# Virginia Department of Corrections

**Health Services**

## Operating Procedure 720.5

***Pharmacy Services***

**Authority:**
Directive 720, *Health Care Services*

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**Access:** ☐ Restricted ☒ Public ☒ Inmate

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## REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

## COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

# Table of Contents

## DEFINITIONS

**Administer** - The direct application of a medication by injection, inhalation, ingestion, or any other means.

**Chief Pharmacist** - The Pharmacist in Charge for the Virginia Department of Corrections.

**Controlled Substances** - Medications classified by the Drug Enforcement Agency as Schedule II-V.

**Directly Observed Therapy (DOT)** - A method of drug administration in which a health care professional administers a medication and a Corrections Officer observes as an inmate or CCAP probationer/parolee takes their prescribed medication.

**Dispense** - To prepare a prescription for the end user by appropriately packaging and labeling the medication pursuant to a Prescriber's order by a Pharmacist; the dispensed prescription is labeled with the name and number of the inmate or CCAP probationer/parolee, name of the medication, directions for use, quantity, date, Prescriber, and any other information needed to facilitate correct usage and administration.

**Hazardous Drug** - Any medication listed on the hazardous drug list or known to be harmful to human health or the environment.

**Hazardous Pharmaceutical Waste (HPW)** - Pharmaceuticals that when expired or discarded can potentially cause harm to human health and/or the environment if not managed properly.

**Health Authority** - The Health Administrator or agency responsible for the provision of health care services at a facility or system of institutions, the responsible Physician may be the Health Authority.

**Inmate and Probationer/Parolee** - A person who is serving a state responsible sentence or under community supervision with the Virginia Department of Corrections or other release authority.

**Medical Practitioner** - A Physician, Nurse Practitioner, or Physician's Assistant.

**Medication Administration Record** - The form or software used to document the administration of medications to inmates and CCAP probationers/parolees; the Health Services Unit (HSU) must approve the forms or software.

**Mental Health Clinician** - An individual with at least a master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.

**Pharmacist** - A person who holds a license to practice pharmacy in the state they are currently practicing.

**Pharmacy and Therapeutics (P&T) Committee** - The formal committee established and operated under the authority of the Health Services Unit; the P&T Committee will minimally consist of the Chief Medical Officer (Chairman), Chief Pharmacist (Secretary), Chief Psychiatrist, Chief Dentist, Chief Nurse, two facility Physicians, and at least one other nursing representative.

**Prescriber** - A Medical Practitioner, Dentist, or other individual licensed to prescribe and administer drugs under the laws of the Commonwealth of Virginia.

**Prescription** - A Prescriber's written, verbal, or electronic order for medications or medical supplies.

**Psychotropic Medication** - Medication prescribed for the treatment of a documented mental health disorder, e.g., thought, mood, or behavioral disorder.

**Transcribe** - The act of transferring a Prescriber's orders from the health record to the MAR, prescription order form, and any other forms necessary, including computer order entry to facilitate ordering and administration of medication.

## PURPOSE

This operating procedure ensures that the Department of Corrections (DOC) provides health care, which includes the availability of pharmacy services as part of the total system of prevention, diagnosis, and treatment of disease.

## PROCEDURE

I. Pharmacy Protocol

A. Pharmacy services will comply with this operating procedure and applicable standards set forth by the Virginia Board of Pharmacy, unless designated non-applicable by the DOC Chief Pharmacist.

B. This operating procedure applies to all facilities under the direct supervision of the DOC.

C. Proper management of pharmaceuticals ensures the following: (5-ACI-6A-43; 4-ACRS-4C-12; 2-CO-4E-01)

1. A formulary is available.
2. A formalized process for obtaining non-formulary medications and a process for the prescribing Medical Practitioner to appeal denials of non-formulary prescriptions.
3. Appropriate prescription practices, including requirements that:
   a. Medications are prescribed only when clinically indicated as one facet of a program of therapy.
   b. A prescribing Provider reevaluates a prescription prior to its renewal.
   c. There is continuity of medication on intake and renewal, whenever clinically appropriate as determined by the Medical Practitioner.
4. Procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal.
5. Secure storage and perpetual inventory of all controlled substances, syringes, and needles in accordance with Operating Procedure 430.2, *Tool, Culinary, and Medical Equipment Control.* (This does not apply to epinephrine auto-injectors prescribed for inmates or Community Corrections Alternative Program (CCAP) probationers/parolees on the Keep on Person (KOP) program at Field Units, Work Centers, and CCAPs.)
6. Administration in accordance with state and federal law.
7. Administration of medication by persons properly trained and under the supervision of the Health Authority.
8. Accountability for administering or distributing medications in a timely manner according to Medical Practitioner orders.
9. Timing of medication administration is medically appropriate. Facility administration must coordinate medically necessary medication administration schedules with facility operation and inmate and CCAP probationer/parolee movement schedules.
10. Prescription medications will be administered in accordance with 18VAC110-20-10 et seq., *Regulations Governing the Practice of Pharmacy*.
11. When possible, provisions will be made for medications to be delivered to inmates and CCAP probationers/parolees indoors during inclement weather.

II. Pharmacy and Therapeutics (P&T) Committee

A. The P&T Committee serves as an advisory group to the Health Services Unit (HSU) and meets according to a designated schedule set by the committee chairperson.

B. The P&T Committee performs the following functions:

1. Adopts policies regarding evaluation, selection, and use of medications.
2. Obtains and disseminates current information on medications and their uses.
3. Develops procedures regarding medication therapy and management.
4. Audits medication utilization throughout the DOC.
5. Develops and maintains a formulary system.

III. Formulary

A. The formulary is a list of medications developed by the P&T Committee to be used as a primary source from which Prescribers order. It is located in the pharmacy section of iDOC and in the resource section of the electronic *Medication Administration Record* (e*MAR).*

B. Medical service contractors must use the DOC formulary unless the terms of their contract explicitly permit them to do otherwise.

C. Non-formulary medications may be ordered according to procedures enacted by the P&T Committee or by the medical or pharmacy services contractors.

D. If a Provider wishes to appeal a formulary approval decision, this appeal may be made in writing to the Chief Medical Officer.

