

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

PHARMACEUTICAL RESPONSIBILITY FOR MEDICAL SERVICES

Title 15 Section 1438 and 1439

Authority:

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Purpose:

To establish guidelines regarding pharmaceutical standards compliant with all applicable state and federal regulations regarding prescribing, dispensing, administering, and procuring medication in the Juvenile Detention and Assessment Centers (JDACs) and Secure Youth Treatment Facilities (SYTFs).

Definitions:

Medication Diversion: Concealing medication for secondary gain.

Formulary: A written list of prescription (Rx) and over-the-counter (OTC) medications that are ordinarily available to authorized prescribers.

Releasable Medication: Medication that must accompany a youth upon their release.

Responsibilities:

I. Chief Medical Officer (CMO):

- A. Determine prescriptive practices in the JDACs and SYTFs.
- B. Responsible for the procurement of medication.
- C. Responsible for approving medication administration training in conjunction with the facility administrator or Health Service Manager.

II. On-site Physician/Provider:

- A. Utilize the approved formulary with provisions when clinically indicated.
- B. Validate telephone and email orders within seventy-two (72) hours.

III. Health Service Manager (HSM)/Designee:

- A. Develop and oversee policies on pharmaceutical management.
- B. Review Medication or Treatment Incident Reports.
- C. Ensure pharmacy inspections are conducted on a regular basis, no less than quarterly.
- D. Oversee training and auditing as required for pharmaceutical administration.
- E. Shall monitor compliance with this procedure by periodic review of logs, incident reports, safety reviews, and other safeguards conducted in the normal course of business on a weekly, monthly, and yearly basis.
- F. Approve medication administration training in conjunction with the CMO.
- G. Retain documentation of completed training and testing.

IV. Supervising Correctional Nurse I/II:

- A. Track and review Medication or Treatment Incident Reports and send them to the HSM.
- B. Ensure Correctional Nurse I/II and Licensed Vocational Nurse (LVN) perform all responsibilities as per this procedure.

V. Correctional Nurse I/II / Licensed Vocational Nurse I/II:

- A. Make all possible efforts to obtain a youth's personal supply of currently prescribed medication via the Probation Officer (PO), placement staff, and/or parent/legal guardian.
- B. Continue the youth's current personal medication received only if:
 1. Medication is packaged in its original container
 2. Label is current
 3. Contents are consistent with the label
 4. Contents are consistent with youth's reported use
 5. Youth's last dose was within a 3-day period; to be considered compliant.
- C. Contact the on-site or on-call physician/provider as soon as feasible but no later than twenty-four (24) hours to obtain an order:
 1. Upon receipt of the youth's personal supply of medications.
 2. Upon receipt of appropriate prescription or proof of medication administration from the community (e.g. home, hospital, placement, juvenile halls, etc.).
 3. If the medication count is not consistent with the label but the patient and/or the parent or guardian state, insist, or verifies compliance.
 4. Upon receipt of a youth's personal supply of narcotic medication.
 5. If the prescribed medication(s) are not available at the ARMC pharmacy for further direction.
- D. Chart check telephone or verbal orders of continued medications with the prescribing physician/provider by the next business day.
 1. Contact the on-call provider to obtain an order to continue medication if no physician/provider is scheduled for the next business day.
- E. Ensure the youth's discontinued personal non-narcotic medication(s) are sent to their personal property and document in the electronic health record.
- F. Ensure the youth's personal medication(s) are sent to their personal property once on-site medical services has procured stock from ARMC pharmacy and document in the health record.
- G. Place medication on "HOLD," if adverse side effects are identified or for critical lab results related to the current medication including but not limited to critical values for therapeutic drug levels and notify the physician/provider immediately.
- H. Chart check the impending expiration of a medication order with the physician/provider to determine the need for continued or altered administration in the event of an unresolved health matter.
- I. Account for all medications delivered by the transporting Probation Corrections Officer (PCO). Sign the form received from the pharmacy prior to the PCO's departure to confirm all ordered medication was received.

VI. Health Services Assistant:

- A. Administer over-the-counter (OTC) medications as needed with the assistance of the Correctional Nurse/ LVN.

VII. Forensic Adolescent Services Team (FAST):

- A. Assist medical services with efforts to obtain a youth's personal supply of prescribed psychotropic medication via the PO, placement staff, and/or parent/legal guardian for youth under 18 years of age, or the PO/designee for youth 18 years of age and older.
- B. Discuss and provide counseling with the youth regarding incidents of medication diversion involving psychotropic medications.
- C. Report events of medication diversion of psychiatric medication to the psychiatrist.

