

Orientation
Handbook
of
Medication
Distribution
for
Sheriff Services

September 2008

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1. INTRODUCTION

This orientation program has been designed to prepare Officers and Sheriffs to safely and securely distribute medication. The program has no intent to make the staff member a health professional.

The distribution of medication takes place after a doctor has prescribed a medication and the prescription has been dispensed by a pharmacist in either a blister pack format or other approved format.

2. PREPARATION FOR DISTRIBUTION OF MEDICATION

- A. Assemble all materials necessary for medication distribution in appropriate area. This may include medication containers, medication cups, medication administration records, water for prisoner to swallow medication. Documents which identify the prisoner should also be available.
- B. Only gather medication packages and material that are needed for that particular medication time; all others are to remain locked in a secure area. Always be aware of good security procedures.
- C. Medication is never to be left unattended unless locked in a secure area. For this reason, assemble all other needed materials first.
- D. Keep medication distribution area clean. Wash hands thoroughly before distributing medication.

3. READING AND UNDERSTANDING LABELS

Read the following label instructions carefully. If there is any doubt as to label instructions, contact the pharmacist or Correctional Centre nurse.

Auxiliary labels



- Shake well immediately before giving.



- Take medication on an empty stomach (one hour before a meal or 2-3 hours after; or as directed by the doctor).



- Medication MAY be irritating to stomach. Take on full stomach if possible.



- This medication should be taken with a glass (8 ounces) of water. Several additional glasses of water should be taken every day to prevent some unwanted effects.

THE AMOUNT OF DRUG CONTAINED COULD CAUSE SEVERE HARM OR TOXICITY IF TAKEN BY SOMEONE OTHER THAN FOR WHOM IT WAS PRESCRIBED.

- Alert Label e.g. Methadone

4. COMPLETION OF COURT MEDICATION RECORD

(See sample envelope attached)

PURPOSE:

- To provide significant health related information to assist officers in prisoner management without breaching confidentiality.
- To provide a form to document medications which are necessary to be distributed while at court.

This envelope is to be returned to the Correctional Centre to become a permanent part of the prisoner's Health Care Record.

PROCEDURE:

- A. Identification of prisoner will include the name, DOB and CS number. It may be affixed by label or written.
- B. Allergies and precautions required will be provided (medications, foods, environmental).
- C. High risk conditions (psychosis, suicidal tendencies, etc) will be noted here.
- D. Indicates if medications can be given to the prisoner if released at court.
- E. Additional comments must be worded appropriately as the prisoner is able to read these when signing for medications.
- F. Signature, profession and printed name of the nurse preparing the envelope.
- G. Printed name.

- H. Date the envelope was prepared.
- I. Originating centre.
- J. Record of initials: each person using the form must sign their initials, print their name, record their status (officer, RCMP, sheriff, etc.), and record their location. This information needs to be recorded only once on this form.
- K. Prescription information will include:
 - Name of drug
 - Strength of drug
 - Dose of drug
 - Route of drug (mouth, injection)
 - Frequency
- L. The current month and year that the medication is being given.
- M. Medications start date.
- N. The initials of the nurse who transcribed the information.
- O. The anticipated date of the last dose.
- P. The time(s) the medication is to be given.
- Q. The dates of the month.
- R. Initials of the officer(s) and prisoner identified in J:
 - Each time medication is distributed, the officer shall initial the bottom half of the box corresponding to the date and time.

- The prisoner should initial the top half of the box.
- If medication is not given, make an entry indicating
 - 1 – Refused 2 – Withheld (indicate why in the Miscellaneous Notes section on the back of the medication envelope).

S. Contact information for the correctional centre if problems are encountered (on back of envelope).

Blister cards will be enclosed and an inmate/youth face sheet or ID label with photo attached.

COURT MEDICATION RECORD

NAME: _____

DOB:

CS#

A

THE PURPOSE OF THIS FORM IS TO PROVIDE SIGNIFICANT HEALTH RELATED INFORMATION TO THE SHERIFFS/OFFICERS TO ASSIST IN INMATE/YOUTH MANAGEMENT WITHOUT BREACHING CONFIDENTIALITY AND TO PROVIDE A FORM TO DOCUMENT MEDICATIONS WHICH ARE NECESSARY TO BE DISTRIBUTED AT COURT.

