


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE Pursuant to RSA21-H:8 (III) Internal Practices and Procedures	CHAPTER <u>Medical and Forensic</u> STATEMENT NUMBER <u>595</u>
SUBJECT: <b>ADMINISTRATION OF MEDICATION</b>  PROPONENT: <u>Director</u> <i>Name/Title</i> <u>Medical/Forensic Services</u> <u>271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>10/21/2021</u>  REVIEW DATE <u>10/21/2024</u>  SUPERSEDES PPD# <u>6.88</u>  DATED <u>10/15/2018</u>
ISSUING OFFICER:   <i>Helen E. Hanks, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____  APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- (a) **PURPOSE:**  
To ensure that New Hampshire Department of Corrections (NHDOC) residents receive ordered medications in a safe and timely manner.
- (b) **APPLICABILITY:**  
All NHDOC staff and residents.
- (c) **POLICY:**  
It is the policy of NHDOC that all medications are to be administered in a timely, safe and sufficient manner.
- (d) **PROCEDURE:**
- (1) Medications ordered for residents shall be administered upon the order of a qualified, licensed provider; and, must be verified prior to administration by the use of the electronic Medication Administration Record (eMAR).
  - (2) **Legal Guardians.** For any residents who have a legal guardian, a member of the health care staff shall convey any medication order changes to that guardian.
  - (3) **Medications Upon Booking.** For new admissions to a facility, nurses will first reconcile and verify any medications reported by the resident.
    - a. Once reconciled, nursing staff will provide this information to a medical and/or psychiatric provider to obtain medication orders, which shall be entered into the eMAR.
    - b. All records obtained from the reconciliation process shall be entered into the electronic health record (EHR).
  - (4) **Administration of Different Types of Medications.** Medication shall be administered in the manner deemed most appropriate for each situation and circumstance by the ordering provider,

while considering each facility's established procedures and the type of medication being prescribed.

- a. Nurse administered medications (all facilities): Medications administered by a nurse at a time and place designated in advance and incorporated into each facility's movement schedule. These administration calls may occur in health services or in housing units, depending on the requirements of each facility.
  - b. Pill line medications (all facilities): Medications are to be stored by security and disseminated to residents for self-administration as prescribed. Security staff will witness and verify each self-administration and track the inventory of appropriate medications. Controlled medications will be delivered with a chain of custody from the Pharmacy.
  - c. Keep on person (KOP) medications (all facilities): KOP medications are supplied by the pharmacy in containers labeled with each resident's prescribed supply, and the resident is responsible for self-administering the medication as prescribed.
  - d. As needed (PRN) medications will be available at scheduled medication calls utilizing the same guidelines as clinically indicated medications.
- (5) Staff will avoid distracting or interrupting a nurse during the preparation and administration of medication, to prevent medication administration errors.
  - (6) Medication administration shall adhere to the six rights of medication administration: right person, right medication, right dose, right time, right route, and right documentation.
  - (7) Medication Occurrences. In the event of an adverse drug reaction or medication error, refer to PPD 598 *Medication Occurrence*.
  - (8) Reference materials.
    - a. A current Nursing Drug Handbook shall be maintained at each facility. It is the responsibility of the provider and nurse to be knowledgeable about all medications being prescribed and/or administered to residents in their care.
    - b. The nursing staff shall utilize Lippincott's Nursing Procedures as a procedural resource guide for medication administration.
  - (9) Medication Schedules. The nurse-administered medication schedule shall be developed in coordination with institutional routine, and published for residents.
    - a. The call times may vary per facility and by housing unit.
    - b. Once daily and twice daily medications shall be ordered for first call of the day and/or last call of the day only.
    - c. Exceptions for medical necessity, or increased frequency, will be made when clinically appropriate.
  - (10) In-Patient Administration of Medications. Patients admitted to the SPU or a NHDOC infirmary shall be administered medications pursuant to provider orders and nursing procedure.
  - (11) Deviations from Medication Schedule. Medication administered outside of the specified call times due to late arrival, court, or other reasons shall be managed as follows:
    - a. The resident may receive medication within a one-hour window of the original call time, if clinically indicated and appropriate, at the nurse's discretion.
    - b. Outside of the one-hour window, the nurse must consult with a provider to obtain orders.
    - c. The rationale for this deviation in schedule shall be clearly explained by the nurse in EHR.
  - (12) The eMAR shall be utilized to prepare medications for administration in all cases. Medication packages shall not be considered a current order under any circumstances.
  - (13) How to Administer Medications. Medications shall be administered in the following manner:
    - a. Prior to administering medications, the nurse shall:
      1. Perform hand hygiene;
      2. Inspect the medication for any loss of integrity and ensure that the medication has not expired;
      3. Check that there is no contraindication to administering the medication;
      4. Ensure that the resident has an adequate amount of water to swallow the medication.

