

Nursing Staff .....	1
I. Employment Requirements.....	1
A. Licensed Candidates Requirements.....	1
B. CMA Requirements .....	2
II. Orientation Requirements .....	3
III. Competency Requirements .....	4
A. Nursing Staff.....	4
IV. Nursing Services .....	5
A. Registered Nurses (RN's).....	5
B. Licensed Practical Nurses (LPN's) .....	6
C. Certified Medication Aides (CMA's).....	7
V. Reporting Allegations of Abuse.....	9
A. Definitions.....	9
B. Reporting Process .....	9
VI. Medication Administration (4-4378) .....	10
A. Guidelines .....	10
B. Medication Delivery .....	12
C. Electronic Medication Administration Record (e-MAR) and Hardcopy TB Medication Administration Record (MAR).....	13
D. Expiration Dates and Beyond Use Date .....	15
E. Reporting Adverse Reactions and Medication Errors .....	16
F. Chronic Illness and Psychotropic Medication Monitoring.....	16
G. Notification of Medication Adherence .....	17
H. Counseling and Education.....	18
VII. References.....	18
VIII. Action.....	19
Referenced Forms .....	20

<b>Section-14 Health Services</b>	<b>OP-140143</b>	<b>Page: 1</b>	<b>Effective Date: 02/27/2019</b>
<b>Nursing Service</b>	<b>ACA Standards: 2-CO-4E-01, 4-4088, 4-4378, 4-4382M, 4-ACRS-4C-13, 4-ACRS-4C-17</b>		
<b>Joe M. Allbaugh, Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Nursing Staff

The Oklahoma Department of Corrections (ODOC) provides guidelines for the assessment, establishment and maintenance of the competency of ODOC nursing staff to include registered nurses (RN), licensed practical nurses (LPN) and certified medication aides (CMA). (2-CO-4E-01, 4-4382, 4-ACRS-4C-17)

### I. Employment Requirements

#### A. Licensed Candidates Requirements

All candidates for positions for which licensure or certification are required will present verification of possession of licensure or certification prior to employment. (4-4382M)

Facilities that employ CMA's will ensure the CMA has completed the "Uniform Employment Application for Nurse Aide Staff" as required by Oklahoma State Statute, O.S. 63 § 1-1950.4. The uniform employment application gathers all pertinent information for entry into the nurse aide registry maintained by the Oklahoma State Department of Health (OSDH).

**B. CMA Requirements**

1. Minimum requirements for education and training will include, but not be limited to:
  - a. Current Medication Aide Certification for the State of Oklahoma;
  - b. Current Certified Nursing Assistant Certification;
  - c. Completion of Uniform Employment Application for Nurse Aide Staff;
  - d. High school diploma or GED;
  - e. Completion of eight hours of continuing education annually from an Oklahoma State Department of Health approved program
  - f. Current listing in the Nurse Aide Registry with good standing as required by Oklahoma State Statute: O.S. § 63 1-1950.7; and
  - g. Six months of full time wage earning experience as a certified medication aide and experience with nurse assistance duties preferred.
2. Minimum Skill Requirements
  - a. Completion of CMA competency verification and medication administration learning assessment before administering medications, in order to demonstrate competency and proficiency in skills. This will be completed during the orientation period.
  - b. Completion of annual CMA competency verification/review for annual review of skills for performance competency.
  - c. Physical and mental capability to safely perform duties.

## II. Orientation Requirements

1. All new employees will complete facility specific orientation programs as determined by ODOC, medical services and facility requirements.
  - a. Medical units will develop a written orientation program for all new employees. Demonstration and documentation of competencies must be completed prior to completion of the orientation process and prior to independent practice.
  - b. The length of time for orientation specific to the medical unit is based on the employee's identified learning needs, clinical experience, inmate population served, and verification of the employee's ability to competently perform specific activities required.
    - (1) When extenuating circumstances exist, permission to extend the orientation period may be granted by the Correctional Health Services Administrator (CHSA).
    - (2) When orientation expectations are not met within original individualized timelines, developmental plans and target dates for competency demonstrations will be developed, implemented and ensured completion by the CHSA or designee.
  - c. Each new employee will be assigned a primary preceptor/mentor and will receive an orientation schedule.
    - (1) The CHSA/preceptor will provide the new employee with training on agency and medical services policies and procedures during the orientation period and will be responsible for documentation of the learning activities and competency demonstrations of the new employee.
    - (2) Consistent feedback will be provided to the new employee during the orientation process.
  - d. Competency is verified by completion of learning modules, direct observation of simulated and actual performance of job duties during the orientation period, and/or verbalization of appropriate responses to training scenarios.
  - e. The new employee is expected to actively participate in the orientation process and will identify learning needs and communicate those needs throughout the orientation period.