1. ALLERGIES: ☐ NONE KNOWN ☐ YES, TO: _____ **B**
 2. HIGH RISK: ☐ NONE KNOWN **C** ☐ YES, PLEASE WATCH CAREFULLY, SEE ENCLOSED HEALTH INFORMATION
 FOR THE SHERIFF/OFFICER'S INFORMATION ONLY
 3. IF INMATE/YOUTH IS RELEASED AT COURT, GIVE THEM THE ENCLOSED BLISTER CARD OF MEDICATION:
☐ NO **D** ☐ YES, AND RETURN THIS ENVELOPE TO THE HEALTH CARE CENTRE.
 4. COMMENTS: _____ **E**

SIGNATURE & PROFESSION: _____ F _____ DATE: _____ H _____

PRINTED NAME: _____ G CENTRE: _____ I

RECORD OF INITIALS

[illegible]

MEDICATIONS

TIME

DAY OF MONTH

DOSE		ROUTE		FREQUENCY	
START DOSE	PROCESSOR INITIALS	LAST DOSE	DATE DISCONT.		
M	N	O			

DOSE		ROUTE		FREQUENCY	
START DOSE	PROCESSOR INITIALS	LAST DOSE	DATE DISCONT.		

DOSE		ROUTE		FREQUENCY	
START DOSE	PROCESSOR INITIALS	LAST DOSE	DATE DISCONT.		

HS 013C, Rev. Sep. 2008

Reverse side of Court Medication Record envelope

GUIDELINES FOR USE:

1. Inmate/youth sign initials and print name on first line of Record of Initials.
2. Each sheriff/officer using this form must sign initials and print name, status and location on the Record of Initials.
3. When each medication is received the inmate/youth is to initial the top half of the box of the corresponding time and day of the month for that medication; the sheriff/officer is to initial under the inmate/youth's initials.
4. Indicate in the appropriate time and day of the month box if needed:
1 = Refused 2 = Withheld (indicate why).
5. This envelope and corresponding medications, not authorized for release, are to be returned to the Health Care Correctional Centre.

Any loose, tampered and outdated medications or medications belonging to others are considered contraband and will be returned to Health Care at the originating Centre.

*** CONFIDENTIAL – FOR SHERIFF/OFFICER'S INFORMATION ONLY ***

DO NOT RELEASE THIS INFORMATION

REFER INQUIRIES TO THE HEALTH CARE CENTRE THAT COMPLETED THIS FORM!

<p>MEDICATIONS Supplied by: Affix HC Centre label or stamp</p> <p style="text-align: center; color: red; font-size: 2em;">S</p>	<p>HEALTH CARE USE ONLY</p> <p>#1 # pills sent _____ # pills returned _____</p> <p>#2 # pills sent _____ # pills returned _____</p> <p>#3 # pills sent _____ # pills returned _____</p>
<p>Any concerns regarding an inmate/youth's medical condition or potential side-effect or reaction to a drug must be referred to the correctional nurse or a medical practitioner, or call 911 as appropriate.</p>	
<p>MISCELLANEOUS NOTES</p>	



Ministry of
Public Safety and
Solicitor General

CORRECTIONS BRANCH
HEALTH SERVICES

COURT SELF-ADMIN MEDICATION

NAME: _____

DOB: _____

CS #: _____

A

SELF-ADMINISTERED MEDICATIONS

Only medications approved by Corrections Pharmacy and Therapeutics Committee may be given to an inmate/youth for Self-Administration. This inmate/youth has been provided with Self-Administered medications. S/he may or may not decide to take them to Court. If s/he does take them, these medications shall be surrendered to the Records Staff at the Correctional Centre and placed in this envelope.

All Self-Administered medications will have the following information:

Inmate/youth Name

CS #

Name of the Drug

Instructions for use including dose, frequency and route.

All will be labelled:

*** FOR SELF-ADMINISTRATION ***

Please provide these medications to the inmate/youth in your custody as per the directions on the label.

