

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Medication Administration

POLICY # TX II-7

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SUBJECT: Methods of Medication Administration

EFFECTIVE DATE: February 2012  
SUPERCEDES DATE: June 2011

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## References

**Related ACA Standards**

**4<sup>th</sup> Edition Standards for Adult Correctional  
Institutions 4-4378**

## PURPOSE

To provide guidelines as to methods of receiving medication, and methods of preparation and administration of medications.

## POLICY

Inmates housed in outpatient settings will receive medication as ordered by the Provider either by Direct Observation Therapy (DOT) or through the self administration program (SMP). **Inmates in in-patient settings will receive medication by Direct Observation Therapy. If the provider determines that from a clinical perspective a particular medicine should be KOP, an order may be written to indicate this. A note should be included in the patient's chart to explain why this clinical decision has been made.** All inmates will receive patient counseling relative to any medication initiated. Once obtained from the Pharmacy, only licensed nurses and medication technicians, who have been trained, may prepare and administer medication or prepare medication for trained officers to distribute whenever there is no nursing staff present at the facility.

## PROCEDURE

### I. METHODS OF RECEIVING MEDICATIONS

Inmates in an **outpatient** setting may receive medication by one or more of the following methods:

#### **A. Direct Observation Therapy (DOT)**

DOT is the issuance of prescription medication to an inmate on a per dose basis by which either a RN, LPN, Medication Technician (CHAI) or a trained correctional officer observes the inmate ingesting or injecting the medication.

1. The inmate receives a single dose of each medicine ordered and is directly observed ingesting or injecting the particular medicine.
2. All anti-tuberculin medications, controlled substances, chemotherapy, muscle relaxants, and psychotropic medications will be administered DOT. Inmates that are on work release, home leave, or temporarily away from the facility may occasionally self administer DOT medications. Controlled substances may only be self administered for work release or home leave, and will be prepared by a DOC Pharmacy. If an inmate is temporarily away from the facility under custody supervision, the custody officer must administer and document the administration of the controlled substance on the original medication administration record upon return to the facility.
3. Other medication categories may be administered DOT per Pharmacy and Therapeutics Committee memo, provider order, facility policy, or if patient is unable or unwilling to comply with Self Administered Medications/Keep or Person (SAM/KOP) program. Patients may be placed on DOT administration if patient is not adherent with therapy, abuses medication by bartering or incorrect dosing, has a medical condition that prohibits self management of medications (i.e. dementia, cognitive deficits, etc.), or refuses medications. Facility administration in consultation with medical staff can determine that direct observation therapy would be appropriate for that person or facility.

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## B. Self Medication Program (SMP)

### **Keep On Person (KOP)/Self Administered Medication (SAM):**

KOP/SAM is the issuance of prescription medication to the inmate in a quantity sufficient to last up to thirty days. Each facility will establish standard operating procedures for the self-medication administration method. These will include specific location(s) and time(s) for medication pick-up. This information will be included in the inmate information packet received on transfer to the facility.

1. All inmates at a facility, including those in segregation, shall receive medicine via the self-medication program method unless:
  - a. Medication is excluded from the self medication program.
  - b. Patient is noncompliant.
  - c. Patient is a medication abuser
  - d. Patient has a prohibitive medical condition (i.e., unstable illness, mentally retarded).
  - e. Inmate refuses medication
  - f. Facility administration in consultation with medical staff determine self medication program inappropriate.
  - g. Ordered DOT by the provider.
2. All HAART medications will be administered as SAM KOP.
3. Before the inmate receives his or her medications, an Inmate Self-Medication Instructions and Agreement Form (DC-762 revised 10/03) must be initiated.
  - a. A health care person will explain the Self-Medication Program to the inmate and then the inmate must sign the agreement form.
  - b. After the inmate signs the DC-762, it will be filed in Section II of the Outpatient Health Record. The date of signature is documented in OPUS on the MS03 screen following a MS02 encounter entry.
  - c. The DC-762 only has to be initiated once. Inmates do not have to sign a new agreement form when they transfer from one facility to another.
4. Licensed health care personnel, ~~or~~ medication technicians under supervision of licensed healthcare personnel, or medication-trained custody officers can issue medications through the Self-Medication Program method. Program includes:
  - a. Up to a 30-day supply of prescription medication in the original pharmacy dispensed containers. To insure ample time to refill and dispense medications to all self-med inmates, inmates may be issued their refill medication up to 5 days before the current supply is out, thus requiring the inmate to have two bottles of medication totaling up to a 35-day supply.
  - b. Medication forms such as oral, topical, ophthalmic, otic, rectal and nasal preparations.
  - c. No Injectables.
5. An inmate who fails to comply with the Self-Medication Program Instructions and Agreement will be placed back on a daily medication method and may be subject to disciplinary action. Destroying, hoarding, misusing, abusing, selling, or giving medicines to others are examples of program noncompliance.
  - a. The facility health care staff will report cases of program abuse/noncompliance as listed above to the Officer-In-Charge (OIC). Refusals should not be reported to the OIC but documented. A competent inmate has the right to refuse. Inmate should however be monitored for worsening of his/her disease.

