



OREGON YOUTH AUTHORITY
Policy Statement
Part II – Youth Services (Facilities)



Subject:

Medication Management in OYA Facilities

<i>Section – Policy Number:</i>	<i>Supersedes:</i>	<i>Effective Date:</i>	<i>Date of Last Review/Revision:</i>
D: Health and Mental Health – 1.4	II-D-1.4 (12/18) II-D-1.4 (01/16) II-D-1.4 (12/13) II-D-1.4 (07/11) II-D-1.4 (05/09) II-D-1.4 (09/06) II-D-1.4 (06/05)	01/30/2020	None

Related Standards and References:	<ul style="list-style-type: none"> ▪ ORS 109.675 (Right to diagnosis or treatment for mental or emotional disorder or chemical dependency without parental consent) ▪ ORS 678.150 (Powers, functions and duties of board, officers and executive director; rules; subpoena powers) ▪ OAR Chapter 851, Division 47 (Standards for Community-based Care Registered Nurse Delegation) ▪ OAR 855-080-0105 (Disposal of Drugs) ▪ OAR 416-340 (Medication Management) ▪ American Correctional Association, <i>Standards for Juvenile Correctional Facilities</i>; 4-JFC-4C-28 (Pharmaceuticals) ▪ National Commission on Correctional Health Care, <i>Standards for Health Services in Juvenile Detention and Confinement Facilities</i>, (2015); Y-D-01 (Pharmaceutical Operations); Y-D-02 (Medication Services); Y-C-05 Medication Administration Training ▪ OYA policy: II-D-1.0 (Facility Health Services) ▪ OYA forms: YA 0055 (Authorization for Release of Information) YA 4421 (Controlled Medication Count Sheet) YA 4420 (Medication Error Report) YA 4422 (Missing Controlled Medication Report) YA 4423 (Controlled Medication Tracking Log)
--	--

Related Procedures:	<ul style="list-style-type: none"> ▪ None
----------------------------	--

Policy Owner: Health Services Director	Approved: Joseph O'Leary, Director
--	--

I. PURPOSE:

This policy provides directives for OYA staff when administering and managing youth medication in OYA close-custody facilities.

II. POLICY DEFINITIONS:

Controlled medication: DEA-controlled substances including medications under the jurisdiction of the Federal Controlled Substances Act (e.g. narcotics, amphetamines, and certain pain and sleeping medications). These medications have a high risk for abuse or dependence.

Designated staff: Staff who are trained to administer medications to youth, and are assigned that duty on a specific living unit during a specific work shift.

Electronic Medication Administration Record (eMAR): The electronic record used to document the administration of all medication to a youth.

House-stock medications: A quantity of specific medications allowed to be kept in the clinic medication room of each facility and Camp Florence for the purpose of availability as part of the provision of youth health care. These medications are not youth specific.

Informed consent: The agreement by a patient (age 14 and over for mental health treatment, and age 15 and over for medical treatment) to treatment, examination or procedure after the patient receives facts regarding the nature, consequences, and risks of the proposed treatment, examination or procedure. Informed consent requires that the person giving the consent understand the facts, implications, and potential consequences of an action. Written documentation of consent by a youth or the youth's guardian is required for invasive procedures in which there is some risk.

Non-blistered medication: Prescription medication not packaged in blister packaging. Does not include over-the-counter medication.

PRN: *Pro re nata*, administered as needed.

Psychotropic medication: Medication prescribed to alter brain function for purposes of treating problems with thought processes, mood, or behavior. Psychotropic medications include stimulants, antipsychotics, mood stabilizers, anxiolytics, and sedatives.

Routine: Medication given consistently at specific times.

III. POLICY:

It is OYA's intent that youth have their health care needs met in a safe manner. OYA staff will adhere to the following "Six Rights" of medication administration:

- Right youth
- Right medication
- Right dose
- Right route
- Right time
- Right documentation

OYA provides consistent procurement, administration, distribution, accounting, and disposal of pharmaceuticals. This policy provides staff directives for youth medication management in OYA facilities.