If the inmate/youth is released at court all the medications labelled:

"FOR SELF-ADMINISTRATION" may be given to him / her.

Attached:

Inmate/youth face sheet or ID label with photo

Drug Profile

SIGNATURE & PROFESSION: _____

F

DATE: _____

H

PRINTED NAME: _____

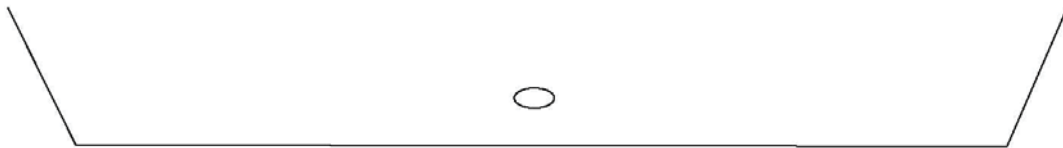
G

CENTRE: _____

I

HS 013D Rev. Apr. 2008

Reverse side of Court Self-Admin Medication envelope



GUIDELINES FOR USE:

Self-Administered medication has been issued to this inmate/youth. S/he may elect to take these medications to court. These medications are the inmate/youth's own responsibility to take, therefore they do not need to be recorded on this form.


All medications and labels must remain intact and exhibit the green label on the blister cards or bottle.

*** FOR SELF-ADMINISTRATION ***

Any loose, tampered and outdated medications or medications belonging to others are considered contraband and will be returned to Health Care at the originating Centre.

REFER INQUIRIES TO THE HEALTH CARE CENTRE THAT COMPLETED THIS FORM!

MEDICATIONS Supplied by: Affix HC Centre label or stamp



Any concerns regarding an inmate/youth's medical condition or potential side-effect or reaction to a drug must be referred to the correctional nurse or a medical practitioner, or call 911 as appropriate.

MISCELLANEOUS NOTES

5. DISTRIBUTION OF MEDICATION

There are 5 RIGHTS in medication distribution:

1. Right Patient
2. Right Drug
3. Right Dose
4. Right Time
5. Right Route (oral, injection, etc)

DISTRIBUTION:

A. Hygiene

- Wash hands before handling any medication.

B. 3-Way CHECK / Record of Initials

1. Remove medication package from secured area, CHECK name on medication, identify prisoner and CHECK they are one and the same. CHECK correctional service number, two prisoners may have the same name but will not have the same number.

Both the Officer distributing the medication and the prisoner receiving the medicine should initial the medication record. The prisoner should sign off prior to having the medication. The time, date, and medication shall be part of this record.

All prescription and over-the-counter medications must be charted.

2. Follow medication instructions and, again when handing out the medication, CHECK name and ensure it is given to the correct prisoner. If a prisoner misses or refuses a medication, do not remove the pill from the

blister pack. Otherwise, place the medication cup under the blister and pop the pill into the cup. Do not remove or handle medication prior to placing it in the prisoner's hand.

3. Put sealed medication back into secured area and for the third time, CHECK name.

C. Swallow Check

- Ensure prisoner has swallowed medication
- If in doubt, have prisoner open mouth and raise tongue. Look into prisoner's mouth to see that it is void of medication.

D. Self Administered Medication (see sample envelope attached)

- Medications may be given to the prisoner for self-administration in the Correctional Centre. Related medication cards are distinctly marked with a bright green sticky label saying "Self-Administration". These may come in the form of a blister pack, creams, or inhalers.
- All meds marked "Self-Administration" may be given to the prisoner on release.
- Medications recommended to be carried by prisoners while traveling:
 - Ventolin inhalers
 - Nitroglycerin

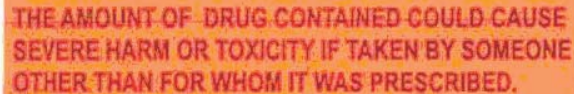
Note: If vehicle configuration permits, these prisoners should be escorted in separate compartment.