E. Medications that are available in commissary should not routinely be prescribed KOP by health services staff.

1. An effort will be made to have the inmate or CCAP probationer/parolee obtain the medications through the proper facility channels.
2. If an order is written for a medication that is available in the facility commissary, the medication must be Directly Observed Therapy (DOT) and be used from stock. This does not preclude over the counter blister packs being given as KOP using the non-prescription medication standard treatment guideline.
3. Medications available from the commissary can be located at https://docnet/v3/administration/prm/procurement/quick/term/extracts/listing.htm under Commissary Services, Contract Extract.

IV. Pharmacy Services

A. The HSU provides sources for obtaining medications and instructions for medication management.

B. The DOC pharmacy or vendor pharmacy and all Pharmacists are licensed by the Board of Pharmacy in their respective state and are under the supervision of the Chief Pharmacist.

C. The Chief Pharmacist will manage and monitor pharmacy services to ensure compliance with all state and federal laws, American Correctional Association Standards, and operating procedures related to pharmacy services. The Chief Pharmacist will report issues with non-compliance to the Deputy Director for Health Services.

D. The DOC pharmacy and contract pharmacies will maintain a reference library consistent with the scope of practice and with public safety. This reference library may be an electronic reference.

E. Prescription medications will be dispensed from a pharmacy only with a written, verbal, or electronic prescription from a Licensed Prescriber or the Prescriber's authorized agent.

F. Pharmacists will offer consultation services to health services staff when appropriate or requested.

V. Medication Management

A. Each facility must make provisions to receive medication deliveries day and night.

1. All medication deliveries will be delivered directly to health services staff. If this is not possible, the

Shift Commander or other authorized person will sign for the delivery and deliver to the medical department as soon as possible.

2. Medication will be handled in accordance with facility-specific procedures established to ensure security and same-day delivery to facility's health services staff.
3. Medication deliveries must be opened by, or in the presence of, licensed health services staff only.
   a. Deliveries that contain hazardous drugs will be noted on the delivery manifest.
   b. Hazardous drugs must be opened by health services staff with gloves.
4. At facilities without 24-hour nursing staff, Corrections Officers trained in the administration of medications per Operating Procedure 701.1, *Health Services Administration*, may open medication deliveries, when necessary.
5. Deliveries will be reconciled by scanning or manually comparing the contents to the shipping document. Discrepancies must be reported to the pharmacy vendor and to the Health Authority or designee within 24 hours for replacement or credit.
6. Nursing staff must report by email all pharmacy vendor related errors to the pharmacy vendor and to the Regional and Chief Pharmacists for use in contract administration and fine assessment. This will be noted on the pharmacy vendor form; see Attachment 2, *Diamond Pharmacy Services Error Reporting Form.*

B. Inmates and CCAP probationers/parolees will not be allowed to handle medications or medical supplies except those approved for personal use.

C. For inmates and CCAP probationers/parolees newly received into the DOC, all medications, except for nitroglycerin, oral rescue inhalers, and epinephrine auto-injectors (Field Units, Work Centers, and CCAPs) that may be needed for acute respiratory symptoms, must be removed from their possession and immediately given to facility health services staff.

1. Facility procedures will provide for an immediate review of an inmate's or CCAP probationer's/parolee's health record by health services staff to ensure that treatment is not interrupted.
2. The Prescriber at the receiving facility will order, change, or discontinue medications as deemed appropriate.
3. If the Prescriber is not present, nursing staff will contact the responsible Prescriber and receive appropriate orders.
4. Maintenance medications will be continued as prescribed until such orders are obtained.

D. When an inmate or CCAP probationer/parolee transfers from one DOC facility to another, all currently prescribed medications, except nitroglycerin, epinephrine auto-injectors (Field Units, Work Centers, and CCAPs), and oral rescue inhalers that may be needed during transport for acute respiratory symptoms, will be sent in a sealed package with the inmate's or CCAP probationer's/parolee's appropriate medical information to the new facility. These emergency medications (i.e., nitroglycerin, epinephrine auto-injector, and oral rescue inhalers) should not be packed up, but instead be given to security staff by the inmate at the time of transport and managed in accordance with Operating Procedure 411.1, *Inmate Transportation*. This includes medications as described in the *Keep on Person Program* and *Controlled Substances* sections of this operating procedure.

1. It is imperative that all medications transfer with the inmate or CCAP probationer/parolee to avoid interruption in therapy.
2. Transfer medications must remain in the original container dispensed from the pharmacy.
3. The sending facility must notify the receiving facility if medications are unavailable for transfer.
4. Upon receipt, receiving facility staff will reconcile all transferred medications.
5. Orders from other DOC facilities may be continued in the sending Provider's name until reordered, changed, or discontinued by the Provider at the receiving facility.

VI. Prescribing and Administering Medications

A. The Health Authority at each facility will develop specific procedures as to how medications are prescribed, ordered, administered, monitored for adherence, discontinued, and returned or destroyed. The facility specific procedure must require the following:

