DEPARTMENT OF CORRECTIONS

Policy Number:	**500.206**
Title:	**Controlled Medications**
Effective Date:	**6/5/18**

PURPOSE: To maintain adequate control and accountability for Drug Enforcement Agency (DEA)-controlled medications.

APPLICABILITY: All adult and juvenile facilities

DEFINITIONS:

Controlled medications - scheduled medications requiring the prescribing authority to have a DEA permit to fill the prescription. These medications require specific accountability records, both for administration and destruction.

Controlled Substance Administration Record – a book with numbered pages that may not be removed from the book. It is used for both stock and individually-ordered controlled substances. This record contains documentation of controlled substance administration, wasting, and destruction. These record books may be obtained from MINNCOR.

Destruction box – double locked, drop slotted container accessible only by authorized staff. The destruction box key is kept at the control center and is accessible only by the pharmacist.

Double-locks – acceptable double locks include medication carts with a lockable box within a lockable drawer, a lockable cabinet affixed to a surface within a lockable medication area, a double locked box affixed to a surface, or a refrigerator door lock for medications requiring refrigeration.

Medication counting – a process to account for all controlled drugs, and to transfer accountability from the off-going to the on-coming nurse, when possible. Medication counting may be performed by two (or one, if only one staff member is on duty) off-going staff when there is no on-coming nurse. Both nurses must visually verify all counts.

Staff – registered nurses, licensed practical nurses, certified medical assistants, and trained medication passers.

Wasting controlled substances – destruction of single dose with documentation by two staff members.

PROCEDURES:

A. All facilities must account for controlled medications in accordance with Board of Pharmacy rules and in accordance with the DEA as outlined below.

B. Receiving medications:

1. Staff must list stock and offender-specific controlled medications in the controlled substance administration record index. Staff must indicate the "stock" or offender name,

the drug and strength, the page number, and their signature including first initial, name, and title.

2. Staff must write the inventory page number on drug card sticker or bottle.

3. Staff must complete all blanks on top of controlled substance inventory record inventory page.

4. Staff must write the date received, prescription (RX) number, practitioner, and pharmacy received from.

5. Staff assigned controlled substance key custody and other authorized staff must sign in the received by/witness section of index page.

C. Storage of controlled substances:

1. Staff must place and store controlled substances in a double-locked area.

2. Staff must keep current and discontinued/expired controlled substances separated (except for refrigerated substances, which must be kept in a secured locked box in a locked refrigerator).

3. Staff must count all controlled substances, both current and discontinued (unless stored in the destruction box), at the end of each shift. When placing a controlled substance in the destruction box, staff must attach a copy of the count log for that substance.

D. Administration of controlled substances:

1. Staff must use an index or medication card to locate the inventory record.

2. Staff must confirm that the available inventory matches the number on the inventory record.

3. Staff must record the date, time, offender last name and initial, offender identification number (OID), and quantity removed from inventory, and sign their name in the controlled substance administration record, any time a controlled substance is removed from inventory.

4. Staff must complete one line for each pill signed out. Staff must not use dittos or arrows.

5. Staff must crush medications as indicated, if there are any concerns about offender not swallowing medication as directed, or if those medications are listed as mandatorily crushed by the department medical director.

6. Staff must remain with the offender until the medication is swallowed.

7. Staff must ensure that a mouth check is completed (by nursing or security staff) immediately after medication administration.

8. Staff must document administration on the medication administration record (MAR), per Division Directive 500.201, “Medication Administration and Monitoring.”

9. Staff must write legibly.

E. Wasting controlled substances:

1. In the event staff need to destroy a single dose of a controlled substance, for example due to offender refusal of medication, they must record the destruction in the controlled substance administration record book.

2. Staff must have an authorized witness view the medication destruction and co-sign in the designated column.

F. Controlled substance is discontinued, expired, or upon transfer of offender to another Minnesota correctional facility:

1. Controlled substances must not be sent to receiving facility. If continuation of the medication is indicated for continuity of care, staff must notify the receiving facility.

2. Staff must draw an "X" through all unused lines of inventory page, with date, time, and signature.

3. Staff must move controlled substance to double-locked area designated for discontinued/expired medications. If medications are not placed in the destruction box, staff must continue to count medication at shift change until the medication may be destroyed by consulting the pharmacist.

4. Staff must highlight in yellow the medication on index listing, leave the inventory page in the administration book, and make a copy of the inventory page to attach to the medication card.