E. Methadone Procedure

- The Adult Custody Division of BC Corrections makes methadone available to prisoners who are admitted to a Centre on a recognized methadone maintenance program.
- Methadone must be ordered by a physician on contract with the Corrections Branch, Adult Custody Division, who is authorized by the College of Physicians and Surgeons of BC to prescribe methadone.
- Methadone **MUST NOT** be given without first consulting the prisoner's photograph to ensure the correct identity prior to each methadone dose.
- The Court Medication Record envelope must be signed by both the prisoner and officer.
- Methadone is a ***Directly Observed*** medication. The officer must observe the prisoner drink the methadone followed by a full glass of water. The mouth is then checked to ensure that the prisoner has swallowed.
- The empty bottles are to be rinsed and returned to the Correctional Centre
- **THERE ARE NO CARRIES OF METHADONE. PRISONERS MUST NOT BE GIVEN METHADONE TO TAKE AWAY IF RELEASED AT COURT. ALL USED AND UNUSED BOTTLES ARE TO BE RETURNED TO THE ORIGINATING**

CENTRE WITH THE COURT MEDICATION RECORD ENVELOPE.

Sample of alert label

A rectangular orange label with black text. The text reads: "THE AMOUNT OF DRUG CONTAINED COULD CAUSE SEVERE HARM OR TOXICITY IF TAKEN BY SOMEONE OTHER THAN FOR WHOM IT WAS PRESCRIBED."

THE AMOUNT OF DRUG CONTAINED COULD CAUSE
SEVERE HARM OR TOXICITY IF TAKEN BY SOMEONE
OTHER THAN FOR WHOM IT WAS PRESCRIBED.

F. Injectable Drugs

i. Insulin

- Prisoners requiring insulin will be sent to court with the following items:
 - **Insulin** – this may come as several different types depending on the need of the individual prisoner.
 - **Syringes** – diabetic syringes are a narrower and longer type of syringe than those usually seen for injections. They are marked in number of “units”. The syringes come with a needle already attached.
 - **Testing kit** – includes lancets, test strips and blood glucose meter.
 - **Alcohol swabs** – used to clean the rubber stopper on the top of the Insulin bottles, and the prisoner’s skin prior to injecting.
 - **Sharps / Biohazard Containers** – used to safely dispose of the needles, syringes, lancets and test strips.
- Insulin may be ordered for a prisoner at various times during the day depending on his / her condition. Most usual will be

morning and evening, but may be up to 4 times a day: breakfast, lunch, supper, and bedtime.

- Prisoners should be allowed to “test” prior to receiving insulin as often the dose may depend on the current blood sugar level. Some prisoners may have enough familiarity with their condition and their bodies own responses that they may decline to test. Testing and receiving the insulin should occur as close to 30 minutes prior to eating as possible.
 - Verify the prisoner’s identity with the inmate/youth face sheet or ID label with photo.
 - Ask the prisoner what the test result was and how much insulin the prisoner is taking. Record this in the Miscellaneous Notes section on the back of the Court Medication Record.
 - Provide the prisoner with a sterile syringe, an alcohol swab, the bottles of insulin and the sharps container.
 - Observe the prisoner drawing up and injecting the insulin. Prisoner injects himself.
 - Have the prisoner place the used syringe and the used alcohol swab into the sharps container and have it returned to the officer along with the bottle of insulin.

ii. Interferon: (MUST BE REFRIGERATED. DO NOT FREEZE)

- Usually under the names Pegatron or Pegasys.
 - Comes in pre-filled syringes.
 - Usually administered once weekly but details on package.
 - Injected by a short needle into fatty tissue in abdomen or thigh. Prisoner injects himself.
- Prisoners requiring Interferon will be sent to court with the following items:
 - Package with pre-filled syringe.
 - An injection needle
 - Alcohol swabs
 - Sharps container

6. FOLLOWING DISTRIBUTION

- A. If in doubt, check with the Health Care Centre nurse at the Correctional Center or the pharmacist.
- B. If a medication dosage is missed at regular time, DO NOT double the dose at next medication time. Check with the nurse or pharmacist.
- C. Unused medications and the Medication Record are to be returned immediately to the nurse upon prisoner release or transfer out of institution or discontinuation of prescription. With the approval of the nurse, the remainder of the medications may be released to the prisoner or guardian. This will be indicated on the envelope.
- D. If medication is withheld a written explanation must accompany the medication.
- E. Medications labelled “Self-Administration” may be given to the prisoner to take home at time of discharge.