1. Prescription medications are ordered only when clinically indicated pursuant to a Licensed Prescriber's individual order that contains all required information.
2. Prescription medications may be ordered by a Prescriber for "stock" according to state and federal regulations and Attachment 1, *Stock Medication Guidelines*, provided a Controlled Substance Registration (CSR) is obtained by the facility medical department from the Virginia Board of Pharmacy and the CSR is renewed annually; see Attachment 1, *Stock Medication Guidelines*.
3. The responsible party, supervising practitioner, and facility registrations must be kept up to date by the Health Authority or designee. If the responsible party or supervising practitioner is out for more than four weeks, another licensed health services staff member must be named. Any changes must be reported to the Virginia Board of Pharmacy and a copy of current CSR may be found online at https://dhp.virginiainteractive.org/Lookup/Index.
4. Orders are placed according to instructions provided by the DOC or contract pharmacy.
   a. The Chief Pharmacist must approve contract pharmacy instructions.
   b. A copy of these instructions will be maintained at each facility medical department and made available to all health services staff.
   c. Prescribers will perform order entry for new orders when inmates and CCAP probationers/parolees are seen in the clinic; see Operating Procedure 720.1, *Access to Health Services*.
   d. Nurses accepting verbal orders from a Prescriber must document the date, time, medication prescribed, directions for administration with indication, duration of order, and Prescriber's name in the inmate's or CCAP probationer's/parolee's health record.
      i. The Nurse will sign the order including their name and title, followed by a statement that it is a verbal order.
      ii. The Prescriber must sign and date the order by the end of the Prescriber's next working day.
   e. Orders entered into an *eMAR* on behalf of the Prescriber must be approved by the ordering Prescriber within seven calendar days.
   f. Abbreviations will not be used during order entry. All directions must be spelled out with completed words, to include using "units" instead of "u".
5. A Prescriber must evaluate all medication orders prior to renewal.
6. Controlled substance analgesics are ordered for a period not to exceed seven days.
   a. Medication orders exceeding a seven-day supply may be prescribed only with prior approval of the Chief Medical Officer or designee.
   b. Initiation of opiates over 50 morphine milligram equivalents (MME)/day prescribed will need approval from the Chief Medical Officer or designee and must be documented in the inmate's or CCAP probationer's/parolee's health record per Board of Medicine Regulation 18VAC85-21-40, *Treatment of acute pain with opioids*.
   c. Chronic opiates over 90 MME/day prescribed will need approval from the Chief Medical Officer or designee. Effort will be made to keep inmates on the lowest MME that provides effective pain relief.
   d. Prior to exceeding 120 MME/day, the Provider must document in the inmate's or CCAP probationer's/parolee's health record the reasonable justification for such doses or refer to or consult with a pain management specialist. If 120 MME/day is approved by a pain management specialist, naloxone must be prescribed.
   e. Contracted medical services Providers will follow the non-formulary approval process of the DOC.

7. Medications ordered by a consulting Prescriber or at the time of hospital discharge will be reviewed as soon as possible by the facility Prescriber and must be either ordered, changed, or discontinued.
8. Medication orders, other than controlled substance analgesics, may be filled up to a 30-day supply.
    a. Controlled substances in Schedule II cannot be refilled.
    b. Controlled substances in Schedules III - V may be refilled up to five times within six months from the date of the original order.
    c. Schedule VI and non-prescription medications may be refilled as needed up to one year from the date of the original medication order.
    d. A "stop order" timeframe is required on all medication orders. The stop date of all orders must be written or pre-printed on the *MAR* and is determined by the date that the inmate or CCAP probationer/parolee starts taking the medication.
9. Oral controlled substances and psychotropic medications should be crushed or placed in water to soften or dissolve prior to administration.
    a. Exceptions include medications or dosage forms where this would be contrary to manufacturer's recommendations (e.g., enteric coated, sublingual, and extended release), Prescriber orders and the hazardous drug list.
    b. Each facility will develop an Implementation Memorandum (IM) to address the procedures necessary to ensure the ingestion of medication not administered through the KOP program. This memorandum must include the responsibilities of health services staff and security staff as necessary for each individual facility's physical barriers and limitations.
10. All medications are administered by appropriately licensed staff or those with proper training e.g., medication administration approved Certified Nurse Aides or non-health services staff trained in accordance with Operating Procedure 701.1, *Health Services Administration*, as allowed by state and federal laws, and under the supervision of the Health Authority.
    a. Medications should be prepared, administered, and documented by the same staff member.
    b. All Prescriber orders are transcribed within one working day of the date written.
11. The Health Authority or designee may allow inmates in Security Level W-4 facilities to self-administer their injections (insulin, Enbrel, etc.) unless the injections are hazardous drugs.
    a. The inmate must be properly trained on the self-administration process for the prescribed medication with training documented in the inmate's health record.
    b. Self-administration must be done in the facility medical department under the supervision of facility health services staff or Corrections Officers trained in the administration of medications; self-administration is not permitted in the KOP program.
    c. Once the inmate has self-administered the injection, the inmate will engage the safety device and place the syringe directly in the sharps container. If there is no safety feature, the inmate will place the syringe and needle directly in the sharps container in accordance with Operating Procedure 740.2, *Infectious Waste Management and Disposal.*
    d. Self-administration must be documented on the inmate's *MAR* by the supervising staff.
12. Inmates on an insulin pump are not subject to the requirements for self-administration of injections, provided a needle is not necessary and a subcutaneous line is in place.
13. Prescription medications will not be repackaged by the facility staff. Prescription medications must be kept in the original container dispensed from the pharmacy.
14. Medications dispensed for one inmate or CCAP probationer/parolee will not be administered to any other inmate or CCAP probationer/parolee. Prior to medication administration, inmates and CCAP probationers/parolees must be identified using the state issued identification or positive identification by the Shift Commander or designee.
15. Medications must be given as ordered by the Provider unless a new order is obtained. This includes

dose and frequency. Inmates and CCAP probationers/parolees may not request partial doses unless the order is written as such.

16. Inmates and CCAP probationers/parolees participating in the observance of religious/holy days will be provided the opportunity to take their medications in accordance with fasting requirements through special pill calls or self-medication. Inmates and CCAP probationers/parolees should consult with health services staff and must take all responsibility for the possible consequences of taking medications at intervals not recommended by health services staff. Refer to Operating Procedure 841.3, *Inmate and CCAP Probationer/Parolee Religious Programs.*
17. The administration of medications may include advance preparation set up of the medication to be administered, provided such advance preparation is reasonably concurrent with the actual administration and is not extended beyond the next scheduled dosage administration.
    a. Controlled substances and high-cost drugs such as Hep C direct acting antivirals, will be placed in a labeled area that says *no advanced preparation allowed* to avoid waste. Additional drugs not eligible for advance preparation may be determined by the Health Authority or Chief Pharmacist.
    b. Advance preparation will be done directly from the e*MAR* or with a current printed list of orders from the e*MAR*.
18. Non-adherence to prescribed medications will be addressed by the Health Authority or designee through inmate or CCAP probationer/parolee education and counseling and, if necessary, Prescriber intervention. Medication discontinuation will be considered for repeated non-adherence issues and documented on a *Health Services Treatment Consent/Refusal* 720_F44.
19. Nursing medication errors must be reported to the Health Authority, Regional Nurse Manager, Prescriber, and Chief Pharmacist for evaluation. Nursing medication errors must be reported via the Jotform med error link (also available on the Pharmacy Services iDOC page).
20. Medications that are available on the Virginia Commonwealth University Health Systems (VCUHS)/DOC Memorandum of Understanding through 340b pricing must be ordered through the VCUHS Outpatient Pharmacy as soon as the appointment is available at VCUHS via EpicCare Link.
21. Medications that are in a manufacturer's original container may be used until the expiration date given by said manufacturer as long as stored according to the manufacturer's recommendations.