- D. Review received refusals of psychiatric medication and report to the psychiatrist.
- E. Arrange for necessary psychotropic furlough prescriptions to be written by the prescribing psychiatrist.

VIII. All licensed nursing personnel:

- A. Administer medication as outlined:
 - 1. Only under the direction of a physician/provider and/or approved Standardized Procedure for Registered Nurses when clinically indicated.
 - 2. Obtain clinical data prior to administration of medication, when required.
 - 3. Always observe the Rights of Medication Administration.
 - 4. Crush medications only as ordered from the physician/provider.
 - 5. Attend to each youth individually to provide confidentiality and ensure the medication is swallowed.
 - 6. Do not go to individual rooms, unless the safety of the unit would otherwise be compromised (i.e. only one PCO is on site).
 - 7. Ordered frequency of medication, unless otherwise specified by the physician/provider:
 - a. Daily 0700
 - b. BID (2 times a day) 0700, and 1900
 - c. TID (3 times a day) 0700, 1200, and 1900
 - d. QID (4 times a day) 0700, 1200, 1600, and 1900
 - 8. Insulin, injectable anticoagulants, and digoxin require two (2) nurses' signatures for verification for correct dosing, prior to administering, whenever more than one nurse is available on-site.
- B. Complete documentation as outlined:
 - 1. Note all medication allergies or adverse drug reaction status in the health record and medication envelopes.
 - 2. Document all medication administered or refused in the health record.
- C. Provide living unit medication and treatments as outlined:
 - 1. Generate/update a Medication Administration Record (MAR) to be utilized by custody staff and stored in the Unit Health Binder to include, but not limited to orders for the following:
 - a. As needed medication (inhalers, Advil/Ibuprofen, Tylenol/Acetaminophen, Epi-Pen).
 - b. Scheduled medication (selenium sulfide, Mylanta, Eucerin cream, permethrin cream, peroximint, Chloraseptic throat spray, foot soaks).
 - 2. Update the living unit MARs monthly for continued orders or as the need arises.
- D. Store medication as outlined:
 - 1. Secure at all times in the medication room, carts, storage bins, and the medication packager.
 - 2. Routine stock medication shall be kept in a locked cabinet or container within the medication room.
 - 3. Controlled substances to be kept in a double locked area.
 - 4. Medications that require refrigeration (e.g. insulin, immunizations) are stored in the appropriate designated refrigerators.
 - 5. Under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security per manufacturers guidelines.
 - 6. Medications for external use, antiseptics, and disinfectants must be stored separately from oral and injectable medications.
 - 7. All drug storage and medication areas shall be devoid of expired, discontinued, or recalled medications.

- E. Manage Tamper-Resistant Security Prescriptions (Controlled Substance Rx) as outlined:
 - 1. Store securely by the physician/provider.
 - 2. Never be altered.
 - 3. Expire after six months.
- F. Manage Controlled Medications as outlined:
 - 1. Utilize the Patient Specific Controlled Drug Accountability Log for the tracking and documentation of controlled medications for individual youth and conduct a count every time medication is removed from the container.
 - 2. Utilize the Controlled Drug Accountability/Destruction Log for the tracking and documentation of controlled stock medications and conduct a count by two (2) nurses twice a day.
 - 3. In the event a discrepancy cannot be rectified:
 - a. Complete a Report of Error in End of Shift Legend/Narcotic Count form and notify the Supervising Correctional Nurse.
 - b. Contact ARMC pharmacy for assistance/clarification as needed.
 - 4. Discard all narcotic pain medication when discontinued.
 - 5. Waste and destruction must be conducted by two (2) nurses and documented on the Controlled Drug/Destruction Log.
 - 6. Completed logs are to be submitted to the Supervising Correctional Nurse for tracking and are to remain accessible for inspections.
 - 7. Utilize the Controlled Substance Order Form when ordering controlled stock medications.
 - 8. Request refills of stock medication when each ten (10) dose stock medication is reduced to four (4) doses.
 - 9. Stock medications shall be used for a first dose or until the current prescription is received when there is a current prescription on record.
 - 10. Medication waste shall be contained in the designated bins and maintained in the medication room.
- G. Maintain MAR as outlined:
 - 1. Generate a MAR for every youth with a unit medication order.
 - 2. Identify "Name Alert" in the event there are two youth in custody that have the same or similar name.
 - 3. Document the reason medication was not administered (i.e. refused).
- H. Implement Triaged Orders (single event) as outlined:
 - 1. The Correctional Nurse may triage received medical complaints over the phone and provide a one-time order for medication/treatment. Document the pertinent information received from and provided to the custody staff, name and title of the person taking the order, and date and time of phone call.
- I. Manage medication diversion incidents as outlined:
 - 1. In the event a youth is suspected or observed diverting medication:
 - a. Thoroughly inspect the youth's hands, mouth, and cup.
 - b. Instruct the youth to drink a full cup of water.
 - c. Notify custody staff at the time of the event.
 - 2. Complete a Medication Incident Report.
 - 3. Identify the youth confirmed as diverting medication in the health record, medication envelopes, and Unit MAR.
 - 4. Contact physician/provider to request an order to crush the medication.
 - a. In the event an order to crush medication is denied, document the reason on the Medication Incident Report.

