

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: 10/03/2014	POLICY NO.: COR.10.1D.06
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): 7/28/09	
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1.0 PURPOSE

To ensure the continuation of appropriate drug therapy for patients entering into a correctional facility on a prescribed medication regime.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards of Health Services in Prisons and Jails (2008).

.2 Definitions

- a. Personal Medications: Medications prescribed for the patient by a licensed provider and dispensed by pharmacy outside the correctional facility.
- b. Formulary: A list of medications approved for use in the Health Care Division by the Medical Director and Pharmacy and Therapeutics Committee.
- c. "Weekenders": Patients who are sentenced to intermittent detention.

3.0 POLICY

- .1 Patients shall be prescribed only clinically indicated medication.
- .2 Newly admitted patients on a clinically indicated medication regime shall have their care reviewed and necessary medications ordered by a Department physician to ensure continuity of needed health care.
- .3 Patients shall not be permitted to bring personal medications from the community into the facility unless the medication is determined to be necessary and is unavailable from the facility stock supply and approved by a Department physician.

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- .4 All personal medication to be used until receipt of a prescription from a contract pharmacy shall be held by the health care section and self-administered by the patient during med-pass. The drug shall be returned to the patient's property upon receipt of patient's prescription.
- .5 Patients who are "Weekenders", furloughed or in community programs shall be permitted to continue their therapeutic course of treatment as prescribed by a licensed community provider, if approved by a Department physician.

4.0 PROCEDURES

NEWLY ADMITTED PATIENTS

- .1 Patients newly admitted, returning from the hospital, or a medical appointment with prescription drugs shall have the medications turned over to the Health Care Section (HCS) by security.
- .2 Nursing staff shall review the drugs and notify the facility physician or the physician-on-call upon receiving personal medication. The physician shall determine whether to stop, continue, and/or change the medication to a comparable medication listed in the Division's drug formulary.
- .3 Patients requiring continuation of their medications shall have their medication administered by the nurse from the facility's stock drug supply until the patient's medication arrives from the contracted pharmacy.
- .4 Should a required medication not be stocked by the facility, the nursing staff shall request the medication from a local backup pharmacy.
- .5 Medications not available in timely fashion through a back up pharmacy shall require provider notification. The provider will determine if a suitable available substitute exists. The provider may, if the patient has their own personal medication supply, allow the patient to take the prescribed medication from their personal supply.
- .6 To allow the patient to use their personal medication the medication must be in a valid unaltered prescription bottle for the medication. The bottle must list the patient's name, drug name, dosage, frequency and route. No other medication

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can be co-mingled in the bottle. Nursing staff shall attempt to verify the medication using an online medication identification software.

- .7 Patients permitted to continue taking their personal supply of medications will not be permitted to retain the drug on their person. They shall come to pill call at the time the medication is due to be administered. The patient shall under direct supervision of the nurse, self-administer drug until the replacement prescription is received from the pharmacy in the patient's name.
- .8 Medications not requiring self-administration by the patient, or those whose replacement prescription has arrived, shall be returned to the patient's property. This process is followed for all medication regardless of whether or not the medication is a scheduled drug.
- .9 Patients with personal medication supplies in unlabeled or altered containers, shall not be permitted to self-administer the medication. The medication shall be returned to the patient's property. No medication shall be held in the Health Care section except as defined above under .5 -.7. Health Care shall not dispose of any personal patient medication.

WEEKENDERS, FURLOUGHED AND PATIENTS IN COMMUNITY PROGRAMS

- .1 Personal medications prescribed for patients on intermittent-commitment (weekenders), and furloughed patients shall be turned over to the HCS and a physician's order shall be sought for approval of the continuation, changing or stopping the medication in accordance with this policy.
- .2 Properly labeled medication that is not continued by the facility physician or the physician-on-call shall be confiscated and placed with the patient's property. The personal stock medication shall be returned to the patient when leaving the facility and the patient shall be instructed not to bring the unauthorized medication at the next reporting time.
- .3 Patient's with alternative sentences who do not have their medication with them for their chronic health condition shall have their medication need verified, physician orders obtained and the patient shall report to the HCS for the administration of the medication at the prescribed times.
- .4 Approved personal supply medication and prescriptions for work furlough and community program patients shall generally be provided for self-administration.

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