

I. PURPOSE

To prescribe procedures for the control and management of pharmaceuticals.

II. POLICY

It is the policy of the Fairfax County Sheriff's Office that:

- A. The jail complies with all applicable state and federal regulations regarding prescribing, dispensing, administering, and procuring pharmaceuticals.
- B. The ADC has a contract with a pharmacy. A pharmacist is available for consultation as needed and can also be available to make visits to the ADC.
- C. All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and injectable medications. Drugs requiring special storage for stability--for example, drugs that need refrigeration--are so stored.
- D. An adequate and proper supply of antidotes and other emergency drugs, and related information, are readily available to the staff to meet the needs of the facility.
- E. Quarterly pharmacy audits will be conducted by a pharmacist employed by the contract pharmacy.
- F. Written policies and procedures govern the pharmaceutical services.

III. PROCEDURE

- A. A formulary is developed for both prescription and non-prescription medications used by the facility.
- B. Specific procedures for ordering, dispensing and administration and accounting for pharmaceuticals are covered in SOP 424.
- C. Medication brought into the Adult Detention Center.
 - 1. Medications received from the Contract Pharmacy will be counted by a health care provider and logged in the Pharmacy Received Book.
 - 2. Any medications, including Schedule IV Drugs, that are in the possession of an inmate at time of admission or delivered to the ADC by family or friends will be turned over to a Health Care Provider and placed in secure storage. Schedule IV Drugs will be counted and secured in the narcotics cabinet.
 - a. If an inmate is booked, they will receive the medications prescribed to them by their personal physician. The medication will be continued for a maximum of 5 days and the inmate's name will be placed on the next M.D. sick -call by the nurse admitting the inmate into the ADC.
 - 1) The nurse admitting the inmate will start a medication

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administration record with the name of the medication and indicate that will be discontinued after 5 days.

- 2) The nurse should document if the inmate has brought in enough medication for 5 days. This is necessary in order to receive the medication from the contract pharmacy. If there is less than 5 days the ADC or CSB physician must be notified at the next sick call.
- 3) The medication will be placed on the M.D. order sheet to be co-signed by the MD or NP.
- 4) Inmates will be informed that the ADC physician/Nurse Practitioner will review the medication and determine whether or not they will be switched to a formulary version of the prescription.

Provisions for these doses are:

- a) the medication must be in an appropriately labeled container with the inmates' name on it
 - b) the labeled container has the name of the prescribing physician
 - c) it is a current prescription, prior to the prescription being approved by the ADC physician or psychiatrist.
- b. The on-call physician will be consulted whenever an inmate arrives at the ADC on prescribed schedule IV medications. These medications will not be continued or discontinued without consulting the physician.
 - c. Properly labeled medications will be returned to inmates upon release.
 - d. Improperly labeled medications will be turned over monthly to the Contract Pharmacy for destruction.

D. Disposal of Medications.

1. Medications no longer in use from the Contract Pharmacy will be counted and returned to the pharmacy. This log will be signed off by two members of the medical staff.
2. Improperly labeled or properly labeled medication left at the ADC by inmates are sent to the contract pharmacy for destruction.
3. All narcotics and other controlled medications will be counted by two licensed nursing staff, and logged on the "Medication Destruction Log", removed from the container and placed in diluted coffee ground material in a solid container. Once the medications have dissolved, the container is sealed and placed into a biohazard bag for destruction.

E. The following records are kept to ensure adequate control of and accountability for medications.

1. Destruction Logs I and II (Attachment 1 and 2).

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2. Inmate Medication Kardex (Attachment 3, separate entry).
 2. Controlled Substance Sign Out Sheet (Attachment 4).
 3. Controlled Substance Count (Attachment 5).
 5. Sign Out Sheet (Needle/ Syringe) (Attachment 6).
- F. The ADC provides maximum security storage of, and accountability for, DEA controlled substances, needles, syringes, and abusable items.
1. Most needles and syringes are stored in a locked cabinet. A limited number are available to the health care providers, however they must be signed out when used (Attachment 6). This limited amount is counted at every shift change in the Medical Section.
 2. Controlled medications such as Diazepam, Tylenol #3, and Demerol, each have a "Sign Out Sheet" (Attachment 4). At shift change the oncoming medical shift will inventory all controlled medications by counting the amounts dispensed, if any (as reflected on the individual "Sign Out Sheets" for each drug), and the amounts remaining on hand. The total should agree.
 - a. If the totals agree, a member of the off-going and on-coming medical shift will sign the "Controlled Substance Count Sheet" (Attachment 5).
 - b. If the totals do not agree and the count cannot be reconciled, the Medical Administrator on-call will be notified. If the on-call Medical Administrator is unavailable, the on-duty Shift Commander will be notified and an incident report prepared by the off-going medical shift prior to departure from the ADC. In such cases, the "Controlled Substance Count" sheet will also be completed and annotated to indicate that a discrepancy exists.
- G. All prescription medications will be specifically ordered for an inmate by the Adult Detention Center Physician, Psychiatrist, Dentist, or Nurse Practitioner. Such medications will be labeled with the inmate's name for whom it is ordered. There are stop dates indicated for behavior modifying medications and those subject to abuse. Prior to renewal of a prescription, a re-evaluation is performed.
- H. All medications are under the control of appropriate staff members. Inmates do not prepare, dispense, or administer medication except as provided for in SOP 424, Medication Administration Training. Refer to SOP 941, Medical Exams, Sick Call and Self-Medication for medication administration in the Community Corrections Division.
- I. Psychotropic medication (including tranquilizers) are used only in clinically indicated cases, only as long as necessary, and are not allowed for disciplinary reasons.
- J. Schedule of administration times, unless specifically ordered:
1. One time daily 11:00 a.m.
 2. Two times daily 11:00 a.m. and 9:00 p.m.
 3. Three times daily 6:00 a.m., 11:00 a.m. and 9:00 p.m.
 4. Four times daily 6:00 a.m., 11:00 a.m., 5:00 p.m. and 9:00 p.m.

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- K. Inmates housed in the Alternative Incarceration Branch will be evaluated for keep-on-person medication. The program is explained to the inmate and a contract for their participation is developed and is signed by the inmate and a qualified health care provider.



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**STACEY A. KINCAID
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