ASHP Guidelines on Pharmaceutical Services in Correctional Facilities

Introduction

Pharmaceutical services in correctional facilities encompass many aspects of community, hospital, and consultant pharmacy practice. These guidelines are intended to address some of the unique aspects of pharmacy practice and serv-ices in correctional facilities. Some correctional facilities may not require, or be able to obtain, the services of a pharmacist. However, the concepts, principles, and recommendations contained in this standard are applicable to all correctional facilities, regardless of size or type. Thus, the part-time pharmacy director or consultant pharmacist has the same basic obligations and responsibilities as his or her fulltime counterpart in larger settings. This document should serve as a guide for the provision of pharmaceutical services in correctional institutions.

Administration

Pharmaceutical services are an integral part of health care provided in correctional institutions. The pharmacist is usually responsible for multiple tasks ranging from the management of the pharmacy to the direct provision of services to inmate-patients. Two primary management responsibilities pertain to human and fiscal resources.

Personnel[1]

- Sufficient support personnel should be available to maximize the use of pharmacists in tasks requiring professional judgment. Appropriate supervisory controls for support personnel should be maintained. The use of pharmacy technicians graduated from ASHP-accredited pharmacy technician training programs is recommended. Pharmacy technicians should be certified by the Pharmacy Technician Certification Board.
- All personnel should possess the education and training needed to carry out their responsibilities. The competence of all staff may be enhanced through relevant continuing education. Credentialing of eligible staff as Certified Correctional Health Professionals through the National Commission on Correctional Health Care is recommended.
- A pharmacist should be available, at a minimum, on a consulting basis; the pharmacist should visit each facility no less than monthly. If the only pharmaceutical services provided are those of a consultant pharmacist, the consultant pharmacist should assume the role of pharmacy director.
- If the pharmacist is an employee of a contract vendor, he or she should be designated as the pharmacy director and assume the associated obligations and responsibilities.
- Health care services should be available to inmate-patients 24 hours a day. Pharmacist services should also be available, at least on an "on call" basis.
- Other pertinent guidelines of the American Society of Health-System Pharmacists, the National Commission on Correctional Health Care, and the American Correctional Association should be followed, and requirements set by federal, state, and local laws and regulations with respect to personnel should be met.

Fiscal Resources

Pharmacists serving correctional institutions should strive to manage expenses while providing optimal care to the inmate-patients. The pharmacist should

- Work with the administrators of the correctional institution to establish a budget for the operation of the pharmacy.
- Consider factors unique to each institution for the development of the budget (e.g., total inmate capacity, average daily inmate population, demographics of the inmate population).
- Make allowances for the disproportionate amount of chronic communicable disease in the prison population and the regional variability of diseases.
- Apply the ASHP Technical Assistance Bulletin on Assessing Cost-Containment Strategies for Pharmacies in Organized Health-Care Settings, as appropriate.[2]

Policies and Procedures

A policies and procedures manual specifically written to address aspects of pharmacy practice in the correctional facility should exist.

- All policies and procedures should conform to federal, state, and local laws and regulations.
- The pharmacy director should be familiar with the Standards for Health Services promulgated by the National Commission on Correctional Health Care and the standards of the American Correctional Association.
- The pharmacy director should be familiar with the constitutional rights of inmate-patients, current literature about inmates' rights, and court rulings affecting the practice of correctional health care in general and correctional pharmacy in particular. Attention to these concepts should be reflected in the manual.
- The pharmacy director should be familiar with current literature, laws, and regulations governing confidentiality, consent, and other areas of correctional health care that diverge from more traditional standards of pharmacy practice. Attention to these should be reflected in the manual.
- Transportation of inmate-patients' medications within and among facilities should be addressed.
- Security of drug products, entry into the pharmacy during the absence of a pharmacist, use of night cabinets, emergency supplies of medications, and disaster services should be addressed.
- Policies and procedures on the pharmacy's role in preparing lethal injections for capital punishment should exist.

