
- a. Prescribe medication in accordance with the DOC formulary and to follow the non-formulary protocol when necessary.
 - b. Prescribe controlled substances in accordance with state and federal regulations.
 - c. Enter all medication orders into the electronic health record (EHR). If the EHR is unavailable due to technical issues, orders shall be written on DOC order sheets in ink, shall be legible and shall be signed by the prescribing provider.
 - d. Prescribing providers will perform medication reviews as clinically indicated and documented in the progress notes of the electronic health record. Providers will review medication expiration reports monthly to ensure individuals do not have unnecessary gaps in receiving their medication.
 - e. Shall modify medication orders by discontinuing the previous order and entering a new order to document intent of the provider.
 - f. Orders for medication will adhere to clinical indications for all medications.
 - g. A physician, advanced practice registered nurse (APRN) or a licensed nurse will administer medication requiring parenteral administration. The Pharmacy and Therapeutics Committee will approve exceptions related to self-administered medication. Self-administration of parenteral medication will be under the observation of the nurse or prescribing provider.
 - h. All providers shall adhere to applicable federal laws, state laws, and DOC policies and procedures with regard to prescribing practices.
- (4) The Chief of Pharmacy, and designated healthcare supervisors, will jointly develop processes for the storage, dispensing, administration, and documentation regarding controlled and non-controlled substances in line with federal laws, state laws, New Hampshire Board of Pharmacy regulations and industry standards.
- (5) The Medication Delivery System
- a. All medication shall be divided into three categories as follows:
 1. **Keep on Person Medications (KOP)** are self-administered per the order of an authorized prescribing provider and kept by residents at all institutions.
 - (i) Medications eligible for KOP designation are determined by the Pharmacy and Therapeutics Committee.
 - (ii) Controlled substances and psychotropic medication shall not be prescribed as KOP medication.
 - (iii) Residents with dementia or memory impairment, diagnosed or suspected, and whether it is permanent or temporary, shall not be prescribed KOP medications. If they are currently on KOP medications, and a diagnosis is made or suspicion of memory impairment occurs, the medications shall be

- changed to Pill Line or Nurse Administered based on provider assessment.
- (iv) KOP Medication is refilled by the individual by completing a "Resident Self-Medication Refill Request" form (Attachment 1), or by pharmacy software generated automatic refill.
 - i. Medications to be refilled automatically will be determined by the Chief Pharmacist.
 - (iv) KOP medication procedures at the infirmaries are as follows:
 - i. Nursing staff will administer each dose of medication from the individually labeled prescription.
 - ii. Upon release of an individual from the infirmary units, KOP medication shall be returned to the individual for continuity upon return to the housing unit.
 - iii. The pharmacy will automatically send refills according to guidelines established by the Chief Pharmacist.
- b. **Pill Line Medications** are self-administered medications by the individual in custody while a corrections officer observes. This practice is allowed only at NHSP-M, Transitional Housing Units THUs), and the Transitional Work Center (TWC). All medication is dispensed and delivered in accordance with guidelines established by the DOC Pharmacy.
- 1. The pharmacy department automatically sends scheduled Pill Line refills to the individual's housing unit either directly via scheduled delivery runs or by officer pick up at designated areas.
 - 2. Pill Line medications are determined by the Pharmacy and Therapeutics Committee.
 - 3. When an individual is admitted to any DOC infirmary, Pill Line medication administration shall be converted to nurse administered medications. A provider shall enter orders reflecting that medications will be nurse administered while the patient is in an infirmary.
 - 4. Pill Line Medications procedures at TWC and the THUs are as follows:
 - (i) These medications will be identified by a yellow prescription label, in a bulk prescription vial or packet for self-administration under observation of an officer.
 - (ii) Medications that are injectable may only be designated as Pill Line medication when nursing is unavailable for administration.
 - (iii) The individual may be provided with a labeled prescription bottle to store medication on their person while they are off site of the THU.
 - (iv) Corrections officers shall secure the medications in locked medication cart/storage cabinet. These will have double locked areas in compliance with specific medication storage for controlled substances.
- c. **Nurse Administered Medications** - are medications ordered by an authorized provider for nurse administered or nurse supervised medication for individuals at all departmental facilities:
- 1. Nurse administered medications are determined by the Pharmacy and Therapeutics Committee.
 - 2. Nurse administered medications include but are not limited to controlled substances, injectable medications, and other medications that require administration by a licensed nurse.
 - 3. Nurse administered medications are dispensed according to the guidelines established by the pharmacy and administered according to DOC policy, New Hampshire Board of Nursing regulations and established nursing procedures.
 - 4. Direct nurse administered medications are not provided at TWC and the THUs. Medications are provided via Pill Line procedures or KOP.
2. A medication's category may be changed for an individual by provider order, when clinically appropriate, from a less restrictive category to a more restrictive category. This shall also be indicated by the provider in the directions field upon order entry to ensure that

the increased restriction designation is not overlooked.

(6) Individual Movement

- a. Individuals are responsible for carrying their KOP medication to their new housing unit when transferred whenever possible. In the event of an involuntary move, security staff is responsible for retrieving and transporting the medications to the new housing unit immediately.
- b. The officer-in-charge (OIC) of the sending unit is responsible to ensure that Pill Line medications and KOP medications are transferred by a Corrections Officer to the receiving unit (at the time of transfer but no later than before the end of their shift). If the receiving unit does not receive the medications by the end of their shift, nursing at the appropriate Health Services Center shall be called to facilitate delivery of the medications. Medication chain of custody shall be documented in the notes section in CORIS by the responsible OICs, including the name of each individual that the medication is handed off to and/or received by, to ensure accountability for the proper transference of medication.
- c. When an individual is admitted to TWC or any THU, nurse administered medications shall be converted to Pill Line medications. A provider shall enter orders reflecting that medications will be Pill Line administration.

REFERENCES:

Standards for Health Services in Prisons

National Commission on Correctional Health Care 2018 edition

State of New Hampshire RSA 318

Mattis/lb