Refer to [OAR 416-340-0020](#) regarding youth informed consent. Youth may refuse medications, except in circumstances where the refusal affects public health.

IV. GENERAL STANDARDS AND PROCEDURES:

A. Storage of Medications

1. All medication, including over-the-counter medication, must be kept in a designated restricted access area, under lock and key.
2. Medication stored in a living unit must be stored in the medication cart.
3. Medications for individual youth administered on the living unit must be received from the pharmacy in unit doses, in blistered packaging.
4. Medications on the living units are not to be administered from bottles, except for medications that are in liquid form or medications that are common stock on the living units, such as Tylenol, Pepto-Bismol, etc.
5. Prescribed medications that are received in bottles and are not common stock or liquid must be administered by nursing staff until the medication arrives from the pharmacy in blister packaging. Camp Florence is the only exception to this process, as it has no onsite clinic.
6. Medication requiring refrigeration must be kept in a refrigerator in a locked box.
7. Controlled medications must be stored under two locks.
8. Oral and injectable medications must be stored separately from topical medications.

B. House-stock Medications

1. Nursing staff must get written approval from the responsible healthcare practitioner for the facility clinic for the initial order of any medication that is to be kept in house-stock and for initial orders and refills of all controlled substances prior to sending any requests for house-stock medications to the pharmacy.

Verbal approval may be obtained if the practitioner is not on site. Subsequent written approval must be obtained once the practitioner is on site.

2. The nurse manager and the nursing supervisors must ensure that all facility clinics and Camp Florence keep an updated list of all house-stock medications.
3. The nurse manager and nursing supervisors must, at a minimum of every three months, audit the house-stock medications to ensure that the medications have been properly authorized, the quantity of each medication stored is not excessive, and reconcile the medication administered and the number remaining against what had been ordered.
4. House-stock medications can be used to get a youth started on a prescribed medication until the youth's medication arrives from the pharmacy. This minimizes the need to use the backup pharmacy, and helps to contain cost.
5. Medications that are urgently needed, if not available in house-stock, may be ordered from the backup pharmacy.
6. Medications that are not urgently needed must not be ordered from the backup pharmacy.

If it is unclear whether or not the medication should be started on an urgent bases, nursing staff must check with the health care practitioner to determine the timeline in which the youth must start the medication.

C. Electronic Medication Administration Record (eMAR)

The eMAR for each specific youth is updated electronically as each new order is entered and the medication received at the youth's facility.

1. All prescription and non-prescription medications administered will be tracked on an eMAR. The eMAR must include the following information:
 - a) The name of the person for whom the medication was prescribed, date of birth, JJIS number, and current JJIS photograph;
 - b) List of allergies;
 - c) The brand or generic name of the medication, including the prescribed dosage and prescribed frequency of administration;
 - d) Times and dates of administration;
 - e) The name or initial of the staff that administers each individual dose of the medication;

- f) Documentation of a PRN status and parameters, if applicable;
 - g) The form (route) of the medication;
 - h) Medication refusals must be documented on the eMAR; and
 - i) Staff signatures are automatically recorded by the eMAR system.
2. The Controlled Substance Accountability Sheet (Pink Sheet) provided by the pharmacy must be completed when administering a prescribed controlled medication. This form must be placed in the clinic box on the living unit medication cart or sent to the clinic when completed.
 3. Staff will note any unusual, uncommon, or severe side effects related to medications (both prescription and over-the-counter) and ensure the youth receives appropriate treatment. Staff must contact medical personnel immediately with questions or concerns, according to the facility's local operating protocol.

