

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-D-01

SUBJECT: PHARMACEUTICAL OPERATIONS

POLICY: Pharmacy services shall provide medication and associated health devices to inmates of the Department of Corrections in accordance with current State and Federal laws and regulations and shall provide for strict control and accountability for medications prescribed for inmates of Department of Correction's facilities.

REFERENCE: NCCHC Standard P-D-01
OAR 291-124-070
OAR 855-01-000 through 855-110-0015

PROCEDURE:

- A. All pharmacies will be licensed by the state and staffed by a licensed Pharmacist and each drug room will be under the supervision of a licensed Pharmacist. A licensed Pharmacist will inspect all drug rooms in each facility at least quarterly each year. Included in the inspection will be storage, records, orders and expired or discontinued medications. All drug rooms shall be inspected by the consultant pharmacist annually by February 15, using the Oregon Board of Pharmacy Correctional Facility Inspection form. (Attachment 1)
- B. Each Oregon Department of Corrections facility complies with all applicable state and federal regulations regarding prescribing, dispensing, administering and procuring pharmaceuticals.
- C. A closed formulary shall be used for medication prescribing. A practitioner may request an item be included in the formulary. Such requests will be forwarded by the practitioner and acted upon at the next Therapeutics Committee meeting. A practitioner may request a non-formulary medication for an inmate via a Non-Formulary Drug Request. (See P&P P-D-01.1, Formulary.)
- D. All pre-filled syringes delivered to Health Services shall be stored in a secured environment.
- E. Automatic stop orders for medication will be as listed in the Health Services Section Policy and Procedure #P-D-02.9, Medication Stop Orders.
- F. All medications are obtained through pharmacies authorized by the State of Oregon.

Pharmaceutical Operations

- G. All patients with ongoing or chronic conditions are rescheduled to see their assigned practitioner before expiration of their medication. If a patient cannot be seen by their assigned practitioner before expiration of their medication order(s), refer to the treatment protocol regarding extension of medication orders. See Health Services Section Policy and Procedure #P-G-01, Special Needs Treatment Plans, for specifics.
- H. Poison control information with the Poison Control telephone number will be posted in each facility's medication room. Common poison control treatments (i.e., Activated Charcoal) are also stocked in the medication rooms.
- I. Details regarding Pharmacy Services are described in the Health Services Policies and Procedures #P-D-01 through #P-D-02.14.

Effective Date: _____

Revision date: April 2007

Supersedes P&P dated: March 2006

Oregon Department of Corrections
Pharmacy Services Medication Room Inspection

Date of inspection _____

Institution _____

Work Area:

- Secure Yes No Other _____
- Well lighted Yes No Other _____
- Interruptions while inspecting Yes No Other _____
- Clean & orderly Yes No Other _____
- Med room license in date and posted Yes No Other _____

- _____
- Previous inspections posted Yes No Other _____
- Medication cart (total number) # _____

Comments: _____

Medication:

- Outdates Yes No Other _____
- Expired or DC'd orders Yes No Other _____
- Routes of administration separate Yes No Other _____
- Adequate supply of stock cards Yes No Other _____
- Labels correct & legible Yes No Other _____
- Multi-dose vials dated Yes No Other _____

Comments: _____

Documentation:

- MAR's dated, signed & initialed Yes No Other _____
- Current nurse signatures on back of MAR's Yes No Other _____
- Daily delivery reports checked off Yes No Other _____
- Stock count sheets reconcile Yes No Other _____
- Patient signing for "Ok in Cell" meds Yes No Other _____

Comments: _____

Refrigeration:

- Clean & orderly Yes No Other _____
- Outdates Yes No Other _____
- Expired or DC'd orders Yes No Other _____
- Labels correct and legible Yes No Other _____
- Daily temperature log Yes No Other _____
- Current temp (2-8 C or 36-46 F) _____ (C / F)

Comments: _____

Controlled substance:

- Accounts sheets reconcile Yes No Other _____
- Administration documented Yes No Other _____
- Secure storage Yes No Other _____

Comments: _____

Emergency Kit:

- Locked Yes No Other _____
- Missing medication Yes No Other _____
- Shortest expiration date exp. _____

Comments: _____

Poison Control:

- Phone number posted Yes No Other _____

Comments: _____

Procedure and protocol:

- Written procedures on site Yes No Other _____
- Treatment protocols reviewed & signed Yes No Other _____

Comments: _____

Chart review:

- Orders noted off with initial, date & time Yes No Other _____
- Progress notes correspond to written orders Yes No Other _____
- Protocol orders counter-signed by practitioner Yes No Other _____
- Drug allergies noted Yes No Other _____

Comments: _____

This form represents the quarterly inspection of institution medication rooms as required by federal and state governments. Deficiencies listed on the form must be corrected as soon as possible. This form **must** be posted in plain view.