VII. Documentation on the *Medication Administration Record* (4-ACRS-4C-13)

A. Each inmate or CCAP probationer/parolee receiving medications will have a *MAR* documenting their full name, state identification number, allergies, date of birth, and facility where they are assigned. *MARs* must be in an electronic format if available.

B. All medication transactions will be documented on the *MAR*.

C. Medication administration documentation will include the start date, stop date, medication name, strength, directions, time to be administered, and Prescriber.

D. The person giving the medication will record, by initialing, each dose administered, held, no show, or refused, etc. If a medication is not available for administration, the *MAR* will be left blank. A note may be written to explain missing documentation.

1. Any recording or note must be completed at the time the medication is given or as soon as possible thereafter but no later than the end of the staff member's shift.
2. All initials on the *MAR* must be identified by a legible signature, to include the first and last name.
3. When an electronic *MAR* exists and inmates or CCAP probationers/parolees are sent out for appointments or transferred, recent *MAR*s and the Emergency Clinical Summary must be printed to accompany them.
4. The Health Authority or designee will perform, at a minimum, a monthly audit of medication administration transactions to ensure completion of *MAR* documentation.

E. KOP documentation will be completed in accordance with the *Keep on Person* section of this operating procedure.

F. Non-health services staff administering medications must initial and sign the *MAR;* see Operating Procedure 701.1, *Health Services Administration*. Medications issued for "release" will be documented on the *MAR* in accordance with the *Release Medications* section of this operating procedure.

VIII. Keep on Person Program

A. All facilities and CCAPs may implement the KOP program to allow inmates and CCAP probationers/parolees to keep medications on their person or in cell for self-administration.

B. Participant Selection

1. The Health Authority or designee will interview inmates and CCAP probationers/parolees, review their health record, and determine if they are suitable to participate in the KOP program in a way that is fair, equal, and consistent.
2. Participation in the KOP program is a privilege; the Health Authority or designee may restrict the type of medication that a participant may receive in the KOP program.

C. Medication Selection

1. Most non-prescription medications, non-psychotropic, or non-controlled prescription medications may be administered in the KOP program.
   a. Liquid medications may be allowed on the KOP program at the discretion of the Health Authority.
   b. Inmates or CCAP probationers/parolees with a Mental Health Classification Code are not excluded from participation in the KOP program for allowable medications. The Health Authority or designee may consult the Mental Health Clinician, if needed, to determine appropriateness.
2. No medication that has the potential for abuse will be administered in this program without approval from the Chief Pharmacist or designee in writing.
3. The medications listed below are not permitted for KOP. These medications will be administered on regular pill calls as DOT.
   a. Bulk forming psyllium laxatives (reguloid/metamucil)
   b. Controlled substances (includes butalbital containing products and tramadol)
   c. Imiquimod (aldara; zyclara)
   d. Injectables (excluding insulin pumps at all facilities and epinephrine auto-injectors for inmates assigned to Field Units and Work Centers)
   e. Loperamide (imodium AD)
   f. Medications for the treatment of tuberculosis, including, (but not limited to) isoniazid, pyrazinamide, and rifampin
   g. 340b or high-cost medications, unless authorized by the Chief Pharmacist or designee in writing
   h. Psychotropic medications, unless authorized by the Chief Pharmacist or designee in writing or as approved at a CCAP
   i. Restricted inhalers (Any respimat, handihaler, or twisthalers)
   j. Restricted medications (The Prescriber, Health Authority or designee can restrict the type of medication that an inmate or CCAP probationer/parolee may receive on the KOP program as defined in the facility's IM or the health record for inmate or CCAP probationer/parolee specific restrictions.)
   k. Skeletal muscle relaxants
   l. Warfarin
4. The *CCAP Limited Psychotropic Keep on Person Program* will be managed according to program procedures as authorized by the Chief Psychiatrist; see Operating Procedure 940.4, *Community*

*Corrections Alterative Program.*

D. Program Implementation

1. A *Keep on Person Contract* 720_F6 must be signed by the inmate or CCAP probationer/parolee and witnessed by the interviewer.
   a. One copy of the contract will be given to the inmate or CCAP probationer/parolee, upon request, and the original filed in Section I of their health record.
   b. Only one contract will be signed at each facility.
   c. A new *Keep on Person Contract* 720_F6 will be signed by the inmate or CCAP probationer/parolee and witnessed by the interviewer if significant wording of the contract is changed or if an inmate or CCAP probationer/parolee is reinstated in the KOP program after previous removal.
2. Inmates and CCAP probationers/parolees may be given up to a 30-day supply of permissible medications. They will assume responsibility for taking the medication according to label directions.
3. Before being permitted to begin administering medications as a participant in the KOP program, the inmate or CCAP probationer/parolee must be provided a full explanation of the purpose, risks, and side effects of the medication prescribed.
4. Medication must be given in the container or package in which it was received from the pharmacy.
5. Medication must be kept by the inmate or CCAP probationer/parolee in the original container in which it was received. They will be required to keep the medication on their person or secured in their locker. Epinephrine auto-injectors, when issued KOP, must be kept on their person at all times and may only be stored in their locker when the inmate or CCAP probationer/parolee is present and has immediate access.
6. The inmate or CCAP probationer/parolee will be informed of facility KOP pick-up days and times and instructed to report to the medical department to request or receive a new supply of medication. It is the responsibility of the inmate or CCAP probationer/parolee to report as instructed.
7. It is the responsibility of the inmate or CCAP probationer/parolee to immediately report to the medical department any side effects or adverse reactions to any medication.
8. The inmate or CCAP probationer/parolee is required to report immediately to security staff and the medical department any medication that is lost or stolen.
   a. The Prescriber will decide whether the medication will be replaced.
   b. The Health Authority will decide whether the medication, if replaced, will be KOP.
9. The *Keep on Person Contract* expires when an inmate or CCAP probationer/parolee is transferred to another facility.
   a. No prescribed medication, except for nitroglycerin, epinephrine auto-injectors (Field Units, Work Centers, and CCAPs), and oral rescue inhalers that may be needed during transport for acute respiratory symptoms, will be transferred as personal property.
   b. KOP medications must be returned to the medical department for transfer to the receiving facility.
   c. The sending Nurse must verify that the inmate or CCAP probationer/parolee is on the medication and that the quantity is correct, place the medication in a sealed package, and send it with the appropriate medical information to the receiving facility.
   d. The receiving Nurse will verify receipt of transferred medications.
   e. The receiving Nurse must interview the inmate or CCAP probationer/parolee for continuation in the KOP program and sign a new *Keep on Person Contract* 720_F6.
10. Inmates and CCAP probationers/parolees are prohibited from giving, exchanging, bartering, selling, or in any way conveying to any other person medications administered under this program.
11. It is the responsibility of the inmate or CCAP probationer/parolee to return all unused portions of the medication or the empty medication container to the medical department under the following

