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|  | DEPARTMENT OF PUBLIC SAFETY LAW ENFORCEMENT POLICY AND PROCEDURES | EFFECTIVE DATE: 05/23/2002 | POLICY NO.: LAW.10D.19 |
| | | SUPERSEDES (Policy No. & Date): NEW | |
| SUBJECT: RELEASE OF MEDICATIONS | | Page 1 of 4 | |

No. 2002-523

1.0 PURPOSE

To ensure that pre-trial detainees who are released to the community by the court, and who have acute and chronic medical and mental health conditions, are provided at least a three-day supply of medications essential to mental stability or preserving bodily functions.

2.0 REFERENCE AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Hawaii Revised Statutes, Section 329-HRS, Title 23, Chapter 200.

.2 Definitions

3.0 POLICY

- .1 The Clinical Services Branch Administrator, in collaboration with the physicians, shall identify acute and chronic medical and mental health conditions that require medications that if not taken by the patient would present a significant danger to the patient's bodily functions, preservation of life or mental stability.
- .2 Medications that meet the criteria in 3.0 Policy, .1, shall be released to the inmate according to the procedures set forth below. The Health Care Section shall order a three-day supply of prescription medication when ordering self-administered blister packs for inmates whose medications meet the criteria in 3.0 Policy, .1 above. The three-day supply shall be used for the purpose of transporting said medications with the inmate to court. Nurse administered medications held in the medical unit that meet the criteria in 3.0 Policy, .1 above will be placed in the envelope for transport to court.
- .3 Over-the-Counter medications, self-administered medications in the inmate's possession and nurse-administered medications that do not meet the criteria set forth in 3.0 Policy, .1, shall be included in the inmate's property. It is the inmate's responsibility to claim his or her belongings after release as set forth

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by facility procedures. The facility shall ensure that inmates are given notice of this practice upon intake into the facility.

- .4 Each facility shall establish procedures that inform inmates during intake orientation that they will be responsible for taking their prescribed self-administered medication at the appropriate time prior to outside movements.
- .5 Inmates on nitroglycerine or inhalers for asthma shall be allowed to keep their medication on their person.
- .6 Public Safety Health Care staff shall be the sole individuals charged with sealing and opening medication envelopes.
- .7 Anyone in the chain-of-custody who is to receive the transported medications where the seal on the envelopes has been tampered with or opened shall submit an official report of their findings through their chain-of-command. A copy of the report shall be submitted to the facility's Health Care Section. The Health Care Section will submit a copy of the report to the Narcotics Enforcement Division if the envelope contained controlled substances.
- .8 The facility shall provide the Medical Section with the names of the inmates who are scheduled for court as soon as the information becomes available to the facility and no later than 7:00 PM the night before the court date to allow Health Care staff to prepare the medication envelopes.

4.0 PROCEDURE

- .1 Health Care staff shall place labeled medication(s) into manila envelopes, seal the envelopes, sign their name across the seal and tape the seal with transparent tape. Each envelope shall be clearly labeled with the inmate's name and SID number. Medical staff shall complete the top half of Form DOC 0486 C, *Verification/Release of Medications*, (Attachment A) and shall attach the form to the outside of the appropriate envelope. The envelopes shall be placed in the appropriate carrier pouch marked with the facility initials, and "Property of the Health Care Section". Two Health Care staff signatures are required across the seal if the envelope contains controlled substances.
- .2 Health Care staff shall complete the top half of DOC 0486 B, *The Transfer of Medications*, (Attachment B) by listing on the form the names of the inmates on required medications who are being transported to court. The total number

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of sealed envelopes in the pouch shall be recorded on DOC 0486 B and attached to the carrier pouch.

- 3 A single Form DOC 0486 D, *Medication Pouch Return*, (Attachment C) shall be placed in the pouch. The pouch shall be taken to Intake according to established facility procedures. Each facility shall establish procedures that shall ensure the timely arrival of the medication pouch at Intake for transport.
- 4 Each section listed on DOC 0486 B that receives the pouch shall have the authorized Public Safety employee sign the appropriate line on the form. Each person receiving the pouch must check the pouch to ensure receipt of the proper number of envelopes recorded on DOC 0486 B and that all envelopes are sealed before signing the tracking form. The person in receipt of the pouch shall keep a copy of DOC 0486 B according to instructions at the bottom of the form. An official report is required if the seal on any envelope is broken or tampered with. Submit the official report through the appropriate Chain-of-Command with a copy to the sending facility's medical section.
- 5 The pouch shall be placed in an approved secure storage vault or container or remain in the possession of the person who signed for the pouch pending transfer to court and upon arrival at the court cellblock.
- 6 Inmates listed on form DOC 0486 B who are released from custody at court shall be given their sealed medication envelope by the authorized court cellblock Public Safety employee. The inmate shall sign form DOC 0486 C that is attached to the envelope. The authorized court cellblock Public Safety employee shall also sign DOC 0486 C as verification that the envelope was given to the inmate. The original form DOC 0486 C should be returned to the pouch. The authorized court cellblock employee and the inmate shall retain a copy of form DOC 0486 C.
- 7 Inmates who refuse to accept their medication envelope shall sign the appropriate line on form DOC 0486 C. The Public Safety employee witnessing the refusal shall also sign form DOC 0486 C. Should an inmate refuse his medication envelope and refuse to sign the form, two Public Safety employees shall record on the lower half of DOC 0486 C as witnesses to the refusal that the inmate refused to accept the envelope and refused to sign the form.

