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

Subject:

Medication Management in OYA Facilities

Section – Policy Number:	*Supersedes:*	*Effective Date:*	*Date of Last Review/Revision:*
D: Health and Mental Health – 1.4	**II-D-1.4 (4/23)** **II-D-1.4 (01/20)** **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)**	**10/26/2023**	**None**

Related Standards and References:	▪ 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, *Standards for Juvenile Correctional Facilities*; 4-JFC-4C-28 (Pharmaceuticals) ▪ National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities, (2022*); 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 4420 (Medication Administration Error Report) YA 4421 (Controlled Medication Count Sheet) YA 4422 (Missing Controlled Medication Report) YA 4423 (Controlled Medication Tracking Log) ▪ Medication Documentation Errors Dashboard
Related Procedures:	▪ Local Operating Protocols

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 and equitable manner. Medications are provided to all youth, when medically necessary, to restore health and function. All youth must have equitable access to medications.

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 medications 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, with the exception of medications requiring refrigeration. Medication requiring refrigeration must be kept in a refrigerator in a locked box.

3. Medications administered on the living units for individual youth 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 stock bottles (e.g., Tylenol), or medications that are in liquid form, (e.g., Pepto-Bismol, etc.).

5. Prescribed medications that are received in bottles and are not 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 is received at the youth's facility.

1. All 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 of the staff that administers each individual dose of the medication (staff signatures are automatically recorded by the eMAR system);

f) Documentation of a PRN status and parameters, if applicable;

g) The form (route) of the medication; and

h) Medication refusals must be documented on the eMAR.

2. When the eMAR application is offline, each facility clinic must provide the living units with a paper copy of the daily MAR. The paper MAR will contain the medication administration schedule.

a) As medications are offered, staff must document the results on the paper MAR and initial next to each medication entry.

b) Once the eMAR application is back online, the paper MAR documentation must be entered into the eMAR application by staff on the living unit.

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 (for 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, 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) Complete and pass the required medication administration training course in Workday;

b) Complete and pass the required Sapphire training in Workday;

c) Demonstrate proficiency administering medications and documenting medication administration during a 1:1 certification with facility nurses;

d) Carry a current medication authorization card, signed and dated by the nurse who certified proficiency; and

e) Complete and pass the annual refresher training courses for medication administration and Sapphire in Workday, which must be completed prior to the expiration date indicated 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 certification 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 must be 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 for each medication. The medication information sheet is in the eMAR system.

2. Medications must be kept in the package in which they were dispensed until ready to administer.

3. When administering medication, staff must review the youth's MAR and each medication to 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 administration result is documented accurately ("right documentation").

4. 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.

g) If youth are observed cheeking medications, staff must contact the clinic nurse. The nurse must contact the prescriber of the medication to get directions on how to proceed.

The prescriber may meet with the youth to discuss the cheeking behavior and may decide to continue administering the medication whole, crush the medication for future administration, or change the type of medication.

5. Documentation

a) Administration details must be added to the eMAR (or to the paper MAR when the eMAR application is offline) after an administration attempt has occurred with a youth and before calling the next youth for medication administration.

Documentation must follow standards found in the Sapphire training course.

b) The Controlled Substance Accountability Sheet provided by the pharmacy must also be completed when administering a controlled medication. This form must be placed in the clinic box on the living unit medication cart or sent to the clinic when completed.

6. Off-site work crews

a) Staff must print a paper copy of the daily 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 the administration results 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 paper MAR must then be shredded.

7. 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. These are referred to as “call if missed” medications.

   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).

8. 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.

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 pharmacy system.

   c) A nurse must complete a pharmacy Controlled Medication Tracking Log (YA4423).

   d) The Controlled Medication Tracking Log (YA4423) 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 Controlled Medication Tracking Log (YA4423).

(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 pharmacy system. Designated staff must ensure that the nurse is aware 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 administered as prescribed and documented accordingly, it is considered a medication "error." Administration errors include not offering a routine medication; giving the wrong medication; giving the wrong dose; giving medication to the wrong youth; and giving medication at the wrong time.

Documentation errors include not documenting the results of an administration and not documenting the results accurately.