- (1) The new employee is expected to seek out learning opportunities that will enable him/her to achieve the competencies required.
  - (2) All nursing staff will complete a medication administration learning assessment with a score of 90% or above by the end of the orientation period.
- f. All contracted nursing staff will receive a facility and unit orientation in accordance with [OP-100101](#) entitled "Employee Development" prior to nursing assignment. Completion of orientation will be determined by the CHSA. (4-4088)
- g. At the completion of the orientation period, copies of the competency verification will be provided to the employee and maintained in the supervision file, in accordance with [OP-110105](#) entitled "Employee Personnel Records." The documentation of initial competency verifications will also be maintained by the CHSA in the supervision file.

### III. Competency Requirements

All potential hires will be made aware of competency expectations prior to the offer of employment.

Upon employment, an initial competency verification will be conducted to determine the ability of the new employee to demonstrate competencies required for the hired position. Learning needs and orientation plans will be based upon this verification. Nursing staff competencies are located in the Medical Service Resource Manual (MSRM) [140143-01](#) entitled "Nursing Staff Competencies and Reporting Procedures."

#### A. Nursing Staff

Nursing staff are expected to maintain and continually develop their abilities to practice competently. This is demonstrated through the employee's possession of the specific knowledge, skills, and abilities required for his/her facility and position. This annual competency verification/review will be conducted along with the annual employee Performance Management Process (PMP).

The annual competency verification/review is used to measure and evaluate the performance of staff members in demonstrating competent practice.

1. Indicators of competent performance may include: absence of error, achievement of expected outcomes of care delivered, observation of practice, attendance at/review of unit staff meetings and statewide nurses training meetings, review of new policies and

procedures, documentation of educational attendance, completion of learning/training activities, and certification in areas of expertise.

2. Employees are expected to participate in retraining or testing to demonstrate competency on selected procedures and/or activities for which opportunities to demonstrate competency in practice have not been available in their practice setting, or procedures that have been identified for annual competency review.
3. Developmental plans will be developed for any employee failing to demonstrate on-going competency. The target dates for completion will be the responsibility of the CHSA or designee.
4. Nursing staff will not participate in activities for which they do not possess competencies. It is the responsibility of the staff member to participate in evaluating his/her own practice and competency and to communicate deficiencies and learning needs to his/her supervisor.
5. All original documentation of annual competency verifications/reviews will be maintained by the CHSA in the employee's supervisory file.

#### IV. Nursing Services

Nursing services will be organized in a manner that promotes decision making for the care of inmates. Nurses are expected to exercise autonomy within their scope of practice and use clinical judgment to deliver quality nursing care to the inmate. Staff is encouraged to be creative in developing new ways to provide care while demonstrating wise stewardship of resources.

##### A. Registered Nurses (RN's)

"Registered Nursing" means the practice of the full scope of nursing. The registered nurse assumes accountability for the delivery of nursing care within ODOC. Registered nurses are responsible for the coordination of inmate care and are accountable for their own practice. Responsibilities may include, but are not limited to:

1. Assessing the health status of individuals and groups;
2. Analyzing assessment data to determine nursing care needs;
3. Establishing goals to meet identified health care needs;
4. Planning a strategy of care;
5. Establishing priorities of nursing intervention to implement the strategy of care;