5. In the Secure Psychiatric Unit (SPU), nurses shall provide paper cups and retrieve the paper cups after the resident has consumed the medication with water.
  - b. Immediately prior to the beginning of medication administration, the nurse who will be administering the medication shall prepare the medications for the residents who are scheduled to receive medications.
  - c. Medications should be identifiable up to the point of administration.
  - d. Medication in an unmarked container shall not be administered.
  - e. Nurses shall not administer medications prepared by another nurse.
  - f. The medication may be removed from the original packaging into medication cups and given to the residents at the time of administration.
  - g. As each resident presents at the medication line, the nurse must ensure that it is the correct person using at least two methods of identification. Examples include:
    1. The resident's photo, which may be within the eMAR;
    2. NHDOC issued personal identification;
    3. His or her date of birth, or;
    4. NHDOC identification number.
  - h. The nurse administering medications will check the medications against the eMAR to ensure accuracy. If the resident questions the medications being presented, the nurse shall double check the medication.
  - i. Once the resident has taken an oral medication, it is expected that the medication will be swallowed completely prior to the resident opening his or her mouth for inspection.
  - j. A security officer shall then complete a thorough mouth check. In the event an officer is not available, a nurse will complete the mouth check.
  - k. Mouth checks will be completed by directing the resident to open his or her mouth wide, tilt the head, and lift the tongue as needed to see the inside of the mouth.
    1. The residents may also be directed to move outer lips as necessary, or to separate the outer lips from the teeth or gums using his or her finger.
    2. Residents shall be provided appropriate disinfectant wipes for this purpose.
    3. NHDOC staff will not insert anything into the mouth of a resident at any time for the purpose of mouth checks.
  - l. The nurse will check the box in the eMAR for each medication offered and select the accurate description in the drop down, for example: administered, declined, etc.
  - m. Documentation in the eMAR shall be made immediately after the medication is administered or declined.
- (14) Medication Crushing.
- a. Specific medications may be designated by the Pharmacy & Therapeutics Committee (P&T), as described in PPD 580 *Pharmaceutical Services*, to be routinely crushed.
  - b. A nurse may crush a medication if it is clinically indicated and, it is not on the Do Not Crush list published by the Institute for Safe Medication Practices.
  - c. The medication crushing procedure is as follows:
    1. Applesauce will be used as a medium for crushed medications to be given with. If clinically indicated (example: a confirmed allergy), a substitute medium may be ordered.
    2. Crushed medication shall be administered by placing the crushed powder on top of the medium in a medication cup. The resident shall be provided a spoon to consume the contents of the cup. Residents will be required to drink and swallow water to rinse their mouths prior to the mouth check. If a resident is prescribed whole medications in addition to crushed medications at a specific call, the whole medications will be taken prior to the crushed medication.
    3. The container used to crush medication shall be disposed of in a trash receptacle at the point of administration.
- (15) Calculation of Doses. When a medication dose must be calculated, a second nurse will verify the calculation.