Administrative Reports

Administrative reports generated by the pharmacy department will vary from facility to facility depending on the level of pharmaceutical services provided. Reports should include

- The amounts and cost of drugs and services furnished
- Destruction of unusable or outdated medications
- Inventory value and quantities
- Records of formal meetings with administrators, physicians, nurses, and other staff and any changes implemented as a result of those meetings
- Minutes of pharmacy and therapeutics committee meetings
- Medication administration records
- Reports of quality-control and quality-improvement activities
- Reports generated as required by applicable state laws regulating the practice of pharmacy. (While often not specifically written for the practice of correctional pharmacy, these laws are nonetheless usually pertinent to pharmacy practice within the correctional setting.)

Facilities

The pharmacy should be located within or in an area contiguous to the space provided for other health care services. Facilities should be adequate to accommodate appropriate security of all drug products, especially controlled substances.[3]

Purchasing, Distribution, and Control of Medications

Purchasing, distribution, and control of medications are essential elements of any pharmacy operation. Adequate methods to ensure that these responsibilities are met should exist.

Purchasing

- The pharmacy director should be responsible for choosing the sources from which to obtain drug products.[4]
- The pharmacy director should ensure that all medications meet applicable legal requirements. Guidance on the obligations of drug product suppliers and purchasers appears in the ASHP Guidelines for Selecting Pharmaceutical Manufacturers and Suppliers.[5]
- The pharmacy director should ensure that medications purchased from sources other than manufacturers or wholesalers (e.g., other pharmacies, contract providers) meet all applicable legal requirements. All suppliers should be able, at the request of the pharmacy director, to provide data on the quality of products.
- To the extent possible, all drug products should be contained in single-unit or unit dose packages.

Distribution

The pharmacist is responsible for the distribution and control of all drug products (including diagnostics and drug-related devices).

- A unit dose drug distribution and control system is recommended.
- The system employed should focus on patient safety and result in a minimal incidence of medication errors and adverse drug reactions. Ongoing processes for the monitoring and reporting of adverse drug reactions and the detection and prevention of medication errors should exist.
- The system employed should be cost-effective.
- The system employed should foster drug-control and drug-use monitoring.
- The system employed should foster patient compliance, recovery of drugs because of expired orders, and ultimate destruction of all unusable and outdated medications.
- Inmates should not be used in the distribution process.
- Patient confidentiality should be ensured in the distribution process (e.g., patients receiving medications for the treatment of AIDS).

Drug Storage

- The pharmacy director should ensure the proper security of medications stored in each location.
- The pharmacy director should ensure that drug products are stored in accordance with manufacturer or USP requirements.
- The pharmacy director should ensure that stored drug products are not expired.

Control

- A process for the recovery of medications dispensed to inmate-patients after the discontinuance of orders or in compliance with automatic stop orders should exist.
- A process for minimizing and eliminating unauthorized use of medications by anyone other than the intended patient (e.g., exchange of medications between inmates) should exist.
- A process for minimizing and eliminating pilferage should exist.
- A process for monitoring and preventing the dispensing of unusually large quantities of medications should exist.
- A process for preventing the dispensing of sufficient doses of any medication to enable potential suicide should exist. Individuals who are evaluated as high risks for suicide should be identified.
- A process for the security and dispensing of controlled substances should exist.
- The pharmacy director, in conjunction with the facility's medical staff and other responsible health authorities, should maintain policies and procedures for the routine review and renewal of medication orders and for any automatic discontinuance of orders.
- Access to patients' medication records should be limited to authorized personnel only. Complete access by the pharmacist should be ensured.
- A process for pharmacist review of medication orders to ensure patient safety and appropriateness of medication should exist. Medication orders (except in emergency situations) should be reviewed by the pharmacist before the first dose is dispensed.

Medication Administration

While medication administration is traditionally the responsibility of nurses, in the correctional setting some or all of this responsibility may be assigned to other personnel.

- The pharmacy director should be familiar with standards of the National Commission on Correctional Health Care with respect to medication administration by non-health-care personnel, and policies and procedures specifically addressing such administration should exist.
- The pharmacy director should participate in development of medication administration forms and ensure that all relevant information is incorporated into the forms.
- The pharmacy director should regularly educate all personnel involved in medication administration. These educational programs should include information on proper administration, indications, monitoring for adverse effects and allergic reactions, documentation, accountability, confidentiality, and the importance of compliance. Inmates who repeatedly refuse to take medications should be counseled by a pharmacist.
- Policies should be developed regarding the administration of medication to inmate-patients assigned to jobs or on work-release programs.
- Policies and procedures should be developed to ensure continuity of therapy upon release. Released inmates should have access to a limited supply of medications; either the drugs should be provided upon release or released inmates should have a prescription order transmitted to the pharmacy of their choice.