6. Implementing the strategy of care;
7. Delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the Oklahoma Nursing Practice Act;
8. Providing safe and effective nursing care rendered directly or indirectly;
9. Evaluating responses to interventions;
10. Teaching the principles and practice of nursing;
11. Managing and supervising the practice of nursing;
12. Collaborating with other health professionals in the management of health care;
13. Performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation;
14. Demonstrating and providing documentation of competent performance on an ongoing basis by attending/reviewing unit and statewide nurses' meetings/training, reviewing new/updated policies and procedures, completing mandatory requirements, maintaining unit specific certifications and requirements and attending education updates as needed/required;
15. Maintaining current licensure;
16. Completing mandatory training requirements (CPR, AED, first aid etc.);
17. Clinical oversight of nursing practice in medical unit;
18. Completing annual nursing competency/review; and
19. Demonstrating responsibility to address areas of performance identified as needing further development.

B. Licensed Practical Nurses (LPN's)

"Licensed Practical Nursing" means the practice of nursing under the supervision or direction of a registered nurse, licensed physician or dentist. LPN's are vital members of the healthcare team, where respect, collegiality, trust, and confidence are evident in the relationship of team members. This directed scope of nursing practice includes, but is not limited to:

1. Contributing to the assessment of the health status of an individual and groups;
2. Participating in the development and modification of the plan of care;
3. Implementing the appropriate aspects of the plan of care;
4. Delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the Oklahoma Nursing Practice Act;
5. Providing safe and effective nursing care rendered directly or indirectly;
6. Participating in the evaluation of responses to interventions;
7. Teaching basic nursing skills and related principles;
8. Performing additional nursing procedures in accordance with knowledge and skills acquired through education beyond nursing preparation;
9. Demonstrating and providing documentation of competent performance on an ongoing basis by attending/reviewing unit and statewide nurses meetings/training, reviewing new/updated policies and procedures, completing mandatory requirements, maintaining unit specific certifications and requirements and attending education updates as needed/required;
10. Maintaining current licensure;
11. Completing mandatory training requirements (CPR, AED, first aid, etc.);
12. Completing annual nursing competency/review; and
13. Demonstrating responsibility to address areas of performance identified as needing further development.

C. Certified Medication Aides (CMA's)

A "Certified Medication Aide" is a certified nurse aide who has passed an Oklahoma State Department of Health approved program for administering medications. A CMA performs technical duties in the field of inmate care and participates in the general health care of inmates under the direct supervision of a licensed nurse and the administrative direction of the health service administrator.

1. Practice Standards

- a. CMA's will function under the direct supervision of a licensed nurse or medical provider.
- b. Task assignments will be based on skill verification and training.
- c. CMA's will perform within authorized duties.
- d. Medications administered, withheld or refused will be accurately documented.
- e. Competency will be demonstrated and required continuing education completed that is relevant to the services being provided by the CMA. This may include the annual renewal of CMA certification, CPR and eight hours of continuing education units (CEU) from an Oklahoma State Department of Health approved training program.

2. Primary CMA Job Duties and Functions

- a. Safely and accurately administering and issuing routine prescribed medications; confirming identity and verifying each inmate's allergy history prior to administering medications; recognizing possible untoward allergic reactions and notifying the nurse or medical provider; and documenting the administration of medications on the inmate's electronic medication administration record (e-MAR).
- b. Reviewing and reconciling received medications from the contract pharmacy with the prescribed medication orders; serving as liaison between medical providers/nurses and the contract pharmacy regarding issues associated with medication process; providing medication room security, while organizing and maintaining facility working stock levels, equipment and supplies; keeping medication room clean and organized.
- c. Providing inmate care including vital signs, intake and output, assisting with activities of daily living and hygiene needs, serving food trays and feeding inmates, assisting with ambulation, turning, positioning and transferring inmates; observing and reporting changes in inmates' conditions to the supervising nurse and assisting medical providers with procedures and collecting and documenting data in the electronic healthcare record per policy.



- d. Informing the nurses or medical providers of inmates with healthcare problems who need immediate attention; assisting with inmate admissions and discharges to and from the facilities; recording medical data in the medical record; assembling health records on newly admitted inmates; and other clerical duties as assigned.
- e. Maintaining inmate's privacy and confidentiality of health information at all times; prioritizing and organizing work so that required assignments are completed within specified time frames; performing a variety of unlisted duties to be determined, and assigned as needed.