D. Electronic Medication Administration Record (eMAR) Reviews

1. Facilities with clinics: Nurses must review eMARs a minimum of once a week to monitor missed or refused medications. The review results must be documented. A copy of the review results must be sent to the nursing supervisor (facilities that have nursing supervisors) and the OYA nurse manager.
2. Facilities without clinics: eMARs must be reviewed at least once per week by OYA nursing staff or contracted nursing consultants to monitor missed or refused medications. The review results must be documented. A copy of the review results must be sent to the OYA nurse manager.

E. Training and Authorization

1. All group life coordinators (including security staff) and case coordinators assigned to work in OYA facility living units will maintain current authorization to administer medications to youth.
2. All staff who administer medication must:
 - a) Attend medication administration training at new employee orientation and Advanced Academy;
 - b) Attend and complete the facility-specific medication administration training conducted by facility nurses;
 - c) Annually complete and pass a required medication administration iLearn course;

- d) Carry a current medication authorization card, signed and dated by the nurse who provided the training; and
- e) Attend and complete an annual refresher training course which must be completed prior to the expiration date on the medication authorization card.

F. Accountability for Medication Keys

1. Designated staff

One staff per shift per living unit must be assigned responsibility for medication administration. This designated staff must have completed the required medication administration training and have a current medication authorization card.

Assignment of this duty is at the discretion of the facility administration. However, trained staff must perform the duty on a regular basis to maintain familiarization with the process.

- 2. The designated staff must keep the medication key on their person in a way that no one else (e.g., other staff or youth) is able to access the key.
- 3. The medication keys must never be removed from the facility. If a staff member inadvertently takes the key out of the facility, they must return it immediately.
- 4. If the designated staff is unable to keep the medication key on their person for the entire shift due to duties that take them away from the unit, the medication key must be temporarily transferred to another staff member on shift who has a current medication authorization card.

The key transfer must be documented in a JJIS log. When the original staff member returns to the unit, the medication key must be returned to them. The key transfer must again be documented in a JJIS log.
- 5. If the designated staff must leave the unit without returning during the shift, the medication key and responsibilities must be transferred to another available staff. The key transfer must be documented in a JJIS log, and a count of controlled medication completed by two staff on duty.
- 6. Medication keys must be transferred hand-to-hand between staff members.
- 7. The staff member transporting youth off site for work crews with medications in a locked box will be responsible for holding the keys to the locked box.

G. Medication Administration

1. Designated staff must:
 - a) Focus exclusively on medication administration at the scheduled time;
 - b) Limit youth movement and activities in the medication administration area, and limit noise such as music, TV, and conversation; and
 - c) Become familiar with the medication information sheet for each medication. The medication information sheet must be in a specified location on each living unit.
2. Medications must be kept in the package in which they were dispensed until ready to administer.
3. Each electronic medication administration record (eMAR) must include the corresponding youth's photograph for identification purposes.
4. When administering medication, staff must verify that the:
 - a) Medication is being given to the “right person”;
 - b) Right medication is prepared for administration;
 - c) Right dose is being administered;
 - d) Right form (or route) of the medication is being administered (e.g., tablet, liquid, caplets, and “by mouth,” “with milk,” etc.);
 - e) Medication is being given at the “right time”; and
 - f) Medication is documented accurately (“right documentation”).
5. Staff must call youth one at a time to take medication. Staff must give the youth the medication with either one disposable cup full of at least eight ounces of water, or at least two four-ounce disposable cups of water, and observe the medication being taken by asking the youth to:
 - a) Open their mouth and show the medication in their mouth prior to swallowing it;
 - b) Lift their tongue;
 - c) Pull their cheeks away from their teeth;

