



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
DETENTION SERVICES
FACILITY MEDICAL POLICIES**

Superintendent _____ Signature Designated Health Authority _____ Signature	Effective Date: November 1, 2016	Revised Date: July 5, 2018	Procedure Number: 8024 Medical Services
Subject: MEDICATION MANAGEMENT – VERIFICATION, ORDERS, PRESCRIPTION & STORAGE		Reference: 63M-2.022 through 63M-2.037 F.A.C. Quality Assurance Standard 4.27; 4.28; 4.29	
Purpose:	The purpose of this policy is to ensure that all medication and pharmaceutical products are procured, dispensed, administered and stored safely, accurately and in accordance with state, federal and industry standards.		

PROCEDURE:

- A. All medications will have a current, valid order and are given according to a current prescription or Practitioner Order.
- B. For youth with a history of Asthma, youth-specific Inhalers should not be ordered for those youth needing “as needed inhalers” during their short stay in detention. Stock inhalers along with patient specific spacers shall be maintained. Stock Inhalers must be ordered from the Department of Juvenile Justice approved pharmacy as per a Designated Health Authority signed order.
- C. Youths with a history of Asthma must have a Practitioner’s Order for an inhaler “as needed” in their Individual Health Care Records. Medical staff must place alerts indicating the environmental factor if known and the indication for an as-needed inhaler. In addition, an alert must be generated describing the signs and symptoms to be monitored for the JDOs providing custody or transport.
- D. Verification of Medications Prescribed Prior to Admission
 - a. Under no circumstances may personnel at the facility stop an appropriately prescribed medication that the youth is receiving upon admission. A duly licensed Physician, PA or ARNP must make all changes in medication regimens subsequent to an appropriate assessment. This provision applies to all classifications of medications.
 - b. Upon admission to the facility, the youth and parent or guardian (if available) will be interviewed about the youth’s current medications. This will be conducted as part of the Medical and Mental Health Screening Form in JJIS. Medication verification will also occur during the completion of the review of the Medical and Mental Health Screening Form, the initial medical admission screening completed within 24 hours of admission, the Health-Related History form, and/or the Comprehensive Physical Assessment.

- c. If a youth returns to the facility after a court appearance or other activity that would not prompt a change in medications, the current medications do not need to be reviewed.
- d. Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container may be accepted in the facility. Prior to medication administration, the following requirements MUST be met:
 - i. The youth reports that he or she is taking an oral prescribed medication, AND
 - ii. Either the youth or the parent or guardian of the youth has brought the valid, patient-specific medication container to the facility, AND
 - iii. There are no doubts about the substance in the medication container, AND
 - iv. The medication is properly labeled.
- E. If the prescription medication cannot be verified as authentic, the prescription and contents shall be verified by:
 - a. Calling the pharmacy that dispensed the medication; or
 - b. Calling the outside provider who prescribed the medication.
- F. Further medication verification requires DHA or physician designee, PA, or ARNP notification and a medical evaluation of the youth completed, with documentation in the Chronological Progress Notes
- G. After medication verification, the Medication Receipt, Transfer, & Disposition Form (HS 053, September 2010) shall be completed, with copy of the form provided to the parent/guardian (when parent/guardian is available).
 - a. When the above defined verification process is successfully completed, the licensed nurse must call to obtain an order from the DHA or ARNP to resume the specified medications. This telephone order must be documented in the youth's Individual Health Care Record and co-signed when the ordering practitioner is on-site. The medication will subsequently be administered according to the instructions on the label.
 - b. For situations when youth are admitted and medical staff is not on duty, staff will refer to the physician's protocol for trained non-healthcare staff to receive and verify medications and assist the youth with self-administration. A telephone order must then be obtained (from the DHA or ARNP) and documented by the incoming nurse on the next shift. The protocol should only apply to critical medications (i.e. psychotropics, seizure medications, diabetes medications, etc.) for which a missed dose would compromise the youth's health. The protocol will list which specific medications to which this would apply.
 - c. The need for any further verification requires the notification of the Designated Health Authority who then must evaluate the youth. This is of particular importance if a youth is on a medication for a chronic condition for which a dose should not be missed.
 - d. Documentation of prescription verification must occur in the chronological progress notes in the Individual Health Care Record.
- H. Medications Unable To Be Verified
 - a. The parent or guardian will be notified by telephone to pick up any medication that is not successfully verified. An explanation as to why the medication cannot be used will be provided to the parent along with notification that the medication will be held for a period of two weeks for parental pick-up after which time the medication will be destroyed. The facility will document in the nursing progress note all parental

telephone conversation(s). A disposal log will be maintained for all destroyed medication. All medication will be stored securely until retrieved or destroyed.

- b. In instances where it appears that the substance in the container may be contraband (i.e. not a youth specific prescription medication) disposition of the substance should be in accordance with the facility's procedures for disposing of contraband and/or controlled substances.