- (16) Insulin Injections. All activities related to drawing up and administering insulin will be observed or performed by a nurse.
- a. The exception are those in the transitional housing units who shall be directly observed by security.
  - b. The nurse will immediately dispose of used syringes and lancets in an approved sharps medical waste container. All procedures and documentation related to handling of sharps shall be strictly followed, as encompassed in PPD 767 *Tool and Equipment Control* and PPD 757 *Hazardous Materials*.
- (17) Medication Not Received.
- a. When medication has not been received from the pharmacy, it is the responsibility of the dispensing nurse to take immediate action to correct the situation by contacting the pharmacy for resolution, using stock medication if appropriate, or utilizing a purchase order through an approved outside pharmacy if necessary.
  - b. If the medication is not available, a physician/nurse practitioner must be notified to obtain orders or an alternative treatment plan.
  - c. The dispensing nurse shall document the event pursuant to PPD 598 *Medication Occurrence*.
- (18) Stock medication shall be removed from the original container and put into medication cups prior to being administered to the resident. Containers will not be re-labeled, nor will medications be administered from the container lid.
- (19) Medication prescribed to a specific resident shall not be given to any other resident.
- (20) Non-Compliance with Medications.
- a. Non-compliance shall be defined as the failure of the resident to comply with prescribed medication orders. Examples of non-compliance include, but are not limited to: intentionally declining to take medications, diversion of medications, attempting to divert medications, hoarding of medications, or taking more or less medication than prescribed.
    1. When prescribing a medication, providers will educate the resident regarding the reason the medication is being prescribed, the importance of taking the medication exactly as prescribed, and the risks associated with non-compliance.
    2. In addition, they will include in their informed consent discussion that if there is a suspicion of medication non-compliance the medication in question may be discontinued, tapered, or an alternative medication provided. The decision to stop, taper, or change the medication will be at the provider's discretion and shall be based on patient safety, institutional safety, and medical necessity.
    3. For medications that require a specific informed consent and/or treatment agreement (e.g., naltrexone or Suboxone), violation of the agreement shall be considered non-compliance and shall be treated as specified in this policy or in the treatment agreement.
  - b. Residents who intentionally decline prescribed medications, or who intentionally fail to appear to receive medications at the appropriate call time ("no show"), shall be addressed according to the procedure listed below.
    1. To document non-compliance, medication administration nurses shall enter into the eMAR "declined" to document refusal, or "no show" if the residents failed to show for medication call.
      - (i) The medication administration nurse shall review the eMAR daily.
      - (ii) A resident who is non-compliant on three consecutive days shall be referred to the prescribing or covering provider via email.
    2. In institutions where pill-line distribution method is utilized, the pharmacy shall generate a non-compliance report. This report shall be distributed every two weeks to the CMO, CPO and Director of Nursing.
  - c. The provider will determine when a follow-up meeting will occur, based on the patient's history, the nature of the medication, and other clinically significant factors.
    1. If it is feasible, and does not compromise patient safety, the review of non-compliance can be done at a regularly scheduled meeting.

2. In all situations, best interests of the patient will be the determining factor of how quickly a meeting is scheduled.
  3. The Nursing Coordinator of the facility and the provider shall coordinate to ensure that this meeting is scheduled.
  4. This meeting shall be documented in the EHR by the provider at its conclusion to include the revised treatment plan, if applicable.
- d. Psychotropic Medications.
1. Non-compliance of psychotropic medications, defined as missing or declining three doses in a row, shall be communicated to the psychiatric provider or covering provider.
  2. The psychiatric provider will review the situation to determine if it is an emergency or if the situation can be monitored.
  3. When the medications are clozapine or lamotrigine, two missed doses, or a total of 48 hours of missed medication, will result in immediate notification to the psychiatric provider or Chief Psychiatric Officer, if the prescribing provider is unavailable.
  4. The psychiatric provider shall schedule an appointment based on the aforementioned review taking into account the individual patient's needs, if the non-compliance is an emergency, and the nature of the medication being missed with regard to potential for adverse outcomes.
  5. The psychiatric provider and Nurse Coordinator of the facility shall coordinate to ensure that a meeting is scheduled.
    - (i) Based on the nature of psychiatric illness, efforts will be made to include any other relevant clinical staff in the meeting.
    - (ii) The meeting shall be documented by the psychiatric provider in the resident's EHR at its conclusion to include the revised treatment plan, if applicable.
  6. During the meeting to review medication compliance, the psychiatric provider shall provide education about the medication, possible consequences of refusing medication, and shall elicit reasons for non-compliance.
  7. All encounters with residents regarding non-compliance will be documented in the EHR.
  8. After consultation with the provider, if the resident has decided to forego the medication, the resident shall be asked to sign the informed consent form electronically in the EHR, with the declination noted.
  9. Counseling sessions pertaining to non-compliance shall be documented in the EHR in a progress note by the healthcare staff providing the counseling.
  10. The provider may choose to discontinue the medication.
    - (i) Continued counseling and/or intervention will be provided at the discretion of the provider.
    - (ii) If the provider chooses to continue the order, s/he will provide education about the medication, possible consequences of refusing the medication, and document reasons for non-compliance.
- e. All Other Medications.
1. In the case of the declination of critical or sensitive medications (including, but not limited to, clozapine, lamotrigine, warfarin, digoxin, insulin, isoniazid, HIV medications, seizure medications, hepatitis C medications), or critical patient health care issues, the nurse will call the resident to health services to encourage compliance and identify barriers.
  2. If the resident continues to decline the prescribed medication, the nurse will notify the prescribing provider, or covering provider, and a plan of care will be established.
  3. Medication non-compliance situations that pose a health risk to the residents must be communicated immediately to an on-site provider or the on-call provider.
  4. For a situation that is not emergent or urgent, an appointment with the prescribing provider or provider providing coverage shall be scheduled for review of the non-compliance.

