
 State of Connecticut Department of Correction ADMINISTRATIVE DIRECTIVE	Directive Number 8.3	Effective Date 2/15/2007	Page 1 of 7
	Supersedes Pharmacy Care, dated 8/16/1999		
Approved By 	Title Pharmacy Services		

1. **Policy.** The Department of Correction shall provide pharmacy services that meet legal and community standards of practice.

2. **Authority and Reference.**
 - A. Connecticut General Statutes, Sections 18-81, 20-14h through 20-14j, 20-590, 20-594, Chapters 400j, 417, 418, 420b and 420c.
 - B. Regulations of Connecticut State Agencies, Section 21a-262-3.
 - C. Connecticut Comprehensive Drug Laws, April 1999.
 - D. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
 - E. American Correctional Association, Standard for Adult Correctional Institutions, Fourth Edition, January 2003, Standard 4-4378.
 - F. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standard 4-ALDF-4C-38.
 - G. National Commission on Correctional Health Care, Standards for Healthcare in Prisons 2003, P-27.
 - H. Administrative Directive 6.6, Reporting of Incidents.

3. **Definitions.** For the purposes stated herein, the following definitions apply:
 - A. **Administration.** The act in which a single dose of a prescribed drug or biological is given to an inmate by an authorized person. The complete act of administration includes removing an individual dose from a previously dispensed, properly labeled container, verifying it with the practitioner's order, giving the individual dose to the proper inmate, at the proper time, by the proper route, and promptly recording the time and dose given. Administration is limited to nurses, practitioners, and trained persons in accordance with Sections 20-14h to 20-14j of the Connecticut General Statutes.
 - B. **Compounding.** The act of selecting, mixing, combining, measuring, counting or otherwise preparing a drug or medication.
 - C. **Delivery.** The movement of a labeled, prepackaged container, of multiple doses of a drug to the inmate when inmate self-administration and possession is permitted.
 - D. **Device.** Instruments, apparatus and contrivances, including their components, parts and accessories, intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans.
 - E. **Dispensing.** Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a practitioner. Dispensing consists of: (1) comparing directions on the label with the directions on the prescription or order to determine accuracy; (2) selection of the drug from stock to fill the order; (3) counting, measuring, compounding, or preparation of the drug; (4) placing the drug in the proper container, affixing the label to the container; and (5) the addition of any required notations to the written prescription. Dispensing does

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not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and practitioners.

- F. Distributing. The movement of a drug, in the originally labeled manufacturer's container, or in a labeled prepackaged container from the pharmacy to a nursing service area.
 - G. Dose. The amount of drug to be administered at one time.
 - H. Drug. An article recognized in the United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States or Official National Formulary, or any supplement to any of them intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to effect the structure or any function of the body of humans.
 - I. Facility. A correctional institution or a contracted residential program.
 - J. Formulary. A list of drugs approved for use. This list contains legend, non-legend, and controlled drugs.
 - K. Health Services Administrator. Team leader for site based performance improvement measures as well as the central point of accountability for Department of Correction (DOC) health care management.
 - L. Legend Drugs. Any article, substance, preparation or device that bears the legend: "Federal law prohibits dispensing without a prescription." Legend drugs are available for use on the written order of a practitioner.
 - M. Non-Legend Drugs. Drugs commonly referred to as over-the-counter drugs, available for use without the written order of a practitioner.
 - N. Pharmacist. A person duly licensed by the Connecticut Commission of Pharmacy to engage in the practice of pharmacy pursuant to Section 20-590 of the Connecticut General Statutes.
 - O. Pharmacy. A secure location where drugs are stored and regularly compounded or dispensed and records of such compounding or dispensing are maintained under the direct charge of a pharmacist. A pharmacy shall be licensed consistent with Section 20-594 of the Connecticut General Statutes.
 - P. Pharmacy Services. The functions and activities encompassing the procurement, dispensing, distribution, storage, and control of all pharmaceuticals used within the facility, the monitoring of inmate drug therapy, and the provision of inmate/patient drug information.
 - Q. Practitioner. A physician, dentist, psychiatrist, podiatrist, nurse practitioner, advanced practice nurse or other person authorized to prescribe drugs in the course of professional service in the State of Connecticut.
 - R. PRN Drug. A drug which a physician has ordered to be administered only when needed under certain circumstances.
 - S. Responsible Health Authority. The contracted health services provider responsible for the provision of inmate health care in DOC facilities.
4. Pharmacy Services. The contracted health services provider shall ensure the provision of efficient cost effective pharmacy services to inmates in DOC facilities. The contracted health services provider shall develop, and review and revise at least annually, a manual containing