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- b. Any facility staff person can make random spot checks to decide if an inmate is in compliance.

## **Daily Self-Administration (DSA)**

DSA is the issuance of up to a twenty-four hour supply of prescription medication in single dose envelopes to the inmate for self-administration.

1. The criteria for using the DSA plan is as follows:
  - a. The inmate is incapable of handling more than a dose or day's supply of medicine.
  - b. The inmate is unable to take the medication as prescribed.
  - c. The inmate is noncompliant, sells, loses, or overall mismanages his or her medicine.
  - d. The inmate requests medication by this method.
  - e. The health care personnel elect to use it.
  - f. Control substances may only be DSA for work release or home leave, prepared by a DOC Pharmacy.
2. The facility health orientation gives the inmate general information about when, where, and how to obtain their medication. This may occur at time of transfer in, with initiation of a new medication, or at the time of a medicine refill.

## **II. METHODS OF MEDICATION PREPARATION AND ADMINISTRATION**

### **A. Prepare At Point of Administration Method**

1. Prepare At Point of Administration method is when the nurse or medication technician prepares, immediately administers, and then documents the medication, one inmate at a time.
2. All DOT medications will be administered using the Prepare At Point of Administration method except when inmates are locked in segregation or control cells on the mezzanines/tiers not accessible to medication carts and for special situations in facilities without 24 / 7 nursing coverage when nursing staff are not on as noted in the Patient Acuity policy, A-9.
3. The nurse and medication technician must prepare the medication by using the medication administration record, DC- 175/175A and verified physician orders.
4. Preparing more than one inmate's medication at a time is prohibited.
5. The nurse or medication technician who prepares the medication must administer the medication. A nurse or medication technician may not administer a medication enveloped by another nurse or medication technician.
6. There shall be no delays, unless clinically justified, between the time of preparing the medication and administering the medication.
7. Pre-pouring and pre-charting are prohibited.
8. The facility shall establish medication administration times that provide for medications to be administered within one hour before or one hour after the prescribed or scheduled time unless precluded by an emergency or extenuating circumstances. Refer to Health Services Policy TX II-6 "Inmates Transferred on Medications".

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9. Medication Technicians can administer insulin subcutaneous injections with documented training and competency validation. Medication Technicians are not permitted to administer any other parental medications by any injectable route.

## **B. Enveloping Method**

1. The Enveloping Method is used when preparing medications for inmates who are locked in segregation or in control cells on the mezzanines/tiers not accessible to medication carts and for special situations in facilities without 24 / 7 nursing coverage when nursing staff are not on as noted in the Patient Acuity policy, A-9.
2. The nurse or medication technician must prepare the medication by using the medication administration record, DC- 175/175A and verified physician orders.
3. All envelopes with prepared medication will be labeled with the date, patient's name, medication name, medication dosage, time for administration, route of administration, dosing instructions, and any other special instructions.
4. Each envelope can contain only one dose of a specific medication.
5. Different medications may **not** be mixed in a single envelope.
6. In facilities without 24 / 7 nursing when preparing medication envelopes for future use, no more than a five day supply of medication will be prepared.

## **A. Patient Medication Counseling**

1. Using the approved drug counseling information supplied through the Division of Prisons Pharmacy, the facility health care personnel will instruct the inmate about his or her medication(s) including the indications, common side effects, and any special warnings.
2. Drug counseling is not necessary when issuing refill medication or when documentation exists that shows the inmate has received counseling in the past regarding a specific medication. Questions or concerns raised by the inmate regarding ongoing medication therapy should be addressed by a licensed nurse or provider.
3. There is no requirement to provide a copy of the counseling information unless specifically requested by the inmate.

### Reference:

1. NC General Statute 10A NCAC 13G.1004 (g).



2/20/12

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Paula Y. Smith MD, Director of Health Services

Date

SOR: Director of Nursing