- d) Follow any special written instructions for administering the medication;
 - e) Check the water cup to make sure the youth has not returned the medication to the cup; and
 - f) Return the water cup so staff can verify the medication has not been slipped alongside the cup.
6. Staff must click the “administered” checkbox after administering the medication and before calling the next youth for medication administration.
 7. If a youth refuses a medication, staff must click the “refusal” checkbox on the eMAR and document the reason for the refusal.
 8. Off-site work crews
 - a) Staff must print a paper copy of the current youth eMARs. Youth medication and corresponding paper MARs must be transported in a locked box. Controlled medications may be placed in a padlocked pouch and the pouch then placed inside of a locked box.
 - b) The staff transporting the youth is responsible for holding the key to the locked box.
 - c) Staff trained in medication administration must administer the medication following the process listed above at the appropriate time.
 - d) The staff who administered the medication must document in the youth’s eMAR, noting the time that the medication was actually administered in the comments section, upon returning to the facility. The paper copy of the youth’s eMAR must then be shredded.
 9. Flagged medications: OYA prescribing practitioners must identify medications that require immediate notification to medical staff if refused or missed by youth. The medications that require notification must be flagged on the eMAR in the special instructions for that order.

If a youth refuses a flagged medication, staff must call the designated medical person as soon as practicable, but no later than one hour after the refusal (see section I).

H. Controlled Medication Received from Outside the Facility

Controlled medication received from outside of a facility and not in blister packaging (non-blistered medication) may **not** be delivered to the living unit for administration.

1. When controlled medication is received or is delivered in a container (e.g., by a juvenile parole/probation officer), the medication must be delivered to the facility's clinic.

- a) Two nurses must count the medication and return it to its container. If there are any questions regarding the order, a nurse must contact the sender. The count must be documented by a nurse.

In facilities with only one nurse, the count must be completed by the nurse and the superintendent/camp director, officer-of-the-day, another manager, or security staff.

- b) A nurse must enter the order in the youth's profile in the electronic medical record system.
- c) A nurse must complete a pharmacy Controlled Substance Accountability Sheet (Pink Sheet).
- d) The Controlled Substance Accountability Sheet will remain in the clinic for documentation by the nurse when the medication is administered.
- e) Facilities without nursing staff:
 - (1) The superintendent/camp director and designated staff must count the medication and return it to its original container.
 - (2) If there are questions about the order, designated staff must contact the sender.
 - (3) The count must be documented on a pharmacy Pink Sheet.
 - (4) Designated staff must photocopy the prescription label and e-mail or fax it to the OYA nurse who is designated to enter that facility's orders into the electronic medical pharmacy system. Designated staff must also notify the nurse of the order.

2. Facility staff must transport the youth to the facility's clinic for administration of this medication daily at its scheduled time.

When nursing staff is not present in the clinic during the scheduled medication time, arrangements must be made for unit staff to administer the medication at the scheduled time on the living unit.

3. The container of medication must be stored in the clinic medication cabinet for administration to the youth for whom the medication was prescribed or until it is destroyed.

Clinics with limited hours of operations and Camp Florence: The medication must be stored under double lock in the control box of the medication cart.

4. If the prescription is current and active, Health Services staff will reorder the prescription in blister packaging through the contracted pharmacy.

If the prescription is the last refill, the nurse will administer the medication to the youth and schedule the youth to be seen by a healthcare practitioner.

I. Medication Errors

Anytime a medication is not given as prescribed, it is considered a medication “error”. Errors include no medication administration documentation; giving the wrong medication; giving the wrong dose; giving medication to the wrong youth, and giving medication at the wrong time.

1. Staff must follow local protocols for medication error emergencies that require immediate medical attention.
2. “Overdose” may occur when a youth takes too much of a medication or takes the medication via the wrong route (e.g., snorts a medication that should be administered orally).

Staff must follow all facility protocols for overdoses, including notifying medically-trained personnel immediately.

3. Staff must contact the facility nurse, camp director, or the OD for “call if missed” medications.
4. Staff must document all cases of medication refusals by clicking the “refused” checkbox on the eMAR and entering the reason for the refusal.
5. Medication errors must be immediately reported to Health Services staff.
6. Staff must also complete a YA 4420 (Medication Error Report) to document reasons for medication errors. The YA 4420 must be routed to the facility nurse or camp director.
7. The facility nurse must notify the nursing supervisor (if the facility has a nursing supervisor), living unit manager, and OYA nurse manager of medication administration errors.