G. At time of the monthly facility visit, the consulting pharmacist must:

1. Review the inventory record for accuracy and completeness;
2. Count and destroy discontinued/expired controlled substances in the presence of a nurse, documenting on the inventory record the quantity being destroyed, date, time and signature of pharmacist and nurse;
3. Complete Certificate of the Inventory and Destruction of Controlled Substances form (attached) and include the signatures of pharmacist and nurse;
4. Submit completed destruction form to the health services administrator/designee for retention for five years; and
5. Assume overall responsibility for controlled substances protocols.

H. Narcotic key accountability:

1. Only one set of narcotic keys must be in staff possession. A second set must be available with the facility master control, turnkey, key control officer, or other secured area away from health services. The second set of keys may only be issued with approval from a health services supervisor or designee.

2. The narcotics key must be logged in/out by staff.

3. Staff assigned the controlled substance key custody must be accountable for possession of the key at all times until another nurse assumes responsibility, or the area is turned into an off-hour security area. If the staff member cannot account for a key, he/she must immediately notify a supervisor or designee.

4. Staff must keep all drawers, carts, or cabinets containing controlled substances locked unless currently accessing the drawer, cart, or cabinet.

5. Staff must document on the Narcotic Key Log form (attached) the receiving and transferring of the narcotic keys.

6. Staff must turn in the Narcotic Key Log to the registered nurse supervisor (RNS) at the end of the month.

7. Health services administrator/designee must:
   a) Assign key custody, designating a specific staff each shift to maintain custody of the narcotic keys and steps for changing key custody;
   b) Maintain a file of the following records for a minimum of five years:
      (1) Controlled Drug Count Verification form (attached);
      (2) Controlled Substance Administration books; and
      (3) Certificate of the Inventory and Destruction of Controlled Substances books; and
   c) Maintain key custody logs for one year.

8. The practitioner must:
   a) Order/reorder controlled substances for a maximum of 30 days;
   b) Write two prescriptions if a schedule II medication is required immediately. One prescription must be used to obtain medications timely from a backup pharmacy. The second prescription must be sent via priority mail to contracted pharmacy; and
   c) Write one medication per prescription.

I. Facility processes:
   1. Facilities without 24-hour nursing coverage
      a) Medication counting:
         (1) On-coming and off-going staff must jointly count and reconcile controlled medications at shift change.
         (2) When oncoming staff are not present, two off-going staff (one, if only one is on duty) must count and reconcile controlled medications.
         (3) When off-going staff are not present (e.g., from evenings to day shift) two on-coming staff must count and reconcile controlled medications prior to setting up or beginning pill window.
         (4) Staff must count and reconcile controlled medications at the beginning and end of all staffed shifts.
         (5) Staff must complete the Controlled Drug Verification form for the appropriate shift.
         (6) If the count is incorrect:
            (a) Staff must attempt to reconcile the count prior to the off-going staff being released from duty.
            (b) If the count cannot be reconciled, the off-going staff must immediately notify the watch commander and the health services administrator/designee. The staff must submit a confidential incident report to the health services administrator before the off-going shift is released from duty.

(c) The health services administrator/designee must notify the associate warden of operations and the director of nursing/designee, and secure the medication records for investigation purposes.

b) Key custody
When on-coming staff is available, staff must change key custody after shift counting. When no on-coming staff is available, staff must return key custody to control center or other designated secure facility area.

2. Facilities with 24-hour nursing coverage
a) Medication counting:
(1) On-coming and off-going staff must jointly count and reconcile medications at a shift change. On-coming staff must count the actual pills, and off-going staff must record the number in the count book.
(2) If the count is incorrect, staff must follow the same process as outlined in Procedure H.1.a).

b) Key custody:
(1) Staff must change key custody after change of shift counting.
(2) On-coming nurse doing change of shift counting must assume key responsibility.

INTERNAL CONTROLS:

A. A contracted pharmacist audits controlled medication practices at each facility on a monthly basis. Audits are retained in the facilities with the health services administrator files.

B. The registered nurse supervisor audits controlled medication documentation on a weekly basis. Audits are maintained by the RNS.

C. Incident reports are retained at the facility according to record retention requirements.

ACA STANDARDS: 4-4378, 1-ABC-4E-16, 1-ABC-4E-17

REFERENCES: Standards for Health Services in Prisons book, P-30, 1992

REPLACES: Division Directive 500.206, "Controlled Medications,"7/26/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Controlled Substance Administration Record (MINNCOR)
Controlled Drug Count Verification form (500.206B)
Narcotic Key Log (500.206D)

APPROVALS:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support