I. Medication Prescribed Prior to Admission

- a. Continue the administration of ALL current medications for which the youth has a verified prescription at the time of admission into the facility.
- b. The current medications prescribed prior to admission will be renewed or refilled for the life of the prescription(s) as long as there are no changes in the total dosage or route.
- c. The DHA, PA or ARNP will place an order on the Practitioner Order form or other designated area in the progress notes indicating which current medications are changed or new medications are ordered subsequent to admission to the facility.

J. Over-the-Counter Medication

- a. OTC medications not listed on the AET will be administered per approved protocols or Practitioner's Order, unless the parent/guardian has prohibited the administration of OTCs by way of the AET.

K. Storage of Medication and Sharps

- a. All medication will be identified and stored in separate and secure areas that are inaccessible to youth. This includes prescribed medications, OTCs, and controlled and non-controlled medications.
- b. The following components for the storage of medications and sharps are required:
 - i. Separate storage of different medication forms (i.e. injectable, topical medications, drops, liquids) pursuant to pharmacy regulations;
 - ii. Refrigerated medication in a location separate from food storage
 - iii. Non-controlled prescription medications
 - iv. Over-the-Counter medications
 - v. Controlled Medications (class II-V drugs)
 - vi. Secure storage of sharps such as needles, syringes, scissors, suture removal kits, etc.
 - vii. Clearly designated youth-specific sections
 - viii. Stock medications per the Modified Class II B permit (i.e. stock inhalers and Stock epi-pens must be stored separate from youth specific medications.
 - ix. There must be a process in place for JDOs to access the stock inhaler and youth specific delivery chamber when there is no medical staff in the facility.
 - x. To ensure the stock container does not run out when needed, there must be an individual perpetual inventory which is checked weekly, at a minimum.
- c. All non-controlled medications (prescribed and over-the-counter) will be stored in a separate, secure, locked area that is inaccessible to youth (when unaccompanied by an authorized staff member). This area must be clean, organized, free from temperature extremes, moisture, etc., and thus suitable for medication storage.

- d. The location of, and storage mechanisms for over-the-counter medications will vary according to the size of the facility and whether or not protocols allow staff to administer these medications, at times other than sick call, for specified minor complaints.
- e. All medications shall be maintained in a safe and secure area within the medical department at all times, except in emergency situations where they are actively being used. All controlled substances, such as narcotics, will be kept in a medication storage area that secures them behind a double-lock system. A double lock system consists of two separate locks where there is an external lock securing a separate storage area which has another individual internal lock. A cabinet with two external locks does not meet the requirement of a double-locked system.
- f. A medication cart with two separate external and internal locking devices is acceptable for the storage of controlled and non-controlled medications.
- g. A stock inhaler must be maintained in a designated area, in each facility's medication cart. The medication cart must be locked at all times, but still accessible to both nurses and trained JDO Supervisor staff. There must be a process in place for JDO Supervisors and JDO's trained to access the stock inhaler and youth specific delivery chamber when there is no medical staff in the facility.
- h. To ensure the stock container does not run out when needed, there must be an individual perpetual inventory which is checked weekly, at a minimum. As with all stock prescription medications, a perpetual inventory of medication utilization must be maintained.

L. Expiration of Medications

- a. The Registered Nurse or Licensed Practical Nurse shall be responsible for checking all prescription and over-the-counter medication for expiration dates monthly. Additionally, prescription medication expiration dates shall be examined during the routine medication administration process. Outdated medications shall never be administered to a youth.
- b. All outdated medications will be removed and segregated from regular stock and placed in a designated secure locked quarantine area. Outdated medications shall be destroyed at least monthly.
- c. Any non-expired pharmaceutical product that has been subjected to improper storage condition, contaminated in any way, adulterated, or deemed to be unusable for any reason shall be placed in the designated area and destroyed.
- d. A secured designated quarantine medication storage area shall be clearly marked and designated separate and apart from usable medications.
- e. Any medication not procured by a youth's parent or guardian, after a youth's discharge from the facility, shall be destroyed after 30 days under the supervision of the licensed pharmacy consultant.

M. Disposal of Medication

- a. A Registered Nurse shall be responsible for the disposal of medications. Controlled and non-controlled medications for disposal shall be inventoried prior to disposal and disposed in the presence of the pharmacy consultant. Controlled and non-controlled medications must be disposed of by utilizing the DEA approved Drug Buster disposal system and in accordance with state board of pharmacy and DEA disposal plan.
- b. Documentation of the disposal of all medication shall be maintained.

N. Medication Error and Omissions:

- a. Medications received by the pharmacy that are dispense in error must be documented as a medication error even if not provided to a youth. A root cause analysis must be completed to determine why the dispensing error occurred.
- b. The pharmacy shall be contacted at the first available time to have the medication replaced with the correct prescribed medication either via federal express or called to a local pharmacy.
- c. Any Medication error by omission, inaccurate dose, time or medication shall require a notification to the CCC and a completion of an internal investigation and root cause analysis utilizing a medication error report as well as notification to the parent/legal guardian.
- d. All medication errors shall document the DHA was notified and the medication error report shall be provided to the pharmacy consultant to include in the quarterly CQI report.
- e. The superintendent/designee shall also be notified of all medication errors or omissions.