
Pharmaceutical Responsibilities for Custody and Treatment Staff (Title 15, Section 1438; NCCHC)

729.1 PURPOSE:

To establish guidelines for administering medications safely, properly, and in a timely manner to youth in Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).
To establish guidelines for accurately documenting medication administration.

729.2 GUIDELINES:

- A. Any Probation staff member who receives medication from another agency or parent/guardian shall immediately deliver the medication to Medical Services for prompt processing.
- B. All staff that administers medication shall complete medication administration training provided by Medical Services.
- C. Youth shall not prepare, dispense, or administer medication.

729.3 RESPONSIBILITIES:

- I. Probation Corrections Officer (PCO):
 - A. Account for all rescue medications, (e.g. Albuterol inhaler, Epi-Pen, and Insta-Glucose) every shift and document in Caseload Explorer (CE).
 - B. Check the Medication Administration Record (MAR) (Attachment A) for alerts, including but not limited to the following:
 1. Name
 2. Medication or food allergies
 3. Medication diversion
 - C. Administer medications acting on the order of a prescriber, including but not limited to the following:
 1. As needed medication (e.g. inhalers, Advil/Ibuprofen, Tylenol/Acetaminophen, Insta-Glucose, Epi-Pen).
 2. Scheduled medication (e.g. selenium sulfide, Mylanta, Eucerin cream, permethrin cream, Peroximint, Chloraseptic throat spray, foot soaks).
 3. All medications may be administered and/or used by the youth only under the direct supervision of custody staff, treatment staff, or nursing staff.
 - D. Document on the MAR as follows:
 1. Date, staff name (print), and initial the backside of each MAR.
 2. When documenting as needed medication, include the date, time medication given, and initials.

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3. When documenting routine medication, initial the appropriate date and time.
4. If the youth refuses the medication, document "R."
5. If the medication is unavailable, notify nursing and document "U."
- E. Notify medical staff immediately of any signs of adverse reactions to the medication in accordance with departmental training.
- F. Contact medical staff immediately if there are concerns regarding the sterility or integrity of the medication.
- G. Immediately inform medical staff when a medication, medical supply, or medical device is unable to be located and complete an Incident Report for Missing Medications and Medical Supplies/Devices (Attachment C).
- H. Immediately inform medical staff when a refill is needed to avoid disruption of the medication regimen.
- I. Always observe the Rights of Medication Administration: patient, medication, dose, route, time, documentation, reason, and response.
- J. Attend to each youth individually to provide and ensure the medication is swallowed.
 1. During medication distribution, there shall be no other movement in the day room area except for youth who have medication.
 2. One staff must be present alongside the nurse while medication is being dispensed.
 3. After administering medication, thoroughly inspect the youth's mouth, hands, and water cup to ensure the medication has been swallowed.
 4. At no time will the nurse dispense medication to a youth who is in their room except when the youth poses a safety and security concern.
- K. Observe the youth for incidents of medication diversion. In the event a youth is suspected of or is observed diverting medication:
 1. Thoroughly inspect the youth's hands and mouth and instruct the youth to drink a full cup of water.
 2. Notify the appropriate Supervisor and medical staff of medication diversion (observed or suspected).
 3. Perform a cursory search of the youth, roommate if applicable, and the youth's assigned room for any possible medication.
 - (a) If additional medication is found, ensure photos are taken and the medication is given to medical staff.
 4. Complete an Incident Report (IR), documenting the incident, search, photos (if applicable), and notifications.
- L. Notify Medical Services of all refusals of medication by the end of the shift.

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1. Complete a Refusal of Health Services form (Attachment B) in the event of a refusal of medication/treatment when necessary.
 2. If a youth refuses to sign, the signature of a second staff member is required.
- M. Report all medication and treatment errors as follows:
1. Immediately notify medical staff and the appropriate Supervisor.
 2. Complete an IR.
- N. Store medications securely in the locked medication storage bins. The key shall be stored separately in a secure area on the unit.
- O. Do not crush or alter medications without medical staff approval.
- P. Forward the MAR to Medical Services once the prescribed time frame for all medications is complete and/or the youth is released from custody.
- Q. Document one-time dosages for medications on the MAR.
- R. Complete the Tylenol/Advil sign-out form in Medical Services when receiving Tylenol/Advil from medical staff.
- S. Return expired or discontinued medications to Medical Services for disposal.
- T. When a youth is transferred to another unit or JDAC/TF, ensure ordered medication and MAR is sent with the youth.
- U. Notify medical staff of an emergent medical complaint by phone.
1. The nurse may triage the medical complaint over the phone and if the youth's condition warrants it, give the custody staff a one-time order for medication/treatment.
 2. The custody staff/youth shall provide the medical staff with the following information:
 - (a) Chief complaint
 - (b) History of the complaint
 - (c) Signs and symptoms
 - (d) Any known allergies
 3. Document in CE:
 - (a) Signs and symptoms
 - (b) Any pertinent information given to the nurse
 - (c) Date and time of the phone call
 - (d) Name and title of the nurse giving orders
 - (e) Exact order received

II. Intake Release Officer (IRO):

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- A. Review the youth's Overview page/Special Instructions section for release of medications alert for medications that must accompany the youth upon release.
- III. Designated PCO/Designee:
 - A. Transport medications and triplicates to and from the pharmacy and JDAC medical clinic.
 - B. Sign verification forms in the JDAC medical clinic to confirm proof of receipt and delivery.
 - C. Document the medication transport in the Transportation Log in CE.
- IV. Probation Corrections Supervisor I (PCSI):
 - A. Review the assigned unit MARs no less than once per shift to ensure each youth listed has received ordered medications and document the review in CE supervisory rounds log.
 - B. Address medications that were not administered or any discrepancies immediately.
 - 1. Notify the Watch Commander (WC) immediately.
 - 2. Ensure unit staff complete an IR and inform medical staff.
- V. Watch Commander (WC):
 - A. Review IRs and ensure a copy is forwarded to Medical Services.