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written pharmacy services policies. Pharmacy Services shall be provided in accordance with applicable state and federal laws and regulations, and provided under the supervision of a pharmacist.

A. The pharmacist shall be responsible for the following functions:

1. compounding, packaging, labeling and dispensing all drugs administered to inmates;
2. monitoring inmate drug therapy for potential drug interactions and incompatibilities; and,
3. inspecting areas within the facility where drugs are stored (including emergency and contingency supplies) at least monthly to assure that all drugs are properly labeled, stored and controlled. The pharmacist shall identify areas that are not in compliance with state and federal laws and regulations, and make recommendations for improvement. Reports indicating findings and recommendations shall be forwarded to the Health Services Administrator and kept on file in the facility for a minimum of three (3) years.

B. Proper space and equipment shall be provided within the facility for the storage and safeguarding of drugs and devices, and the administration of drugs.

1. Any drug and device storage or medication administration area shall be clean, organized, illuminated, ventilated, and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room, which meets this requirement.
2. Drug and device cabinets (stationary or mobile) shall be closed and locked when not in use.
3. Controlled substances shall be stored and handled in accordance with provisions set forth in Chapters 420b and 420c of the Connecticut General Statutes.

C. The DOC contracted health services provider shall develop, implement and enforce written policies and procedures for procurement, control, accountability, delivery, distribution, and assurance of quality of all drugs and devices, in accordance with the following standards:

1. Records shall give an accounting of each drug acquired and indicate drug disposition. The contracted health services provider shall retain these records for a minimum of three (3) years and make them available for inspection at the request of the Director of Health and Addiction Services. Drug procurement and dispensing details shall be made available in an electronic media format that can be read by the current agency office information management software (spreadsheet and database) system.
2. Drugs shall be distributed in DOC facilities in accordance with the following requirements:

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- a. All medications shall be dispensed to inmates on an individual basis except for a predetermined contingency medication supply.
 - b. Contingency stock shall be limited to emergency drugs, supplies of legend drugs for initiating therapy when the pharmacy is closed, and routinely used non-legend drugs. Facilities with controlled substance registration, consistent with Chapter 420c of the Connecticut General Statutes, may include controlled substances in the contingency supply.
 - c. Emergency drugs, including a proper supply of antidotes, shall be readily available in designated secure location(s) and Health Services staff shall be aware of that location(s). The poison information telephone number shall be posted in each Health Services Unit.
3. Drugs shall be stored under proper conditions of security, segregation, and environmental control at all storage locations.
- a. Drugs shall be accessible only to legally authorized persons.
 - b. Drugs requiring refrigeration shall be stored separately in either a refrigerator that is locked or in a refrigerator that is in a locked room, and which is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained at a temperature range between 36 and 46 degrees Fahrenheit. Inside temperature shall be monitored and recorded daily on Attachment A, HR 927, Daily Refrigerator Temperature Log.
 - c. Antiseptics and other drugs for external use shall be stored separately from internal and injectable medication.
4. Drugs shall be kept in containers labeled by a pharmacist or in their original manufacturer labeled container. Medication shall only be transferred from these containers in preparation of a dose for administration. Drugs dispensed to inmates who are off grounds or at the time of discharge from the facility shall be packaged in accordance with the provisions of the Federal Poison Prevention Act and any other applicable state and federal law.
5. Drugs shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address, and telephone number of the dispensing pharmacy in addition to the following:
- a. contingency medication containers shall be labeled, at minimum, with drug name, strength, quantity, manufacturer (if a multi-source generic drug), manufacturer lot number or internal control number, and expiration date;