7. MEDICATION SAFETY

- A. Officers are only responsible for distributing medication.
- B. When in doubt, seek professional advice and do not give medication until clarified.
- C. Under no circumstances will any existing label be altered. Change of medication must be authorized by a medical doctor and the new medication will be dispensed by a pharmacist.
- D. Give medication exactly as indicated on label. If a change in medication distribution time is required or requested by the prisoner, contact the nurse or pharmacist.
- E. Loose pills are considered contraband and must be returned to the pharmacist or nurse.
- F. Only medication supplied by an approved pharmacy or Correctional Centre shall be distributed.
- G. Any concerns involving a prisoner's medical condition or potential side-effect or reaction to a drug must be referred to the correctional nurse or a medical practitioner or call 911 as appropriate.
- H. On-line references for medication and administration can be found at: www.e-cps.ca or www.bemedwise.ca.

IMPORTANT!

- Contact the pharmacist or nurse about missing pills; unclear instructions; clarification of metric measures; changes in medication or prescription re-orders.
- If side effects develop or prisoner complains of any negative effects of medication, contact the pharmacist or nurse at once or dial 911.
- Make sure prisoner is aware medication is available as some prisoners will not know medication has been ordered.
- Medication may be ordered “when needed” or “if needed”. The label will specify what times the medication may be given or how many doses in a day may be given. This medication should be given if prisoner requests it, but only as specified on label.
- Units
 - g = gram
 - mg = milligram
 - ml = millilitre
 - 1 ml = 1 c.c.
 - 1 g = 1,000 mg
 - 1 litre = 1,000 ml
 - one teaspoonful of liquid = 5 ml
 - one tablespoonful of liquid = 15 ml

8. GLOSSARY

3 Way Check – a safety measure to ensure the medication is being given to the right prisoner correctly. See page 13.

Auxiliary Labels – labels attached to the blister pack or other medication package to give additional information or warnings regarding the medication.

Blister Pack – a certain packaging form for medications in which tablets are packaged one dose per “blister”.

Carry (Carries) – medications approved by the corrections nurse to be given to the prisoner if released from custody will be indicated on the Court Medication Record envelope. **NOTE:** Methadone is never released to the prisoner as a carry. All used and unused bottles of methadone must be returned to the originating centre. See page 15.

Court Medication Record – this envelope indicates instructions for the medication to be given as well as areas to be initialled (signed off) by the prisoner and officer on the day and time when it is given. See page 7-10, and 13.

Directly Observed Medication – the officer watches the prisoner take the medication and ensures the medication is swallowed. All medications that are not labelled “self administration” are directly observed medications, e.g. Methadone. See page 15.

Distribution of Medication:

1. a medical doctor prescribes
2. a pharmacist dispenses
3. a nurse administers
4. an officer distributes

Interferon – injectable medication often used in the treatment of chronic disease. See page 17.

Prescription – a direction (usually written) by the physician to the pharmacist for the preparation and administration of a medicine or other treatment.

Record of Initials – log of initials of the prisoner and officers on the Court Medication Record envelope so that signed initials (for medications given) can be identified. See page 7, 9 and 13.

Self Administered Medication – some medications are prescribed by the physician as “self admin”. The medication blister pack, bottle or inhaler will be marked with a bright green label saying “Self Administration”. All self administered meds may be given to the prisoner on release. See page 11, 12, 14 and 19.

Side Effect – the effect of a medication that is harmful or unpleasant, e.g. nausea or headache. If the prisoner complains of negative side effects, contact the nurse or pharmacist at once or dial 911. See page 20 and 21.

Swallow Check – a way of ensuring a medication has been swallowed by having the prisoner open his mouth and raise his tongue. Look into the prisoner’s mouth to see that it is void of medication. See page 14.

When Needed – a medication that is prescribed as “when needed” will specify what times the medication may be given and how many doses in a day. This medication should be given if the prisoner requests it, but only as specified on the label. See page 21.