circumstances:

a. Before receiving a new supply of medication
   i. If the quantity of returned medication does not exceed a seven-day supply, then the returned medication may be reissued with the new supply of medication.
   ii. If the quantity of returned medication exceeds a seven-day supply, then the returned medication will be reissued to the inmate or CCAP probationer/parolee and they are directed to come back to the medical department at the appropriate time for a new supply.
   iii. The quantity of medication returned and/or reissued must be documented in accordance with this operating procedure.

b. When the medication is discontinued by the Prescriber

c. When the inmate or CCAP probationer/parolee is transferred to another facility

d. When the inmate or CCAP probationer/parolee is released, unless it is appropriate to allow them to take medication with them.
   i. Unit of use items, i.e., creams and inhalers, may be kept.
   ii. If an inmate or CCAP probationer/parolee needs to take blister packs with them. The inmate or CCAP probationer/parolee must sign a *Waiver for Non-Child Resistant Packaging* 720_F41, to receive medication in blister packaging and filed in their health record.

12. At the discretion of the Health Authority or designee, or the Prescriber, any inmate or CCAP probationer/parolee found to be non-compliant with the terms of the *Keep on Person Contract* may be removed from the program indefinitely or for a specified timeframe.

13. The Health Authority or designee will perform a weekly audit of KOP program compliance.
    a. This audit is an overall check of refills being ordered and inmates or CCAP probationers/parolees picking up their medications on time.
    b. A report should be run to see if there are inmates or CCAP probationers/parolees who are not picking up their medications on a routine basis to identify individuals who may be either out of medication or noncompliant.

14. The Health Authority or designee will perform a random monthly audit of the medication count in the possession of five inmates or CCAP probationers/parolees to verify proper adherence to the directions for use and the KOP program. (4-ACRS-4C-13)
    a. This audit must be documented on the *Keep on Person Adherence Audit* 720_F12 and in the inmate or CCAP probationer/parolee health record on the *Health Services Complaint and Treatment Form* 720_F17, noting the audit date, medications reviewed, and whether they are compliant.
    b. Non-adherence to the KOP program will be managed as a medication non-compliance and may result in removal from the KOP program.
    c. All epinephrine auto-injectors will be checked monthly and documented on the *Epinephrine Auto-Injector Adherence Audit* 720_F37.

E. Documentation

1. The interview for consideration of the KOP program must be recorded in the inmate's or CCAP probationer's/parolee's health record to document that a contract was initiated or denied by the Nurse or refused by the inmate or CCAP probationer/parolee.

2. The *MAR* will indicate KOP for each medication administered under this program.

3. Medication exemptions must be documented in the inmate's or CCAP probationer's/parolee's health record, on the *MAR*, and on the *Keep on Person Contract*.

4. Medications delivered to inmates and CCAP probationers/parolees on the KOP program must be documented on the *MAR* including the date given, by whom, and the quantity delivered by the end of the staff member's shift. (4-ACRS-4C-13)
   a. If applicable, the quantity of medication returned and/or reissued at the exchange will be

documented on the *MAR*.

b. The *MAR* documentation will represent the total quantity delivered to the inmate or CCAP probationer/parolee and, if applicable, the quantity returned and not reissued.

5. Termination of the contract must be documented in the inmate's or CCAP probationer's/parolee's health record, on the *MAR*, and on the *Keep on Person Contract*.

IX. Emergency and Stat Boxes

A. Each facility may maintain and manage emergency and stat (starter and post-exposure prophylaxis [PEP]) boxes according to state and federal regulations and applicable DOC operating procedures.

1. The pharmacy vendor will be responsible for appropriate instructions regarding the management of and the inventory contained in the boxes.

2. The instructions and inventory are subject to approval by the HSU.

3. Only licensed health services staff can access emergency and stat boxes or administer medications taken from the boxes.

B. Boxes must be secured at all times using numbered seals supplied by the pharmacy vendor.

1. A list of contents bearing an expiration date must be affixed to the outside of each box.

2. Boxes will not be accepted unless secured by a seal.

C. Boxes containing controlled substances (Schedule II - V) will be noted on the *Boxes with Controlled Medication (CII-CV) Verification Log* 720_F13. If more than one *Verification Log* is required, keep all *Verification Logs* together chronologically until the box is returned for replenishment, then file. Use the "Comments" column to make notations (e.g., count verification, seal change, quantity of drug removed, etc.).

1. This *Verification Log* must be kept in the controlled substance count book.

2. The seal number must be noted in the appropriate place and verified at each shift change control count by the Nurse going off duty and the Nurse coming on duty.

D. When the original pharmacy seal is removed from a box, the contents of the box will be verified against the list on the outside of the box.

1. Content verification of boxes containing controlled substances (Scheduled II-V) must be performed by two staff members. Verification of contents for boxes without controlled substances may be performed by one staff member.