5. During the appointment to review medication compliance with the resident, the provider shall provide education about the medication and possible consequences of continued declination.
  6. All encounters with residents regarding non-compliance shall be documented in the EHR.
    - (i) The resident shall be asked to electronically sign the informed consent form in the EHR with the declination noted.
    - (ii) Counseling sessions pertaining to non-compliance shall be documented in the EHR in a progress note.
  7. The provider may choose to discontinue the medication. Continued counseling and/or intervention will be provided at the discretion of the provider.
- f. Diversion of Medications.
1. Diversion is the concealment of a medication, or other actions intended to cause an observer to believe that the resident has taken medication when they have not. Examples of diversion are cheeking, palming, pocketing, smuggling, and other similar acts.
  2. Residents may divert medication to sell it to other residents; to hoard it for suicide attempts; to avoid telling providers that they do not want a certain med, etc. The dangers of medication diversions include suicide or poisoning attempts, as well as it is against the law to give drugs to others for whom it is not prescribed.
  3. Indications that a resident may be “at risk” of diverting medication include:
    - (i) Requesting a particular medication by name before describing symptoms;
    - (ii) Objective data about the resident’s condition is inconsistent with the description of symptoms;
    - (iii) Declination or non-adherence with other medications prescribed for the condition;
    - (iv) Claiming allergies or side effects to other possible medications without being able to provide specific detail;
    - (v) Not remembering or being able to pronounce medications other than the preferred medication; and/or,
    - (vi) Threatening or other signs of excessive distress when the requested medication is not prescribed.<sup>1</sup>
  4. Suspicion of medication diversion may arise from a variety of circumstances, including but not limited to the following:
    - (i) A witnessed incident of probable drug diversion;
    - (ii) Behaviors that may indicate an impaired individual;
    - (iii) Suspicious activity identified during routine monitoring and/or proactive surveillance;
    - (iv) Self-disclosure of drug diversion by an individual; and/or
    - (v) Notification of suspected drug diversion from any external source, such as investigators, other law enforcement, security staff, or a family member of a suspected medication diverter.
  5. Attempts to divert that are thwarted by nursing or security staff are considered acts of diversion, whether successful or not.
  6. If health care staff witnesses a medication diversion, that staff member shall document the incident in the resident’s EHR.
    - (i) Documentation must be specific to the event and the threshold of attempted diversion must be clear.
    - (ii) References to unidentified substances such as “white powder” are not acceptable to trigger a suspicion of diversion.

<sup>1</sup> Phillips 2012, 2014; Preventing Diversion of Prescription Drugs in Prison and Jail, 2014