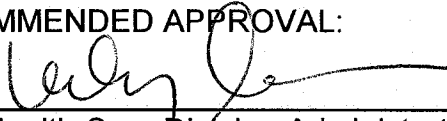
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- 8 Medications not released shall remain in the pouch and be returned with the inmates to the sending facility. The authorized court cellblock employee shall fill out the top part of Form DOC 0486 D, *Medication Pouch Return*. The number of sealed envelopes remaining in the pouch shall be inventoried and recorded on the form. Each Public Safety section taking custody of the pouch on the return trip to the facility shall verify the number of sealed envelopes and shall sign the appropriate line and keep their appropriate copy of DOC 0486 D. The original form shall be returned with the pouch to the sending facility's medical section. Other sections should retain their copy as instructed on the bottom of the form.

5.0 SCOPE

This policy and procedures apply to all law enforcement employees of the Department of Public Safety involved in inmate care and custody.


RECOMMENDED APPROVAL:



Health Care Division Administrator

5/16/02

Date



Deputy Director of Law Enforcement

5/22/02

Date

APPROVED:



Director

5/23/02

Date

DEPARTMENT OF PUBLIC SAFETY
TRANSFER OF MEDICATIONS

Facility _____

Chain of Custody Tracking Sheet

NAME OF INMATES WITH MEDICATIONS

Total Number of Envelopes _____

1 _____

5 _____

2 _____

6 _____

3 _____

7 _____

4 _____

8 _____

**Press hard when signing to ensure all copies are legible.
Name and title must be legible.**

Prepared by _____
(HCS/Name & Title)

Date _____ Sealed YES NO

Received by _____
(Facility Intake/Name & Title)

Date _____ Sealed YES NO

Received by _____
(Transport/Name & Title)

Date _____ Sealed YES NO

Received by _____
(Intake Court Cell Block / Name & Title)

Date _____ Sealed YES NO

Received by _____
(Intake Court Cell Block / Name & Title)

Date _____ Sealed YES NO

1. HCS retain original for 2 years. All other parties retain copy for 7 days.
2. Person in receipt of medication envelopes with a seal(s) broken shall initiate an incident report.

Original: Return original and bin to sending facility's Health Care Unit with all signatures.
 Canary: Retained by Health Care Section after signed by Facility Intake.
 Pink: Retained by Facility Intake after signed by Transport Officer.
 Golden Rod: Retained by Transport Officer after signed by Intake Court Cell Block

DEPARTMENT OF PUBLIC SAFETY
VERIFICATION/RELEASE OF MEDICATIONS

ATTACHMENT B

Name: _____ SID: _____ DOB: _____ Facility: _____

I acknowledge receipt of my medications in a sealed envelope with my name on it.

(Inmate's Signature) (Date)

(PSD Staff Print Name/Title) (PSD Staff Signature) (Date)

I refuse to accept the sealed envelope with my name on it.

(Inmate's Signature) (Date)

(PSD Staff Print Name/Title) (PSD Staff Signature) (Date)

Inmate refused to accept the sealed envelope and refused to sign form DOC 0486 C.

1. _____
(PSD Staff Print Name/Title) (PSD Staff Signature) (Date)

2. _____
(PSD Staff Print Name/Title) (PSD Staff Signature) (Date)

Original: To be returned to the sending facilities medical section with the medication pouch.
File in Consent Index of medical record.

Canary: Retained by court cellblock for seven days.

Pink: Inmate receipt.

DEPARTMENT OF PUBLIC SAFETY
MEDICATION POUCH RETURN
Chain of Custody Tracking Sheet

ATTACHMENT C

FROM: Court Cell Block

TO: _____(Facility)

Name and title must be legible.

1. Number of sealed medication envelopes remaining in the pouch that is being returned to the sending facility _____.

Prepared by _____
(Court Cell Block/Print Name & Title) (Signature) (Date)

Do not accept receipt of the medication pouch if any of the sealed envelopes are opened. You are required to file an incident report through your chain-of-command if any of the sealed envelopes are opened. A copy of the report is to be sent to the Health Care Section recorded on the pouch.

2. I acknowledge receipt of the medication pouch with _____ sealed envelopes.

Received by _____
(Transport Officer/Print Name & Title) (Signature) (Date)

3. I acknowledge receipt of the medication pouch with _____ sealed envelopes.

Received by _____
(Facility Intake/Print Name & Title) (Signature) (Date)

4. I acknowledge receipt of the medication pouch with _____ sealed envelopes.

Received by _____
(Facility HCS/Print Name & Title) (Signature) (Date)

**HCS: Retain original for 2 years.
All other parties retain copy for 7 days.**

Original: Return original & pouch to sending facility's Health Care Section.
Canary: Retained by Court Cell Block after signed by Transport Officer.
Pink: Retained by Transport Officer after signed by Facility Intake.
Golden Rod: Retained by Facility Intake after signed by Health Care Section