## V. Reporting Allegations of Abuse

### A. Definitions

The following words and terms, when used in this section, will have the following meanings, unless the context clearly indicates otherwise. The singular includes the plural as necessary.

1. "Abuse" means any intentional physical or mental injury or sexual assault on an inmate by any person.
2. "Misappropriation of property" means the taking, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal control of inmate or other appropriate legal authority, or the taking of any action contrary to any duty imposed by federal or state law relating to the custody or disposition of an inmate's property.
3. "Mistreatment" means a negligent act or personal wrong against an inmate or client which causes the inmate or client actual physical pain, discomfort or mental anguish. This type of personal wrong does not necessarily have to present external or visible signs of existence but does not include actions which are unavoidable.
4. "Neglect" means a failure to provide adequate medical or personal care or maintenance which results in physical or mental injury to an inmate.

### B. Reporting Process

The CHSA or designee will report any abuse or neglect, mistreatment or misappropriation of an inmate's property by a RN or LPN to the Oklahoma Board of Nursing. The report filed will include the nurse's name, license number and the allegation.

The CHSA or designee will report any abuse or neglect, mistreatment or misappropriation of an inmate's property by a CMA to the Oklahoma State Department of Health (OSDH) by telephone within 24 hours after receiving an allegation and in writing within five working days after receiving an allegation. The written report filed by the CHSA will include:

1. The allegation;
2. Name and identification number of the CMA;
3. Date of occurrence;
4. Results of any internal investigation;
5. Any corrective action taken by ODOC; and
6. Name and address of any person who may have witnessed the incident.

To report abuse, the OSDH abuse reporting form will be utilized. To report other types of potential violations, the OSDH incident report form will be utilized. Such violations may include providing false information about certification or other required qualifications, falsifying medication administration records, stealing or abusing medications from the workplace and noncompliance with the applicable law and rules for CMA's, such as directing CMA's to practice outside their scope of practice. The original form will be maintained in the employee's personnel file. OSDH phone numbers and forms information are located in MSRM [140143-01](#) entitled "Nursing Staff Competencies and Reporting Procedures."

The CHSA or designee will report the incident to the facility head and the chief medical officer who will report to the director of Health Services for further investigation by the office of Fugitive Apprehension and Investigations as outlined in [OP-040117](#) entitled "Investigations."

## VI. Medication Administration (4-4378)

### A. Guidelines

Compliance with the following guidelines will ensure safe and accurate administration of medications by all nursing staff, to include RN's, LPN's and CMA's:

1. Medications are administered to inmates by nursing staff qualified to do so by licensure or certification. A score of 90% or above will

be required on medication administration learning assessment before administering medications.

2. Medications that may be issued by non-medical staff at community corrections centers or transit detention units (TDU) will be documented on [DOC 140130J](#) entitled "Community Corrections – Supervised Medication/Syringe Count Log or Supervised TDU Medication Log." This form is to be scanned into the EHR upon completion. (4-ACRS-4C-13)
3. At community work centers and halfway houses, medications that may be issued by non-medical facility staff will be documented per the electronic healthcare record (EHR) on the electronic medication administration record (e-MAR) by nursing staff at the host facility.
4. Detailed procedures for officer issued or observed self-administered medications are found in MSRM [140143-02](#) entitled "Correctional Officer Observation of Offender Self-Administered Medication and Issuance Procedure." (4-ACRS-4C-13)
5. Nursing staff whose regularly assigned duties include administration of medications will be oriented to all pharmacy/medication room procedures and will demonstrate proficiency in these medication administration procedures during orientation. This training will be documented on the initial and annual competency review.
6. Training

Nursing staff licensed or certified to administer medications will be trained under the guidance of a nurse preceptor and supervision of the CHSA, regarding:

- a. Security matters related to medications;
- b. Accountability for providing medication to inmates in a timely manner in accordance with the medical provider's orders;
- c. Documenting the administration of medications on the inmate's electronic medication administration record (e-MAR) or TB MAR;
- d. Common side effects of medications;
- e. Medication administration error reporting; and
- f. Responsibility of employee to maintain continuing education requirements necessary to maintain current licensing and/or certification.