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- b. the label for containers of inmate specific medication, shall at minimum, include inmate name, inmate number, prescription number, prescribing practitioner name, drug name, strength, quantity, manufacturer (if a multi-source generic drug), directions for use, dispensing date, drug expiration date, and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate; and,
 - c. in cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.
 - 6. Drugs on the premises of the facility which are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:
 - a. Controlled substances shall be disposed of in accordance with Section 21a-262-3 of the Regulations of Connecticut State Agencies.
 - b. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs shall be returned to the contracted pharmacy services provider as directed by DOC approved, contracted provider policy.
 - c. Returned non-controlled drugs that have been in the possession of the inmate, or unclaimed personal medications collected at intake or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by Health Services staff by placing in the medical waste disposal system.
 - 7. Current drug reference information shall be available to staff.
 - 8. The pharmacy shall implement a procedure to facilitate drug recall.
 - 9. Devices shall be inventoried and stored under proper conditions of security. A count of syringes and needles shall be taken and verified as correct and documented at the change of each shift. An incorrect count shall be reported immediately to the Health Services Administrator and the shift supervisor.
- D. Drugs shall be prescribed in a safe and effective manner, and clinical outcomes shall be monitored and documented in the medical record.
- 1. Medication orders shall specify drug, strength, dose, route, frequency, discontinuation date, and indication for use if the medication is intended to be used PRN. Medication orders shall not be prescribed for an indefinite time period. The practitioner shall review medication

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regimens at specified time intervals and indication to continue or discontinue shall be given prior to the current medication discontinuation date.

2. Medication orders that are not specific shall not be prepared until clarification is received from the practitioner. Staff shall make an effort to acquire order clarification in a timely manner.
3. Drugs shall be prescribed from an approved drug formulary unless the contracted health services provider Clinical Director has approved a non-formulary drug request.
4. Inmates shall be permitted to possess and self-administer medications with the exception of controlled, psychoactive, and other drugs on the written order of a practitioner. Self-administered medication shall be monitored and controlled in accordance with facility Unit Directives. Patient drug education information shall be provided to inmates for all self-administered medication.
5. Medication errors and apparent adverse drug reactions shall be recorded in the inmate's health record, on a Medical Incident Report, CN 6602, in accordance with Administrative Directive 6.6, Reporting of Incidents and reported to the attending physician, Health Service Administrator, contracted health services provider Clinical Director, and the Director of Health and Addiction Services.

E. A Pharmacy and Therapeutics Committee shall oversee pharmacy care provided to all DOC facilities.

1. The Pharmacy and Therapeutics Committee shall be comprised of health care professionals from the contracted health services provider and a DOC representative, who shall be appointed by the Director of Health and Addiction Services.
2. The committee shall meet at least monthly and document its activities, findings, and recommendations.
3. The committee shall, at minimum:
 - a. develop, implement and monitor policies and procedures for drug distribution, control and accountability in compliance with state and federal regulations;
 - b. review adverse drug reactions that occur in the facility and reporting clinically significant incidents to the Federal Food and Drug Administration;
 - c. review medication variances that occur in the facility and implement appropriate corrective action to minimize the recurrence of such incidents; and,
 - d. develop, and update as needed (at a minimum annually), a formulary that promotes quality and appropriate drug therapy for inmates in DOC facilities.

5. Forms and Attachments. The following attachment is applicable to this Administrative Directive and shall be utilized for its intended function:

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- A. Attachment A, HR 927, Daily Refrigerator Temperature Log.
- 6. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.