2. In the event of any controlled or non-controlled medication discrepancy, staff must document the discrepancy with a staff witness and notify the pharmacy vendor.

3. Controlled substance inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.

4. Controlled substance inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse Manager, Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.

E. A valid prescription or lawful order must exist prior to opening and removing any drug from an emergency box or a stat box.

1. Any medication removed from an emergency box or a stat box will be replaced by a physical prescription, signed by the Prescriber.

2. The prescription must also contain the name of the individual opening the box, and the date, time, name and quantity of the item(s) removed.

F. All boxes must be returned to the pharmacy vendor for replenishment or updating.

1. Emergency boxes and any boxes containing controlled substances must be returned to the pharmacy vendor within 72 hours of opening and removing contents.
2. At the end of each month, health services staff must check the expiration date on all boxes and return any boxes within 30 days of expiration and all opened boxes to the pharmacy vendor for updating.
3. Health services staff must document the return of boxes containing controlled substances on the *Boxes with Controlled Medication (CII-CV) Verification Log* 720_F13 and on the appropriate returned medication form. Electronic documentation of returns will supersede a paper form.

X. Storage

A. All medications, except those managed by the commissary or on a *Keep on Person Contract*, will be stored in a suitable locked storage area at the facility.

1. Keys to prescription medication areas will be in the possession of the person responsible for administering medications only when the medical department is open.
2. If the medical department does not have 24-hour staffing, keys to the medical department must be kept in a key-control area with limited access.

B. The medical department will have adequate space, ventilation, sanitation, and light as well as sufficient heat and air conditioning for proper storage of pharmaceuticals. The medication storage area will be maintained at a controlled room temperature of 20°-25°C (68°-77°F).

C. Medications requiring refrigeration will be stored in a refrigerator in the medication storage area and maintained at a temperature between 2°-8°C (36°-46°F). Refrigerator temperature must be recorded at least once daily.

D. No food or drink may be stored in medication refrigerators. Closed water, juice, electrolyte supplements, or nutritional supplements used only for medical purposes may be stored in medication refrigerators.

All personal items, to include (but not limited to) food and drinks, must be stored in a single, organized, labeled area if kept within the medication room.

E. External preparations will be stored separately from internal or injectable medications.

F. Non-prescription medications must be stored in the original manufacturer's container or as received from the pharmacy or appropriately licensed re-packager or distributor.

XI. Controlled Substances

A. Controlled substances must be stored in a secure area with access limited to the person responsible for administering medications only.

B. All controlled substances will be counted upon receipt by the receiving Nurse and entered onto a separate *Controlled Medication (C II-C V) Administration and Count Sheet* 720_F14 to maintain a perpetual inventory for each prescription.

1. Each dose administered must be recorded on the *Count Sheet* in addition to the required *MAR* documentation.
2. Controlled substances must be counted and documented on the *Count Sheet* at each nursing shift change by the Nurse going off duty and the Nurse coming on duty.
   a. Inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
   b. Inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse Manager, Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
   c. If more than one *Count Sheet* is required for an order, all sheets must be kept together chronologically until the order is complete, then they must be filed.

d. The "Comments" column must be used to make notations (e.g., additional quantity received, dose wasted, etc.).

C. Discontinued, wasted, unused, and expired controlled substances must be disposed of, as soon as possible but at least once per month, on site in an approved container (i.e., drug deactivator and disposal container) or as otherwise designated by the Chief Pharmacist. The approved container must be labeled with the start date of accumulation that the first pill was placed into the container and have the words "DEA controlled substances only." These labels are located on the pharmacy page on iDOC. The approved container (i.e., drug deactivator and disposal container) will be disposed of by the facility's disposal vendor once it is full or at least once a year.

1. All discontinued controlled substances must be stored in the designated secure area and must be counted and verified at each change of shift until disposal.
2. The disposal must be documented by two staff signatures, one of which must be a Nurse Supervisor per 18VAC110-20-590, *Drugs in correctional facilities* or their designee and must be recorded on the *Controlled Medication (C II-C V) Administration and Count Sheet* 720_F14 and *Controlled Medication (C II-C V) Disposal Sheet* 720_F36.
3. At the end of every month, each disposal listed on *Controlled Medication (C II-C V) Disposal Sheet* 720_F36, must be verified by the Health Authority against the corresponding *Controlled Medication (C II-C V) Administration and Count Sheet* 720_F14. If there are any empty lines, the Health Authority should cross them out before signing, so the sheet cannot later be amended.
4. A completed copy of *Controlled Medication (C II-C V) Disposal Sheet* 720_F36, must be signed and dated by the Health Authority and sent to the Regional Nurse Manager and Chief Pharmacist.

D. Controlled substances are transferred when an inmate transfers to another facility to avoid interruption of therapy.

1. Two staff members must document the medication quantity on the *Controlled Medication (C II-C V) Administration and Count Sheet* 720_F14.
2. The original *Count Sheet* must be forwarded with the medication and the appropriate medical information to the receiving facility.
3. A copy of the *Count Sheet* will be filed chronologically with the returned medication documentation at the sending facility.
4. The receiving facility must verify the controlled substance count upon receipt and create a new *Count Sheet* attaching it to the original sheet.
   a. Inventory discrepancies must be reported immediately to the Facility Unit Head or designee and the Health Authority or designee.
   b. Inventory discrepancies must be reported by noon the next working day to the appropriate Regional Nurse Manager, Chief Pharmacist, and in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.

E. At facilities without 24-hour medical staffing, the appropriately trained non-health services staff member responsible for medication administration will perform the required documentation for controlled substances as needed.

XII. Hazardous Drugs

A. Each facility will designate a Compliance Officer who will be responsible for the following: (If a Compliance Officer is not identified then these will be the responsibility of the Health Authority)

1. Ensuring staff are appropriately trained.
2. Necessary supplies are available (Personal Protective Equipment (PPE), cleaning materials, disposal bins, etc.).
3. Completing Annual USP 800 Checklist located on iDOC and submitting to

pharmacy@vadoc.virginia.gov.