- g. Training records are maintained in the supervisory file.

B. Medication Delivery

1. The four main ways medications are provided to inmates within ODOC facilities are:
  - a. Pill Line administration by a QHCP (direct observation of inmate ingesting medication)
  - b. Self-administration by the inmate (Keep on Person medication (KOP))
  - c. Administration of Pre-Set medication by a QHCP (administered at the inmates cell due to lock down, cells on tiers not accessible to medication carts, construction of the building, segregation).
  - d. Medications issued and observed by correctional officers for inmate self-administration in accordance with MSRM [140143.02](#) entitled "Correctional Officer Observation of Offender Self-Administered Medication and Issuance Procedure."
2. Administering medication prepared in advance (pre-set) should only take place in unavoidable situations where medication cannot be administered directly from the labeled supply. Medications prepared prior to administration will be placed in small labeled and sealed envelopes for direct transport by the nurse who will administer them. During a pre-set situation, the following safeguards must be in place:
  - a. All medications must be set up according to the eMAR.
  - b. Preset medications will be administered as soon as possible after completion of the preset but should not exceed 1 hour after the preparation is complete. These medications will remain in sight of the nurse who prepared the medications until administration is complete.
  - c. The same nurse who pre-set the medication must prepare, transport and administer the medication.
  - d. Medication envelopes will include a separate envelope for AM, Noon, and PM administration.

- e. Each envelope will have at least 2 inmate identifiers (name and DOC #) and include the name of the medication, dosage and time of administration for each medication in the envelope.
  - f. All medication rights will be checked at the time of medication preparation.
  - g. Inmate's name and DOC number will be verified at the time of administration.
  - h. Documentation of administration will take place at the time of administration or directly after returning to the unit.
3. Medications not administered to the inmate will be documented in the EHR and will be disposed upon returning to the medical unit in accordance with [OP-140130](#) entitled "Pharmacy Operations" and [MSRM 140130.03](#) entitled "Controlled Drug Procedures."

C. Electronic Medication Administration Record (e-MAR) and Hardcopy TB Medication Administration Record (MAR)

1. Electronic Medication Administration Records (e-MAR) or hardcopy TB MAR will be maintained for each inmate who is receiving prescribed medications.
  - a. Documentation of administration of TB medications will be on [DOC 140301G](#) entitled "RMP/EMB/PZA Tuberculosis Medication Charting" or [DOC 140301H](#) entitled "INH/B6 Tuberculosis Medication Charting." All hardcopy MAR's will be scanned into the EHR after it is completed.
  - b. An e-MAR color legend is used to customize the colors that display the six medication types viewable on the e-MAR.
    - (1) Grey – No Show (No Activity/e-MAR was not accessed)
    - (2) Green – Accepted
    - (3) Red – Refused
    - (4) Green with K – Keep on Person (KOP)
    - (5) Blue – Not Given for Other Reason (Blood sugar low, medication not available, etc.)
    - (6) Yellow - Accepted/Refused or Refused/Accepted

- c. Nursing staff are responsible for checking the accuracy of the e-MARs/ TB MARs per the written orders.
  - d. The e-MARs/ TB MAR's will be modified as medication orders are adjusted to meet the health care needs of the inmate.
2. The following information will be documented on the hardcopy TB MAR:
  - a. Inmate's name;
  - b. DOC number;
  - c. Drug and strength; and
  - d. Start date and end date
3. Nursing staff will indicate administration of medications by initialing the appropriate box on the TB MAR. All staff who initial on the TB MAR must have their legible signature at the bottom of the front page of the TB MAR.
4. Medication administration will be documented accurately and clearly on the TB MAR at the time of administration. Pre or post charting is not permitted.
5. Discontinued medications will be documented on the TB MAR by entering the date of the last dose on the "medication end date" line.
6. If the medication order is changed, the current order will be discontinued and a new medication order will be sent to the contract pharmacy.
7. Use of highlighters on the TB MAR is prohibited.
8. Keep on Person (KOP) medications will be issued by the nursing staff member who will document their issuance on the e-MAR.
9. Some medications should not be crushed. Medications not suitable for crushing include: enteric coated, time released, and medication designated to be absorbed in the mouth such as Nitroglycerin. When medications are crushed for administration and mixed with another vehicle, consultation by the CMA, RN or LPN with the contract pharmacist will be obtained to verify that the mixing will not lead to inactivation of the medication. Medical providers must write an order for each medication to be crushed.