729.4 ATTACHMENTS:

[See attachment: Pharmaceutical Responsibilities for Custody and Treatment Staff Attachment A \(Lexipol 12-7-21\).pdf](#)

[See attachment: Pharmaceutical Responsibilities for Custody and Treatment Staff Attachment B \(Lexipol 12-7-21\).pdf](#)

[See attachment: Pharmaceutical Responsibilities for Custody and Treatment Staff Attachment C \(Lexipol 12-7-21\).pdf](#)

Attachments

Pharmaceutical Responsibilities for Custody and Treatment Staff Attachment A (Lexipol 12-7-21).pdf

PRN MEDICATION

	DATE	STAFF NAME (PRINT)	INITIAL	DATE	STAFF NAME (PRINT)	INITIAL
STOP DATE: _____ RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N						
STOP DATE: _____ RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N						
STOP DATE: _____ RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N						

NAME _____ LAST _____ FIRST _____ MI _____ DOB _____ PIN _____ UNIT NUMBER _____

MEDICATION ADMINISTRATION RECORD

San Bernardino County Probation

NOTE: Any medication entry highlighted in "pink" is no longer active - **DONOT GIVE!**
 READ INSTRUCTIONS: When medication is administered, staff MUST initial the date/hour square. Staff name and initial on reverse side
 Justification codes: R=Refused - U=Unavailable - W=Work - F=Furlough - C=Court
 Release medication only if "Y" is checked Do not release if "N" is checked

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	AM																																
DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	NOON																																
DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	PM																																
DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	HS																																
DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	AM																																
DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	NOON																																
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DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	PM																																
DISCONTINUE	RELEASE: <input type="checkbox"/> Y <input type="checkbox"/> N	HS																																

MIDCE - MD Consent - Expires 7 Days
PGCE - Parent/Guardian Consent - Expires 1 Year
PCUE - Phone Consent Unwitnessed - Expires 21 Days
PCWE - Phone Consent Witnessed - Expires 1 Year
ALLERGIES: _____
RELEASED DATE: _____
NURSE'S SIGNATURE: _____
PCO'S SIGNATURE: _____
PARENT/GUARDIAN SIGNATURE: _____

DCEE - Doctor Consent Emergency - Expires 7 Days
CCEE - Court Consent Emergency - Expires 6 Months
CTCE - Court Consent - Expires 6 Months

NAME _____ **LAST** _____ **FIRST** _____ **MI** _____ **DOB** _____ **PIN** _____ **UNIT NUMBER** _____

Pharmaceutical Responsibilities for Custody and Treatment Staff Attachment B (Lexipol 12-7-21).pdf



REFUSAL OF HEALTH SERVICES

Youth's Name:

(LAST) (FIRST) (MI) PIN

I, the above ward, refuse medication, treatment, and or healthcare appointment offered by the San Bernardino County Juvenile Detention and Assessment Center staff despite medical/behavioral health advice to the contrary. In making this refusal, I acknowledge the fact that my case has been explained to me in understandable terms and, further that I release the San Bernardino County and all physicians, agents, and employees serving the County from all responsibility resulting from the refusal of medication or treatment.

- Youth is refusing: [] Psychotropic Medication: [] Other Medication: [] Treatment Type: [] Appointment Type: [] Vaccination:

Dosing Time Refused: [] AM [] Noon [] PM [] HS

Reason for refusal:

What efforts were made to have the youth accept the medication or treatment? (Select all that apply)

- [] Counseled youth regarding the importance of the medication and/or treatment being refused. [] Educated youth about the risks of not taking the medication as prescribed. [] Advised youth to contact staff immediately if changes mind. [] Contacted FAST to follow up with youth. [] Other

Youth's Signature: Date: Time:

PCO/Healthcare Staff (Print) PCO/Healthcare Staff (Signature) Title

For psychotropic medication refusals, only a member of the healthcare staff can sign above. The PCO can sign below as a witness when the youth refuses to sign the form.

If youth refuses to sign form, a second staff member shall sign as a witness below. Include a reason for the signature refusal, if given.

PCO/Healthcare Staff (Print) PCO/Healthcare Staff (Signature) Title

Reason for signature refusal

Pharmaceutical Responsibilities for Custody and Treatment Staff Attachment C (Lexipol 12-7-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

Incident Report for Missing Medications and Medical Supplies/Devices

Date: _____ Time: _____ Unit: _____

Youth Name: _____ DOB: _____ PIN: _____

Date and time of last use or treatment: _____

Incident Details:

Medical Services Notified (Name of medical staff/date and time of notification):

Name: _____ Date/Time: _____

Was mission medication, supplies, or device found? (Circle) Yes / No

Was replacement for missing medication, supplies or device requested and received? (Circle) Yes / No

Reporting PCO/PCOT: _____
Print Name Signature Date/Time

Reported to PCS I/II: _____
Print Name Signature Date/Time

Watch Commander: _____
Print Name Signature Date/Time

Distribution: *Medical Services*
Watch Commander
Unit Supervisor