B. The hazardous drug list, a comprehensive list of all hazardous drugs, will be posted in each facility and available on iDOC. All medications listed must be handled according to the following regulations:

1. All hazardous drugs will be labeled by the pharmacy vendor as such on the prescription label as well as the delivery manifest.
2. Unit-dose hazardous drugs may be stored in the med room in the same manner that all other medications are stored. Any non-unit - dose hazardous drugs should be stored in a separate, designated area.
3. All staff that come in contact with hazardous drugs must complete the USP 800 Training through Virginia Learning Center annually and record of this will be sent to their Compliance Officer. This will serve as the signed acknowledgment of training and will be kept on file at their facility.
4. All facilities must have an IM in place to ensure that temporary staff have been trained and have acknowledged their potential exposure to hazardous drugs.
5. All staff must follow proper safety and handling strategies including appropriate PPE throughout the entire lifecycle of the hazardous drug.
   a. When receiving hazardous drugs health services staff must wear single gloves.
   b. When administering an intact tablet or capsule, health services staff must wear single gloves.
   c. Hazardous drugs will not be crushed, split, or otherwise manipulated.
6. If a hazardous drug must be manipulated, the dose will need to be placed in a plastic pouch to contain powder and particles. Staff must wear double gloves, gown, and a N95 mask.
7. When administering an injection from a prefilled syringe, double gloves and gown must be worn. If withdrawing the injection from a vial before administration, double gloves, gown and a N95 mask must be worn.
8. All hazardous drugs must be disposed of according to the following regulations:
   a. Any unexpired hazardous drug still in the pharmacy vendor's blister pack or in a sealed manufacturer bottle may be sent back to the pharmacy vendor for credit through the normal procedure.
   b. Empty blister packs, manufacturer bottles, or other empty packaging are not considered hazardous and do not need to be disposed of according to hazardous material regulations. These can be disposed of in the regular trash.
   c. Any non-controlled, hazardous, or non-hazardous drug not in a blister pack (e.g., loose pills, punctured vials, broken vials, etc.) will need to be disposed of in a Resource Conservation and Recovery Act (RCRA) approved container ("Black Box") labeled as Hazardous and Non-Hazardous Pharmaceutical Waste. The labels are available on the pharmacy page on iDOC. These containers will be ordered by the facility from the business office. Staff may contact their Safety Specialist or the designated USP 800 Compliance Officer if they need assistance with ordering containers. The RCRA approved container ("Black Box"), labeled as Hazardous and Non-Hazardous Pharmaceutical Waste, will also be labeled with the accumulation date that the first drug was placed into the container.
   d. Prior to disposal the container will also be labeled with the name, address, and telephone number of the facility, with the words "*Hazardous Pharmaceuticals Waste*" (HPW), Waste Code of the contents, the Waste's Hazardous Symbol, and then placed in the storage location (sally port/facility entry/exit for pick-up). Staff may contact their Safety Specialist, Regional Environmental Specialist, or USP 800 Compliance Officer if they have questions regarding labeling or disposal of pharmaceutical waste.
   e. The institution's disposal vendor is responsible for transportation and disposal of the HPW container.

f. Disposal is required once the box is full or once a year (365 days after first accumulation date).

g. When cleaning a hazardous spill, such as a broken vial or spilled liquid, the following steps must be taken:

i. Don appropriate PPE to include double gloves, gown, and mask.

ii. Clean any hazardous material up and dispose of in the designated HPW container.

iii. Mist CorrectPac Germicidal Red Cleaner on the area just cleaned. Do not saturate the area. A light mist works best as this cleaner is not designed to be wiped off, it should be allowed to dry on the surface, sanitizing as it does so.

iv. Use the PeridoxRTU cleaning solution over the area just cleaned with the germicidal cleaner.

v. Dispose of all PPE and materials used to clean spill into the designated HPW container.

XIII. Medication Disposal

A. Required Disposal Containers

1. Regulated medical waste containers must be used; see Operating Procedure 740.2, *Infectious Waste Management and Disposal*

2. RCRA approved container ("Black Box") labeled as Hazardous and Non-Hazardous Pharmaceutical Waste must be used for the following:

a. Disposal of any non-controlled medication not eligible for credit

b. Disposal of any PPE used to clean a spill of a hazardous medication

3. Additional RCRA approved container ("Black Box" labeled as Inhalers) must be used for all inhalers

4. Sharps container; see Operating Procedure 740.2, *Infectious Waste Management and Disposal*

5. Drug deactivator and disposal container must be used for all Drug Enforcement Agency (DEA) controlled medications

B. Disposal/Disposal Manifests – Containers of RCRA/DEQ hazardous and non-hazardous waste that are ready for disposal are to be removed from the HPW storage area by the Medical Records Clerk or other suitable authorized designee (Institutional Safety Specialist (ISS) or Health Authority) and relocated to the sally port/facility entry/exit for pickup as needed and minimally on an annual basis. The Health Authority is to contact the disposal vendor or the vendor that handles red bag waste to schedule the hazardous waste pick up. The Medical Records Clerk, USP 800 Compliance Officer, or other suitable authorized designee will sign the disposal manifest at the time of pickup.

C. Final Destruction Certificate - The designated USP 800 Compliance Officer will retrieve the manifest and/or final destruction notice via the disposal vendor's website within 30 days of pick up and provide the ISS with copies. Copies of these manifests are to be uploaded by the ISS to the digital *Master EHS file*.

XIV. Return of Medications

A. All discontinued or unused medications still in unit dose blister packs, or in sealed manufacturer bottles, excluding controlled substances, refrigerated medications, KOP medications, or anything considered waste (loose pills, used inhalers, etc.), will be returned to the pharmacy vendor or to a secondary pharmacy within 30 days using the current forms and instructions located in the health services section on iDOC. Documentation will be kept on file chronologically or electronically, when available, in the medical department.

B. While medications are waiting to be scanned and returned, they must be in a box or container labeled with the following words:

1. Potentially creditable hazardous waste pharmaceuticals

2. To be returned to Pharmacy Vendor

3. Items scanned and shipped at least monthly

C. The Chief Pharmacist must approve other methods for the removal of medications from a facility not covered in this operating procedure.

XV. Release Medications

A. Inmates and CCAP probationers/parolees being released to the community may be given a supply of current medications upon leaving the facility.