10. Medications (controlled and non-controlled) that are refused, contaminated or partial doses not administered will be destroyed by running water (sink or toilet only). Placement in sharps containers or trash bins is NOT permitted.

D. Expiration Dates and Beyond Use Date

All QHCP will ensure that no medication is used or administered after its expiration or beyond use date. All medications will meet the state and federal requirements and community standards of practice.

1. Definitions

- a. **Beyond-Use Dates:** The date beyond which dispensed/repackaged medication may not be used when different from expiration date. Beyond-use dates are nearer than expiration dates to account for the fact that the manufacturer's original container has been opened in the repackaging process, thereby exposing the pharmaceutical article to ambient atmospheric conditions.
- b. **Expiration Dates:** Drug manufacturers place expiration dates on the containers/labels of each drug product. Expiration dates are determined by stability assessments that follow scientifically based technical procedures and are approved by the Food and Drug Administration (FDA). Expiration dates apply only when the drug is stored in the manufacturer's original unopened container under defined conditions.

2. Procedure

Medications that are non-injectable, supplied in the manufacturer's original packaging, and stored appropriately will be useable until the expiration date (considered to be midnight of the last day of the month and year indicated, unless otherwise stated) on the package. Non-injectable medications will include but not be limited to:

- a. Topical preparations(creams, gels, ointment, sprays);
- b. Oral Solids (tablets, capsules);
- c. Oral Liquids (solutions, suspensions);
- d. Antiseptics (betadine, hibiclens, alcohol, iodine, hydrogen peroxide); and
- e. Testing Supplies (UA strips, hemocult testing solution, glucose testing strips).

3. Repackaged and dispensed medications will comply with the FDA requirements and United States Pharmacopeia guidelines for determining beyond-use dates. "Beyond Use Medication" date will be provided by the director of Pharmacy Services and/or pharmacy vendor.
4. United States Pharmacopeia (USP) General Chapter 797 [16] recommends the following for multi-dose vials of sterile pharmaceuticals:
  - a. When a multi-dose vial is opened or accessed (e.g., needle-punctured), the vial should be dated immediately and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
  - b. Vaccines are exempt from the 28 day rule. The CDC Advisory Committee on Immunization Practices states, "Doses that remain after withdrawal of a dose can be administered until the expiration date printed on the vial or vaccine package."
5. Single dose vials are to be used one time only and discarded immediately after its use.

E. Reporting Adverse Reactions and Medication Errors

1. All adverse drug reactions will be reported to the supervising nurse, CHSA and medical provider. The "Suspected Adverse Drug Reaction (ADR) Reporting Form" ([DOC 140130K](#)) will be completed by the medical staff member who discovers the error and faxed to the director of Pharmacy within 72 hours of discovery.
2. All QHCPs will report any medication error(s) to the supervising nurse, CHSA and medical provider. The "Medication Error Reporting Form" ([DOC 140130H](#)) will be completed by the medical staff member who discovers the error and faxed to the director of Pharmacy within 72 hours of discovery.
3. For additional information regarding medication errors and adverse event reporting will be in accordance with [OP-140130](#), entitled "Pharmacy Operations."

F. Chronic Illness and Psychotropic Medication Monitoring

A "Medication Administration Record" (MAR) and other chart forms which document chronic illness and psychotropic medication administration are monitored for the inmates adherence to the prescribed treatment plan.