5. In the event a youth has been identified as diverting medication in a previous booking, continue "crush order" as previously obtained by the physician/provider.
- J. Manage releasable medication as outlined:
1. Store in a childproof container. Bubble pack medication is an exception upon transfer to a placement/group home or another San Bernardino County JDAC.
 2. Include current prescription medications and personal medications from home.
 3. Only release narcotic pain medication if there is a current order.
 4. Correctional Nurses or LVNs may print a label, if said label is verified and affixed to the medication container by a physician, dentist, or pharmacist prior to the administration of medication in accordance with sections 4076 and 4076.5 of the Business and Professions Code.
 5. Arrange for a sufficient supply of current medications and encourage the youth to follow up with a community health care provider for planned discharges.
- K. Manage refusal of medication or treatment as outlined:
1. Complete a Refusal of Health Services form (Attachment A) for all medication or treatment refusals.
 2. Contact the on-call physician/provider for all essential medications refusals such as insulin, anti-seizure, blood pressure medication, etc.
 3. Chart check three (3) consecutive refusals with the physician/provider. If no physician/provider is scheduled by the next business day, contact the on-call provider to obtain an order to discontinue the medication.
 4. Submit the refusal form to FAST in the case of psychotropic medication refusals.
- L. Manage medication errors as outlined:
1. Notify the on-site/on-call physician/provider immediately and document notification in the health record.
 2. Complete a Medication or Treatment Incident Report Form and submit it to the Supervising Correctional Nurse I/II prior to the end of the shift.
- M. General:
1. Keep all medications under the control of appropriate staff members.
 2. Faxed orders will be acceptable from medical offices that have a valid agreement with the Probation Department.
 3. Multi-dose vials expire (28) days after they are opened. Document initials and expiration date on the vial.
 4. Splitting of non-scored tablets is prohibited.
 5. Sample medications are not permitted.
 6. An adequate and proper supply of emergency medication such as Glucagon, Epi-pen, IM Benadryl, and Cogentin shall be available and/or maintained in the emergency bags and readily available along with posting of the poison control numbers.
 7. Ensure custody staff completes the Tylenol/Advil sign-out sheet when receiving for unit stock.
 8. Process medication orders for furloughs and notify the treatment facility when the medication is ready.

Guidelines:

- A. Youth shall not prepare, dispense, administer, or keep on their person any medication.
- B. Youth are to only self-administer inhalers, ear/eye drops, and creams/ointments under the direct supervision of custody or nursing staff.
- C. All staff that administers medication shall complete medication administration training provided by Medical Services.
- D. Medication with questionable sterility or integrity shall not be administered.

Inspections:

Refer to Policy and Procedure Inspection Matrix.


Foundation:

Minimum Standards for Juvenile Facilities, Title 15, Section 1438 and 1439
Standards for Health Services in Juvenile Detention and Confinement Facilities
National Commission on Correctional Health Care (NCCHC)

References:

Responsibility for Health Care Services
Intake-Maysi Screening, Assessment, and Admittance
Psychiatric Services and Psychotropic Medications
Pharmaceutical Responsibilities for Custody and Treatment Staff

Issued by:



Tracy Reece, Chief Probation Officer

Original Issue Date: February 1, 2007

Revised: April 15, 2011
Revised: January 19, 2016
Revised: January 25, 2019
Revised: November 9, 2021

Attachment:

A - Refusal of Health Services



Juvenile Detention and Assessment Center - Medical Services Division

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