Documentation

- Medication administration records should be reviewed by the pharmacist at least monthly for proper documentation of medication administration.
- Review of the medication administration record should include assessments of documentation of medications administered, doses, frequency of administration, compliance, start and stop dates, and medication allergies.
- Pharmacist interventions should be documented in patients' medical records.
- The pharmacist should document refills in accordance with state laws and regulations.
- Policies and procedures should exist for documenting the transportation of medication among separate sites in correctional facilities, including accountability from pickup to drop off.
- A consistent pattern of refusal by an inmate-patient to take medication should be documented in the patient's medical record.
- Policies and procedures should exist for the proper documentation of the receipt, placement in inventory, dispensing, administration, and destruction of controlled substances.

Emergency Services

- A pharmacist should educate medical and correctional personnel on the proper use of medications stocked for emergency use.
- A pharmacist should be available on an on-call basis in case of emergencies.
- Policies and procedures for the use of emergency kits of medications in life-threatening situations should exist. These kits should be maintained by a pharmacist.
- The pharmacy director should maintain policies and procedures for accessibility of medications in case of riots or other emergency situations.
- The pharmacy director, in conjunction with the medical director or other responsible health authority and the correctional institution's administrator, should develop policies and the procedures that complement the standards of the National Commission on Correctional Health Care regarding emergency services.

Therapeutic Policies

- The pharmacy director should be a member of the pharmacy and therapeutics committee or its equivalent.
- A formulary should exist in accordance with the ASHP Statement on the Formulary System, the ASHP Guidelines on Formulary System Management, the ASHP Technical Assistance Bulletin on Drug Formularies, and the ASHP Technical Assistance Bulletin on the Evaluation of Drugs for Formularies.[6–9]
- Drug products selected for formulary inclusion should serve the needs of the inmate-patient population and at the same time be as cost-effective as possible. The pharmacy director should ensure that cost is not the only determinant for drug product selection.
- Procedures should exist for the provision of nonformulary medications when necessary.
- The pharmacy director should, in conjunction with the facility's medical staff, maintain policies and procedures for the use of investigational medications that ensure adherence to the rights of inmate-patients.
- The pharmacy director should, in conjunction with the facility's psychiatrist or medical director, maintain policies and procedures for the use of psychotropic medications.
- The pharmacy director should be familiar with laws and regulations governing the treatment of patients with AIDS and make appropriate procedural allowances for the treatment of these patients.
- The pharmacist should have input into decisions about infection control policies and procedures pertinent to medication use.

Quality Improvement

- The pharmacy director should encourage the development of and participate in an ongoing quality improvement process that includes drug-use evaluation and drug-regimen review.

Drug Information

- A program should exist for regular education of health care and pertinent non-health-care personnel with respect to medication use.
- An up-to-date resource library that includes current publications and those required by law and regulation should be maintained by the pharmacy.
- The pharmacist should provide drug consultations as required to nurses, physician assistants, physicians, and any others involved in initiating, executing, and monitoring medication therapy.
- The pharmacist should educate and counsel inmate-patients on the proper use of medications.

Research

- Policies and procedures for the use of investigational drugs within the correctional facility should exist. (Additional guidance on pertinent policies and procedures can be found in the ASHP Guidelines for the Use of Investigational Drugs in Organized Health-Care Settings.[10])
- The pharmacy director should adhere to the Federal Regulations on Medical Research in Correctional Facilities (45 C.F.R. 46, revised March 6, 1983) when devising policies and procedures for use of investigational drugs.
- Information on issues that affect pharmacy practice within the correctional environment (e.g., criminology, medical-legal issues, endemic patient population) should be maintained.

References

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These guidelines were reviewed in 2003 by the Council on Professional Affairs and by the Board of Directors and were found to still be appropriate.

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