1. Chronic illness medication adherence will be reviewed for the last 30 days prior to an inmate's chronic clinic visit by a QHCP. Chronic illness medications include:
  - a. Antihypertensive
  - b. Anticonvulsants
  - c. Anticoagulants/Thrombolytics
  - d. Antiasthmatics/Bronchodilators
  - e. Antiarrhythmic
  - f. Antivirals
  - g. Betablockers
  - h. Blood glucose regulators
  - i. Hyperlipidemia
  - j. Ace Inhibitors
  - k. Antimycobacterials
  - l. Other medications, designated at the provider's discretion as chronic illness medications, which are part of a healthcare medication order
2. Psychotropic medication adherence will be reviewed for the last 30 days prior to an inmate's psychiatrist visit by a QMHP or psychiatric provider. Psychotropic medications include:
  - a. Anxiolytics
  - b. Antidepressants
  - c. Antipsychotics/Antimanics
  - d. Other medications, designated at the provider's discretion as psychotropics, which are part of a healthcare medication order

G. Notification of Medication Adherence

1. Medical

The healthcare provider will be notified when the inmate demonstrates less than 70% adherence on chronic illness medications. A QHCP will complete the "Notification of Medication Adherence" form ([DOC 140143A](#)) and assign the form to the healthcare provider.

2. Mental Health

The QMHP and psychiatric provider will monitor medication adherence during routine scheduled appointments. When the QMHP becomes aware that the inmate is less than 70% adherent with psychotropic medication, the QMHP will review the inmate's record and determine if immediate consultation or an appointment with the psychiatric provider is necessary, or if the inmate may be seen at his or her next scheduled appointment with either the QMHP or psychiatric provider for continued education/counseling regarding medication adherence.

H. Counseling and Education

1. Medical

The medical healthcare provider will provide counseling/education regarding the medication(s) prescribed treatment plan during the inmate's chronic clinic visit. Documentation of the counseling/education will be recorded on the "Chronic Care and /or Routine Physical Examination."

2. Mental Health

A QMHP or psychiatric provider will provide and document counseling/education regarding prescribed psychotropic medication.

3. When an inmate who is prescribed psychotropic medication misses three appointments with the psychiatric provider, and this has been documented in the EHR, the provider may assess whether or not the prescribed medication should be discontinued.

4. If the inmate refuses the medication after counseling, the health care provider will be notified and a "Waiver of Treatment/Evaluation" ([DOC 140117D](#)) will be completed in accordance with [OP-140117](#) entitled "Access to Care" (procedure of obtaining a waiver).

VII. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP- 040117 entitled “Investigations”

OP-100101 entitled “Employee Development”

OP-110105 entitled “Employee Personnel Records”

OP-140117 entitled “Access to Health Care”

OP-140130 entitled “Pharmacy Operations”

MSRM 140143-01 entitled “Nursing Staff Competencies and Reporting Procedures”

MSRM 140143-02 entitled “Correctional Officer Observation of Inmate Self-Administered Medication and Issuance Procedure”

Oklahoma Nurse Practice Act

O.S. 36 § 1-1950.4

OAC 310:677- Subchapter 11 & 13

United States Pharmacopeia (USP) General Chapter 797 [[16](#)]

US Code of Federal Regulations, Title 21, Part 610, Subpart C - Standard Preparations and Limits of Potency

Advisory Committee on Immunization Practices, Published January 28, 2011 (page 19)

Vaccine Storage and Handling Toolkit CDC, May 2014

#### VIII. Action

The chief medical officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140143 entitled “Nursing Staff” dated March 13, 2018

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140117D</a>	“Waiver of Treatment/Evaluation”	<a href="#">OP-140117</a>
<a href="#">DOC 140130H</a>	“Medication Error Reporting Form”	<a href="#">OP-140130</a>
<a href="#">DOC 140130J</a>	“Community Corrections – Supervised Medication /Syringe Count Log or Supervised TDU Medication Log”	<a href="#">OP-140130</a>
<a href="#">DOC 140130K</a>	“Suspected Adverse Reaction (ADR)”	<a href="#">OP-140130</a>
<a href="#">DOC 140143A</a>	“Notification of Medication Adherence”	Attached
<a href="#">DOC 140301G</a>	“RMP/EMB/PZA Tuberculosis Medication Charting”	<a href="#">OP-140301</a>
<a href="#">DOC 140301H</a>	“INH/B6Tuberculosis Medication Charting”	<a href="#">OP-140301</a>