7. Healthcare staff may also use an *Incident Report*, pursuant to PPD 387 *Notification of Incidents and/or Events*, and other official documentation to determine when there is an incident of diversion or diversion attempt.
  8. If healthcare staff determines the conduct rises to the level of a disciplinary report, the process outlined in PPD 390 *Standards of Resident Behavior* shall be followed.
    - (i) Healthcare staff may act on a suspicion of diversion, without a guilty finding in a disciplinary hearing
  9. The health care staff who witnessed the diversion shall notify the prescribing provider immediately. If the prescribing provider is unavailable, the provider on call shall be contacted for further instructions or orders.
    - (i) Notification of a provider is unnecessary if standing orders are in place relating to such an event, and the standing order shall be followed.
    - (ii) In either event, the Nurse Coordinator shall arrange and/or ensure that the resident and a provider meet within ten (10) business days, regardless of the orders given by the provider, to review the diversion and update the treatment plan.
  10. When healthcare staff have determined that a medication has been diverted, a provider will document the weighted risks and benefits of the medication which was being diverted, to determine an updated treatment plan, after meeting with the resident. In each case, the areas to review include, but are not limited to:
    - (i) The resident's specific medical needs, and if an alternative medication and/or treatment would be more appropriate;
    - (ii) The need for additional consultation or evaluation to assist in further treatment planning;
    - (iii) The risk to other residents of serious injury or death, of the medication diversion; and
    - (iv) A thorough, patient-specific analysis.
  11. Considerations by the provider regarding the medication diversion should include:
    - (i) Resident historical treatment compliance and non-compliance;
    - (ii) History of criminal activities related to diversion behavior;
    - (iii) Substance use disorder diagnosis, if applicable; and,
    - (iv) Whether or not alternative medications could be prescribed with equivalent efficacy, based on the medical research and standards of care.
  12. If a provider maintains the medication order after review of medication diversion, and continued medication diversion is identified with the resident, the provider needs to complete another patient-specific analysis, to include:
    - (i) The risk of continuing the medication knowing the resident is not compliant;
    - (ii) Balancing the risks of adverse outcomes; and,
    - (iii) Lack of adherence to a treatment plan.
  13. In all instances, an appropriate plan of care shall be implemented.
- (21) Infection Control Practice Related to Medication Administration.
- a. Hands will be washed or appropriately sanitized:
    1. Before starting medication administration;
    2. Upon completion of administration; and,
    3. Anytime during administration, if soiling or contamination has occurred.
  - b. Medication areas shall be maintained in a clean and orderly manner, free of refuse, clutter, and personal items.
  - c. Internal and external medications will always be stored separately.
  - d. Medication to be stored at controlled room temperature (ambient temperature) will be stored between 20°–25° C (68°–77° F).
    1. Excursions between 15° and 30° C (59° and 86° F) that are experienced in pharmacies, hospitals, and warehouses, and during shipping are allowed.

2. Provided the mean kinetic temperature does not exceed 25° C, transient spikes up to 40° C are permitted as long as they do not exceed 24 hours. Spikes above 40° C may be permitted only if the manufacturer so instructs.
- e. Medications requiring refrigeration will be stored between 2° C and 8° C (36° and 46° F).
- f. Medications stored in freezers will be stored between -25° C and -10° C (-13° and 14° F).
- g. Temperatures will be documented at least twice daily by wireless data-logging equipment.
- h. Medication refrigerators/freezers shall be visibly designated "Medication Only." No food or other supplies shall be stored in medication refrigerators or freezers.
- i. The Chief Pharmacist shall be responsible for establishing and implementing a system for appropriate monitoring of medication temperatures; notifications of deviations; and responses to deviations. *See Attachment 1 Medication Temperature Control, Monitoring and Reporting.*
- j. Medication expiration dates shall be checked every 2 weeks; and, expired medications discarded according to PPD 597 *Schedule II-VI Medications.*
- k. Multi-dose containers of solid medication and multi-use parenteral medication containers will be clearly marked, with the initials of the person first opening them, and the date opened.
  1. Multi-dose parenteral medication containers will be discarded 28 days after opening, or less if recommended by manufacturer, regardless of the amount of medication remaining in the container.
- l. Any topical medications labeled for a specific resident cannot be given to other residents, or shared in any manner, without exception.
- m. Sterile containers of normal saline and sterile water will be clearly marked with the date opened, and discarded no more than 24 hours after opening, or according to manufacturer instructions.
- n. Medications that need to be crushed will be crushed in a manner to prevent contamination.
- o. There is no eating or drinking in any area where medications are stored, handled, or distributed.

#### REFERENCES:

Standards for Health Services in Prisons, P-A-08, P-D-02, P-E-08  
National Commission on Correctional Health Care 2018

Lippincott's Nursing Procedure,  
8<sup>th</sup> Edition 2019

Nursing Drug Handbook  
Wolters Kluwer 2020

Institute for Safe Medication Practices - <https://www.ismp.org/recommendations/do-not-crush>

<https://essentialsofcorrectionalnursing.com/2014/07/03/preventing-diversion-of-prescription-drugs-in-prison-and-jail/>

<https://correctionalnurse.net/how-to-limit-drug-diversion-in-your-facility/>

<http://www.corrections.com/news/article/45817-medications-at-high-risk-for-diversion-and-abuse-in-correctional-facilities>

#### Other:

PPD 387 *Notification of Incidents and/or events*



PPD 390 *Standards of Resident Behavior*  
PPD 580 *Pharmaceutical Services*  
PPD 597 *Schedule II – VI Medications*  
PPD 598 *Medication Occurrence*  
PPD 760 *Maintenance Operations*  
PPD 767 *Tool and Equipment Control*  
PPD 757 *Hazardous Materials*

Attachments

Attachment 1 *Medication Control, Monitoring and Reporting*

MATTIS/lm

