



2024
CORRECTIONAL FACILITY DRUG OUTLET
SELF-INSPECTION FORM

ATTENTION: Consultant Pharmacist

This form must be completed by July 1, 2024.

OAR 855-043-0600 states the correctional facility shall have a pharmacist who acts as a consultant to the institution, develops policies and procedures on drug distribution, procurement and management, monitors for compliance, performs drug utilization reviews, and may delegate registered nurses to withdraw drugs for administration to patient/inmates.

Requirements: Oregon law states the Pharmacist and the practitioner representing the facility are responsible for establishing written policies and procedures for medication management and the pharmacist is responsible for ensuring the facility is compliant with all applicable state and federal laws and rules. This form must be provided to the Board immediately upon request at the time of inspection and retained in compliance with laws and rules.

Scope: The primary objective of completing the self-inspection is to identify and correct areas of non-compliance with any state and federal laws and rules. This process is not exhaustive, however, and laws and rules often change between annual updates to this form. Subsequently, it is your responsibility to ensure compliance with any changes, or applicable laws and rules, not referenced herein.

Internal Use: Following completion of the self-inspection form, ensure it is signed and dated by the Pharmacist, reviewed with all pharmacy staff, and filed in a conspicuous manner (DO NOT SEND to the agency office). It is advisable to store the documents in a binder, using tabs to partition and organize where possible. Otherwise, please CLEARLY indicate on the form where auxiliary documents are located.

Agency Use: During an inspection, Compliance Officers use the self-inspection form as a general guide to assess drug outlet compliance. As these inspections are not coordinated with the Pharmacist, pharmacy staff should be able to retrieve the form and locate any auxiliary documents referenced within.

Email all compliance-related questions to: pharmacy.compliance@bop.oregon.gov.

**2024
CORRECTIONAL FACILITY DRUG OUTLET
SELF-INSPECTION FORM**

Date Self-Inspection Completed: _____ / _____ / _____

Correctional Facility Name: _____ Registration #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Consultant RPh Name: _____ License #: _____

Consultant RPh Work Email: _____ Phone: (_____) _____ - _____

Name of Representing Practitioner: _____ License #: _____

Pharmacy That Provides Prescriptions: _____

Registrant That Provides Medications (if applicable): _____

Hours of operation:

INSTRUCTIONS

You are required to confirm whether the outlet is compliant. Mark the appropriate box to the left of each item, resolve all deficiencies and write the date of correction, if applicable.

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	1.	Where are the outlet's policies and procedures located?	
<input type="checkbox"/>	<input type="checkbox"/>	2.	How are staff trained on the outlet's policies and procedures, and how/where is the training documented?	

Yes	No			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	3.	<p>Do the outlet's policies and procedures address each of the following? (mark box once confirmed)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Security <input type="checkbox"/> Drug procurement <input type="checkbox"/> Drug storage <input type="checkbox"/> Drug labeling <input type="checkbox"/> Drug dispensing <input type="checkbox"/> Emergency/nonroutine dispensing procedures <input type="checkbox"/> Stop Orders <input type="checkbox"/> Drug administration <input type="checkbox"/> Drug disposal (within the facility) <input type="checkbox"/> Prospective reviews of individual therapy <input type="checkbox"/> Retrospective DUR's <input type="checkbox"/> Drug use reviews and evaluations <input type="checkbox"/> Medication counseling <input type="checkbox"/> Over-the-counter drugs 	OAR 855-043-0600 OAR 855-043-0630(1)
<input type="checkbox"/>	<input type="checkbox"/>	4.	<p>Does the outlet have policies and procedures for the administration of drugs from bulk drug containers?</p> <p>Note: These drugs must not be administered by unlicensed persons, <u>except</u> under certain emergency and nonroutine situations as described in the outlet's policies and procedures. In which the unlicensed person must have received training to administer drugs as defined by OSBN in OAR 851-045-0060.</p>	OAR 855-043-0630(6)
<input type="checkbox"/>	<input type="checkbox"/>	5.	<p>Are any classes or types of drugs excluded from being sent to the facility in a bulk container?</p>	
		6.	<p>How are bulk drugs (including OTC) labeled and stored?</p>	
		7.	<p>Please outline the outlet's policies and procedures regarding controlled substance distribution and accountability.</p>	OAR 855-043-0630 (3)(b)(B)

Yes	No		Rule Reference
		8.	What quality assurance procedures are performed on-site, or remotely, to ensure the proper reconciliation of all controlled substances?
<input type="checkbox"/>	<input type="checkbox"/>	9.	Are patient-specific prescriptions properly labeled, including a physical description of the medication? OAR 855-043-0630
		10.	Who administers drugs to inmates or patients? Note: Be prepared to provide training records during inspection. OAR 855-043-0630(6)

Telework

Yes	No		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	11.	Does pharmacy staff (Pharmacist, Intern, or Technician) work on behalf of the drug outlet pharmacy from a location physically outside of the pharmacy (e.g., their home)? Note: This is considered telework at a telework site by the board. This is not applicable to pharmacists not working on behalf of a board registered drug outlet and the technicians who are assisting those pharmacists. OAR 855-041-3205
			If yes, please print, complete, and attach the <u>Additional Services Self-Inspection Supplement</u> .

Work Area			
	Yes	No	Other
Secure			
Well lit			
Interruptions while inspecting			
Clean & orderly			
Med room license in date and posted			
Medication cart (total number)			
Comments:			

Medications			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Outdates			
Expired or discontinued orders			
Labels correct and legible			
Multi-dose vials dated			
Where are medications obtained?			
What is the Oregon Board of Pharmacy registration number of the facility that provides medication?			
Comments:			
Documentation			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
MARs dated, signed, and initialed			
Current nurse signatures on back of MARs			
Daily delivery reports checked off			
Stock count sheets reconcile			
Patient signing for "self-administered" medications			
Comments:			
Refrigeration			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Clean and orderly			
Outdates			
Expired or discontinued orders			
Labels correct and legible			
Daily temperature log			
How does the outlet monitor and ensure cold-storage conditions?			
Comments:			

Controlled substances			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Invoices reconciled			
Administration documentation			
Secure storage			
DEA 222 Forms reconciled and dated			
Comments:			
Poison Control			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Phone number posted			
Comments:			
Procedure and protocol			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Written procedures on site			
Treatment protocols reviewed and signed			
Comments:			
Chart review			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Orders noted with initial, date and time			
Progress notes correspond to written orders			
Protocol orders co-signed by practitioner			
Drug allergies noted			
Comments:			

I hereby certify that to the best of my knowledge, this outlet is compliant with all applicable laws and rules, and that the answers marked on this form are true and correct.

Date: _____ / _____ / _____

Printed Name of the Pharmacist: _____

Signature of Consultant Pharmacist: _____