Health service manager/nurse manager: _____

Staff member: _____

Pharmacist inspecting: _____



2007
CORRECTIONAL FACILITY INSPECTION REPORT
OREGON BOARD OF PHARMACY
800 NE Oregon St., Suite 150, Portland, OR 97232
Phone: 503-971-673-0001

Date: _____ Center License Number: _____

Correctional Facility: _____

Address: _____

Address: _____

OAR 855-041-0175 Duties of the Pharmacist

1. Do you monitor the facility's compliance with policies and procedures regarding medication management? _____
2. How do you perform and document timely drug utilization reviews? _____

OAR 855-041-0065(6)(k)

3. Are the patient specific prescriptions properly labeled including the patient identification label? _____

OAR 855-041-0177 Drug Delivery and Control

(1) The Pharmacist and the practitioner representing the facility shall be responsible for establishing written policies and procedures for medication management including, but not limited to, drug procurement, dispensing, administration, labeling, medication counseling, drug utilization review, medication records, parenterals, emergency and nonroutine dispensing procedures, stop orders, over-the-counter drugs, security, storage and disposal of drugs within the facility. Policies and procedures shall be reviewed and updated annually by the pharmacist and practitioner, maintained in the facility; and be made available to the Board for inspection.

4. Please complete the following information and retain the form for three years at the facility site.

Work Area:

**Attachment 2
P&P P-D-01**

- Secure Yes No Other _____
- Well lighted Yes No Other _____
- Interruptions while inspecting Yes No Other _____
- Clean & orderly Yes No Other _____
- Med room license in date and posted Yes No Other _____
- Previous inspections posted Yes No Other _____
- Medication cart (total number) # _____

Comments: _____

Medication:

- Outdates Yes No Other _____
- Expired or DC'd orders Yes No Other _____
- Routes of administration separate Yes No Other _____
- Adequate supply of stock cards Yes No Other _____
- Labels correct & legible Yes No Other _____
- Multi-dose vials dated Yes No Other _____

Comments: _____

Documentation:

- MAR's dated, signed & initialed Yes No Other _____
- Current nurse signatures on back of MAR's Yes No Other _____
- Daily delivery reports checked off Yes No Other _____
- Stock count sheets reconcile Yes No Other _____
- Patient signing for "Ok in Cell" meds Yes No Other _____

Comments: _____

Refrigeration:

- Clean & orderly Yes No Other _____
- Outdates Yes No Other _____
- Expired or DC'd orders Yes No Other _____
- Labels correct and legible Yes No Other _____
- Daily temperature log Yes No Other _____
- Current temp (2-8 C or 36-46 F) _____ (C / F)

Comments: _____

Controlled substance:

- Accounts sheets reconcile Yes No Other _____
- Administration documented Yes No Other _____
- Secure storage Yes No Other _____

Comments: _____

Emergency Kit:

- Locked Yes No Other _____
- Missing medication Yes No Other _____
- Shortest expiration date exp. _____

Comments: _____

Poison Control:

- Phone number posted Yes No Other _____

Comments: _____

Procedure and protocol:

- Written procedures on site Yes No Other _____
- Treatment protocols reviewed & signed Yes No Other _____

Comments: _____

Chart review:

- Orders noted off with initial, date & time Yes No Other _____
- Progress notes correspond to written orders Yes No Other _____
- Protocol orders counter-signed by practitioner Yes No Other _____
- Drug allergies noted Yes No Other _____

Comments: _____

Deficiencies listed on the form must be corrected as soon as possible. This form **must** be posted in plain view and retained for three years for Oregon Board of Pharmacy inspections.

Health service manager/nurse manager: _____

Staff member: _____

Pharmacist inspecting: _____

Signature & License # of Consultant Pharmacist: _____