1. Staff must follow local protocols for medication error emergencies that require immediate medical attention.

2. "Overdose" occurs when a youth takes too much of a medication, takes multiple doses of a medication too closely together, 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, or if the nurse is not available, the MacLaren YCF clinic, if youth did not receive medications flagged as call if missed" for any reason.

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 Administration Error Report Process

   a) Medication errors must be immediately reported to a nurse in the facility clinic, unless the medication is refused or the youth was absent or no-show and the medication is not "call if missed". If the facility clinic nurse is not available, the medication errors must be immediately reported to a nurse at the MacLaren clinic.

   b) Staff must then document the error appropriately following the guidelines available in the Medication Errors Guidelines.

      (1) When the error can be documented in eMAR system: Staff must document the medication error accurately in the eMAR system. Once completed, the medication error information is sent to the facility clinic nurse within the eMAR system.

      The facility clinic nurse must document the actions taken by clinic staff to resolve the medication administration error. Once entered, the medication error must be resolved within the eMAR system.

      (2) When the error cannot be documented in eMAR system: Staff must complete an electronic YA 4420 (Medication Administration Error Report) to document the details of the medication administration error(s).

         (i) The electronic YA 4420 is located on OYANet. A shortcut is available on the desktop of all medication cart laptop workstations. Once completed, the YA 4420 is automatically routed to the facility clinic nurse via email.

         (ii) The facility clinic nurse must document the actions taken by clinic staff to resolve the medication administration error. Once entered, the details of the YA 4420 are automatically routed to the nursing supervisor (if the facility has a nursing supervisor), living unit manager, and OYA nurse manager.

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

7. 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.

8. On a monthly basis, superintendents and camp directors must review medication administration error data with living unit managers to ensure errors are being addressed.

9. Medication Documentation Errors

   a) At the end of each med-pass, all routine medications, and any administered PRNs, must be documented in the eMAR.

   b) Living unit managers must review the Medication Documentation Errors dashboard daily to check for missing entries from their living unit.

   c) Living unit managers must ensure all missing entries from their living unit are documented within three days of the error.

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.

4. Naloxone spray (Narcan) may be administered by trained direct care staff to youth who experience symptoms of overdose due to opioids.

    a) Direct care staff must complete Naloxone/Narcan training annually through an online course available on Workday.

    b) A supply of Narcan must be stored in the clinic. Two doses of Narcan must be stored on the medication cart on each living unit.

    c) Once per month, a nurse must take an inventory of Narcan on the medication cart to confirm that Narcan is available, undamaged, and not expired, and that used Narcan is replaced.

    d) Upon discharge, qualifying youth will be given a box of Narcan and administration instructions.

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 counts documented on the Controlled Medication Tracking Log (YA 4423);

(2) Two staff must count non-blistered controlled medications ensuring the count is accurate and the physical description of the medication matches the label.

(3) Two staff initial in the respective fields for the day and shift of the medication count on the Controlled Medication Count Sheet (YA 4421).

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 Controlled Medication Tracking Log (YA 4423). .

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). The Discrepancy must also be documented on the Controlled Medication Count Sheet (YA 4421).

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).

   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 on the bottom of the medication's Controlled Medication Tracking Log (YA 4423).

   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 on the bottom of the medication's Controlled Medication Tracking Log (YA 4421)

   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 Return 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 (OTC) Medications

1. Each youth correctional facility will have designated responsible physicians, nurse practitioners, or physician assistants who will establish a youth-specific list of over-the-counter (OTC) medications, if needed, that are placed on the youth's MAR as PRNs and are medically authorized to be maintained on facility living units. OTC medications are added to each youth's MAR as PRNs, individually approved by a physician, nurse practitioner, or physician assistant upon the youth's admittance to the facility.

2. Facilities without a clinic

   Once a youth arrives at the facility, all of the medications listed on the MAR must be continued. If any changes are necessary, facility-designated staff may contact the contracted healthcare provider.

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 Oregon Health Authority (OHA) rules for EpiPen administration every three years. This training must be provided by nursing staff in a classroom setting. Staff must receive a Statement of Completion certificate after completing this training.

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 completed Controlled Medication Tracking Log (YA4423) are kept;

F. List of medications that must not be placed in the Rx Destroyer and method by which these medications must be destroyed;

G. Medication Administration Initial Certification and Annual Renewal process; and

H. Scheduling of EpiPen training in a classroom setting, and certification.