The living unit manager must intervene with the staff member(s) who made the medication administration error(s) regarding correct procedures.

8. On a monthly basis, the OYA nurse manager must provide the superintendents and camp directors data for review regarding medication administration errors in their facilities.
9. On a monthly basis, superintendents and camp directors must review medication administration error data with living unit managers to ensure errors are being addressed.

J. Allergic Reactions

1. Allergies must be documented in the JJIS Alert section and on the youth's eMAR.

Administering staff must be familiar with each youth's allergies, and the symptoms of significant allergic reactions.

2. Staff must report allergic reactions as soon as they are noticed. Staff will consult with medical personnel if there are questions regarding whether an allergic reaction may be occurring. Each facility clinic must develop protocols regarding who to contact in the event of an allergic reaction.

3. Staff must note any unusual, uncommon, or severe side effects (e.g., breathing is compromised, seizure, rapidly moving rash) and contact the facility clinic or the emergency medical system in the community according to local protocol.

Staff must also complete a Youth Incident Report (YIR) to document severe side effects warranting an emergency response.

K. Medication Overdoses

1. Staff must contact the facility nurse in the event of a youth overdose from medication. The nurse will call Poison Control (1-800-222-1222).
2. If the facility nurse is not available, or if the facility is a camp and does not have nursing staff then staff must call Poison Control (1-800-222-1222) in the event of a youth overdose from medication.
3. In addition to calling Poison Control, each facility clinic must develop a protocol regarding who to contact in the event of an overdose.

L. Return of Medications

1. Staff will return unused prescription or outdated non-prescription medication to the facility nurse or clinic per facility protocols.
2. Unused controlled medications will be returned to the nursing staff according to facility local protocol.

3. Staff at facilities that do not have nurses must return unused prescription or outdated non-prescription medication to the pharmacy for credit. Unused controlled medications will be destroyed as outlined in this policy.

M. Medication Accountability

1. Medication counts:
 - a) Controlled medications must be counted in each facility, camp, or living unit each shift. Typically, this occurs at the beginning or end of each shift. Counts must be documented on the Controlled Medication Count Sheet (YA 4421).
 - b) Designated staff on each shift will oversee the control and administration of medication. Designated staff are also assigned control of the key to access the medication.
 - c) Facility clinics that maintain a house-stock of controlled substances must complete a controlled substance count at each shift change.
 - d) Two staff are required to complete the medication count.

Ideally those staff are –

- (1) The staff who is handing off the responsibility for medications, and
- (2) The staff who is accepting responsibility for medications for the next shift.

If this is not possible, then any two staff must count the medications.

- (3) Medication counts must occur every time the medication key officially changes hands (other than brief, temporary exchanges due to facility activities).
- e) Controlled medication counts will be completed when -
 - (1) Two staff compare the number of tabs in each package to the Controlled Medication Count Sheet;
 - (2) Two staff compare the Controlled Medication Tracking Log (YA 4423) or the pharmacy Controlled Substances Tracking Sheet (Pink Sheet) and the controlled medication packages; and
 - (3) Two staff must count non-blistered controlled medications ensuring the count is accurate and the

physical description of the medication matches the label.

- f) Staff must visually inspect all items being counted or compared.

2. Missing controlled medication:

- a) Staff will exercise due diligence and attempt to make a determination why a controlled medication may be missing or if a discrepancy exists on the pharmacy-supplied controlled medication record and the Controlled Medication Count Sheet (YA 4421).
- b) If staff are unsuccessful in finding the missing controlled medication or unable to remedy the discrepancy, staff will immediately report the missing controlled medication to the Health Services staff and the OD. Notification will be documented on a YA 4422 (Missing Controlled Medication Report).
- c) The YA 4422 will not be filed in the youth's file. The YA 4422 must be retained in a designated location both on the living unit and in the facility clinic for two years. After two years, it must be archived for 75 years.