1. Medications must be ordered "for release" by the Prescriber.
   a. This includes anything needed for continuity of care as deemed appropriate by the Medical Provider.
   b. Examples include but are not limited to, nutritional supplements, over the counter supplies, diabetic supplies, controlled substances, etc.
2. The quantity of medication determined as clinically appropriate will be ordered by the Medical Provider, based on indication, adherence, safety, and outside appointment availability. The current supply of partially used unit of use items, i.e., inhalers, creams, etc., may be given to the inmate or CCAP probationer/parolee in addition to their release supply. Chronic meds will routinely be a 30-day supply but may be up to a 90-day supply when needed.

B. Release medications will be ordered from the appropriate pharmacy as soon as necessary to ensure the released inmate or CCAP probationer/parolee can be supplied the medications upon leaving the facility. Release medications will be dispensed in childproof containers and be accompanied by patient product information sheets and federally mandated medication guides. If childproof containers are unavailable at the time of release, the inmate or CCAP probationer/parolee must sign a *Waiver for Non-Child Resistant Packaging* 720_F41 to receive medication in blister packaging and filed in their health record.

C. Documentation of the instructions given to the released inmate or CCAP probationer/parolee on the medications provided will be included in their *Medical Discharge Summary* 720_F5.

D. Released inmates and CCAP probationers/parolees will be instructed to report to a local clinic or Prescriber for follow-up medical treatment to avoid interruption of medication therapy.

E. Individuals released to community corrections supervision with a mental health and wellness services need will receive medications in accordance with the following:

1. Released inmates and CCAP probationers/parolees who are prescribed psychotropic medications for a documented mental health disorder may be prescribed a supply not to exceed 90 days of the medication provided the following conditions are met:
   a. The date of release from the facility is known
   b. The released inmate or CCAP probationer/parolee has been compliant with taking their medication as prescribed
   c. An aftercare appointment with local community mental health services has been arranged
   d. The released inmate or CCAP probationer/parolee is assessed by a Psychiatrist for the risks/benefits of providing them with medication upon release, taking into consideration any history of suicide attempts or incidents of self-harm and the medication being prescribed. If the Psychiatrist determines that the provision of a medication is contraindicated, the Psychiatrist must document this in their health record.
2. For inmates and CCAP probationers/parolees meeting the above requirements who are being released under community supervision, a Psychiatrist may provide a back-up prescription at release or upon request except cases in which the Psychiatrist determines the provision of the prescription to be medically contraindicated. The back-up prescription supply is not to exceed 30 days of medication.
   a. If the Psychiatrist determines that the provision of a prescription is contraindicated, the Psychiatrist will document this in the inmate's or CCAP probationer's/parolee's health record.
   b. Upon scheduled release, the Psychiatrist or Health Authority will contact the Senior Mental Health

Clinician and provide the written prescription.

c. The Senior Mental Health Clinician will contact the Chief P&P Officer at the appropriate P&P Office to inform them of the written prescription and will then mail the written prescription to the Chief P&P Officer.

d. A cover memo must accompany the written prescription and will include the following:
   i. The name and DOC number of the inmate or CCAP probationer/parolee
   ii. The name of the medication, strength, directions for use
   iii. Prescriber
   iv. The name and phone number of the Senior Mental Health Clinician

e. Either by hard copy of the memo or email, the Senior Mental Health Clinician will also provide this information to the Community Corrections Mental Health Clinical Supervisor.

f. The Senior Mental Health Clinician will file a copy of the memo in Section IV of the inmate's or CCAP probationer's/parolee's health record.

g. This provision applies to psychotropic medications, prescribed by a Psychiatrist for a documented mental health disorder, only. The cost of filling the written prescription is the responsibility of the released inmate or CCAP probationer/parolee.

F. Released Inmates with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)

1. In addition to the supply of current release medications, released inmates requiring treatment for HIV+/AIDS will be entered into the HIV/AIDS Discharge Plan program as detailed in the *Standard Treatment Guidelines*.

2. This may include an additional written prescription for HIV+ medication, not to exceed a 30-day supply to be dispensed by the Health Department, when appropriate.

G. Jail Reentry Program Releases - Participants will be issued a supply not to exceed 30 days of medications at transfer to the jail as described in the *Release Medications* section of this operating procedure.

H. "Release Medications" must be documented on the *MAR* by the delivering Nurse, indicating the date and quantity given with a notation of "Release Medication, Release Med.", etc. as in the *Keep on Person, Documentation* section of this operating procedure.

I. All pharmacy records are subject to the retention and disposition requirements set by the Library of Virginia Retention Schedules and Operating Procedure 025.3, *Public Records Retention and Disposition.*

## REFERENCES

18VAC85-21-40, *Treatment of acute pain with opioids.*

18VAC110-20-10 et seq., *Regulations Governing the Practice of Pharmacy*.

18VAC110-20-590, *Drugs in correctional facilities.*

Operating Procedure 025.3, *Public Records Retention and Disposition*

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 411.1, *Inmate Transportation*

Operating Procedure 430.2, *Tool, Culinary, and Medical Equipment Control*

Operating Procedure 701.1, *Health Services Administration*

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 740.2, *Infectious Waste Management and Disposal*

Operating Procedure 841.3, *Inmate and CCAP Probationer/Parolee Religious Programs*

Operating Procedure 940.4, *Community Corrections Alterative Program*

*Standard Treatment Guidelines*

## ATTACHMENTS

Attachment 1, *Stock Medication Guidelines*

Attachment 2, *Diamond Pharmacy Services Error Reporting Form*

## FORM CITATIONS

*Medical Discharge Summary* 720_F5

*Keep on Person Contract* 720_F6

*Keep on Person Adherence Audit* 720_F12

*Boxes with Controlled Medication (CII-CV) Verification Log* 720_F13

*Controlled Medication (C II-C V) Administration and Count Sheet* 720_F14

*Controlled Medication (C II-C V) Disposal Sheet* 720_F36

*Epinephrine Auto-Injector Adherence Audit* 720_F37

*Waiver for Non-Child Resistant Packaging* 720_F41

*Health Services Treatment Consent/Refusal* 720_F44