N. Destruction of Controlled Medication

- 1. Controlled medication that is outdated, damaged, deteriorated, misbranded, discontinued, or adulterated must be returned to the clinic and counted by two nurses.
 - a) The count must be documented on the Controlled Medication Tracking Log (YA 4423) or the pharmacy Controlled Substances Tracking Sheet (Pink Sheet).
 - b) Facility nursing staff must destroy and dispose of the controlled medication immediately or within five days of becoming aware of its discontinuation, outdate, damage, deterioration, misbrand, or adulteration.

In facilities that do not have nurses on site, this must be done by designated facility staff.
- 2. All facilities must follow the below process for disposal of medication. The following method is approved for controlled medication destruction.
 - a) Each facility must have a one-gallon Rx Destroyer bottle (drug disposal product).

- b) Effervescent medications must not be placed into the Rx Destroyer.
 - c) The OYA nurse manager will provide each clinic with a list of medications that must not be placed in the Rx Destroyer, and the method by which these medications must be destroyed.
 - d) Medications identified for destruction must be placed in the Rx Destroyer.
 - (1) Medication patches: Staff must wear gloves, fold the patch in half, cut the patch, and place the patch in the Rx Destroyer.
 - (2) Creams/other topicals: Staff must squeeze/remove all the product out of the container into the Rx Destroyer.
 - e) Staff must replace the cap securely on the Rx Destroyer and gently shake it to mix the solution and the medications until all the medications are immersed or dispersed into the solution.
 - f) Staff must store the Rx Destroyer containing the destroyed medications in a locked cabinet in a secure location.
 - g) Staff must use the same bottle of Rx Destroyer to destroy medications until there is two inches of space between the cap and the solution. **Do not over fill.**
 - h) Staff must discard the Rx Destroyer bottle into the trash once there is two inches of space between the cap and the solution.
 - i) The facility must replace the Rx Destroyer every six months, regardless of use.
 - j) Staff may contact the OYA nurse manager regarding this process when necessary.
3. Destruction and disposal of controlled medication in a facility will be jointly witnessed on the premises by any **two** of the following:
- a) Superintendent/camp director officer of the day, another manager, or security staff.
 - b) Facility nurse or designee; and
 - c) Consultant pharmacist or nurse consultant.
4. The destruction must be documented and signed by the witnesses.

- a) The signed document must be retained at the facility for five years.
 - b) A copy of the document must be sent to the OYA nurse manager.
5. The OYA nurse manager must review the destruction documents weekly.
 6. Facility-designated staff must record the destruction of controlled medication in accordance with local protocol.

Documentation must include:

- a) Prescription number;
- b) Name of drug;
- c) Name of person for whom this medication was prescribed;
- d) Drug strength; and
- e) Quantity.

O. Destruction and Returns of Non-controlled Medication

1. Non-controlled prescription or over-the-counter medication that is outdated, damaged, deteriorated, misbranded, discontinued, or adulterated will be removed from the living units and disposed of by nursing staff.
2. All medications must be returned to the contract pharmacy for refund if possible. If not able to be returned, non-controlled medication will be disposed of in the same manner as controlled medication. Destruction of these medications must also be documented and witnessed in the same manner as the controlled medications.

A copy of the destroyed medication document must be sent to the OYA nurse manager.

P. Psychotropic Medications

1. Psychotropic medications must be prescribed by a physician, nurse practitioner, or physician assistant through a written order documented in the electronic pharmacy system and included in the youth's electronic medical record.
2. The use of medication to alter behavior, thought processes or mood will be based solely on a physician's, nurse practitioner's, or physician assistant's determination that the medication is in the best medical interests of the individual youth.

3. Initial or changes in prescription of psychotropic medications must be relayed by nursing staff to the youth's multidisciplinary team (MDT) during MDT meetings, with the youth's documented release of information (see section S).
4. Psychotropic medications will be reviewed at least every 90 days:
 - a) By the prescribing physician, nurse practitioner, or physician assistant for desired responses and adverse consequences; and
 - b) To determine the continued need and lowest effective dosage in a carefully monitored program.
5. Oral administration of psychotropic drugs is the preferred method.
6. Psychotropic medication may have PRN status only when the prescriber has issued specific written parameters for its PRN use with a specific youth.

Q. Over-the-counter Medications

1. Each youth correctional facility will have designated responsible physicians, nurse practitioners, or physician assistants who will establish a written list of all over-the-counter medications that are medically authorized to be maintained on facility living units. The facility nurse will ensure that:
 - a) Designated staff are instructed on the proper administration of authorized over-the-counter medications;
 - b) Designated staff are instructed to contact the facility clinic should symptoms not improve within 24 hours, or if there is any concern, or unusual or uncommon side effects; and
 - c) Designated staff are apprised of individual youth who may not be administered specific over-the-counter medications identified on the authorized list for medical reasons, including negative interactions with other medications prescribed, identified allergies, or other medical conditions that preclude the use of that particular medication.
2. Medication information for every authorized over-the-counter medication is located in the eMAR system under "resources." Staff must be trained on the location and contents of the medication information site in case of an allergic reaction or overdose.

R. Injections

1. Subcutaneous injections (SQ), such as insulin injections, must be authorized by a physician, nurse practitioner, or physician assistant

and may be administered by facility nursing staff, or by the youth for whom it was prescribed.

Nursing staff must ensure that, during the training on medication administration, nonmedical staff are trained and demonstrate understanding of how to properly observe a youth who self-administers a SQ injection prior to the youth self-administering. Staff must also follow Medication Administration standards listed in section G.4. of this policy.

2. Epinephrine injections (Epipens) may be administered by trained non-medical staff to youth that experience symptoms of anaphylactic reactions. Non-medical staff must be trained per The Department of Human Services rules for Epipen administration every three years.
3. Intra-muscular injections (IM) must be administered by a physician, nurse practitioner, physician assistant, registered nurse, or licensed practical nurse.
 - a) Medication prescribed to be administered IM must be administered in a clinical facility equipped to deal with possible adverse effects, except in an emergency as determined by a physician, nurse practitioner, or physician assistant.
 - b) If it is determined that it is medically necessary for a youth to receive an IM injection of medication designed to sedate a youth for safety reasons, arrangements must be made to transport the youth to the appropriate psychiatric hospital for evaluation and treatment.

S. Communication Regarding Youth Medication

The following process will be followed to ensure staff have access to youth medication information for case planning purposes:

1. A designated facility living unit staff will present the youth with a form YA 0055 (Authorization for Release of Information) during the youth's unit orientation.

The YA 0055 will specify medication information may be shared with the youth's primary case manager (juvenile parole/probation officer (JPPO) or case coordinator) and MDT for case management purposes.

2. Facility living unit staff must notify the youth's JPPO of a designated point of contact for medication information.

Having a designated point of contact will assist the JPPO in obtaining updated information regarding the youth's medication management.

V. LOCAL OPERATING PROTOCOL REQUIRED: YES

Each facility must have a written local operating protocol regarding –

- A. Who to contact when an incorrect dose or medication is administered;
- B. Who to contact in the event of an allergic reaction;
- C. Who to contact in the event of an overdose;
- D. Reviewing eMARs and documentation regarding distribution of all medications;
- E. Location where the Controlled Substance Accountability Sheet (Pink Sheet) provided by the pharmacy is kept; and
- F. List of medications that must not be placed in the Rx Destroyer and method by which these medications must be destroyed.