



2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

STATE OF WASHINGTON
PERSONNEL APPEALS BOARD

RECEIVED

JUN 30 1997
(360) 386-1481
FAX (360) 753-0139
Department of Corrections
Division of Human Resources

CC-Shalize Ando
BOB TURK

June 27, 1997

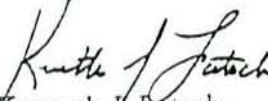
Elizabeth Baker
Washington Public Employees Association
124 - 10th Avenue SW
Olympia, WA 98501

RE: George Allen v. Department of Corrections, Reduction in Salary Appeal,
Case No. RED-97-0034

Dear Ms. Baker:

This letter is to acknowledge receipt of the above entitled appeal by the Personnel Appeals Board on June 16, 1997.

Sincerely,


Kenneth J. Latsch
Executive Secretary

KJL:tmp

cc: George Allen
Linda A. Dalton, AAG
Jennie Adkins, DOC



RED-97-003

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JUN 16 1997

PERSONNEL
APPEALS BOARD

APPEAL FORM

WASHINGTON STATE PERSONNEL APPEALS BOARD

2828 Capitol Boulevard

PH: SCAN 321-1481

P.O. Box 40911

(206) 586-1481

Olympia, WA 98504-0911

FAX: (206) 753-0139

This form will help you provide necessary information to the Personnel Appeals Board when you file an appeal. You are not required to use this form; however, appeals must be filed in accordance with the requirements set forth in Chapter 358-20 WAC.

If the space on the form is insufficient or if you wish to provide additional information, you may attach additional pages.

PRINT OR TYPE - SIGN ON PAGE 2

PART I. APPELLANT IDENTIFICATION

NAME: Allen, George
(Last name, first name, middle initial)

HOME ADDRESS: [REDACTED]
(Number and street)

[REDACTED]
(City, state and ZIP code)

PHONE NUMBERS: SCAN: _____ OFF-SCAN: 426-4433

HOME: (Include area code) [REDACTED]

EMPLOYING AGENCY: DOC - Washington Corrections Center

Name of agency or agencies that took action you are appealing:

Dept. of Corrections

PART II. REPRESENTATIVE'S NAME, ADDRESS AND TELEPHONE NUMBER:

Elizabeth Barker - WPER

124 10th Ave SW Olympia WA 98501 943-1121

An Appellant may authorize a representative to act in his/her behalf.

The Board must be notified of any change in representation.

PART III. TYPE OF APPEAL

Check one of the following to indicate the type of appeal you are filing:

- ☒ a. Disciplinary: (check applicable action(s)).
☐ Dismissal, ☐ Suspension, ☐ Demotion, ☒ Reduction in Pay.
- ☐ b. Disability Separation
- ☐ c. Merit System Rule or State Civil Service Law Violation
 (complete PART IV. of this form)
- ☐ d. Reduction in Force
 (complete PART IV. of this form)
- ☐ e. Allocation (position classification)
 (complete PART V. of this form)
- ☐ f. Declaratory Ruling (see WAC 358-20-050)

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APR 03 1998

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

Department of Corrections
Division of Human Resources



VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

STATE OF WASHINGTON
PERSONNEL APPEALS BOARD

HOME PAGE www.wa.gov/pab

March 31, 1998

CC: WLL
BOB TUNK

STATEMENT OF RESULTS OF PRE-HEARING CONFERENCE

George Allen v. Department of Corrections
Case No.: RED-97-0034 (Reduction in Salary)

A pre-hearing conference was held in the above-captioned matter at 2:00 PM on March 31, 1998 by telephone conference call. Participants in the conference were:

Mark S. Lyon, for the Appellant;

Elizabeth Delay Brown, for the Department of Corrections; and

Don Bennett, for the Personnel Appeals Board.

This statement is issued to record the agreements made by the parties' representatives during the pre-hearing conference and to control the subsequent course of the proceeding. The parties stipulated to the following matters:

1. Discovery is to be completed by August 28, 1998. Requests for discovery must be served with sufficient time for responses to be completed by August 28, 1998.
2. Witness lists and exhibit lists are to be exchanged on or before September 16, 1998. The parties reserve the right to supplement the lists.
3. Pre-hearing briefs, if prepared at the discretion of the parties, will be filed on or before September 25, 1998.
4. The hearing in this matter will be held on September 29, 1998 beginning at 9:00 AM in the Personnel Appeals Board Hearing Room, located at 2828 Capitol Boulevard; Olympia, Washington.
5. This appeal will be assigned to a mediator by the Executive Secretary so that the parties may meet on a mutually agreed date and engage in a good faith attempt to negotiate a resolution of the appeal pursuant to WAC 358-30-024.

0991

The pre-hearing conference was recessed until 9:30 AM on September 25, 1998. At that time, the Executive Secretary or his designee will initiate a conference call with the parties' representatives to discuss possible stipulations on witnesses, exhibits, and the issue to be presented for determination by the Personnel Appeals Board.

The parties shall arrive at the hearing location thirty (30) minutes before the hearing time for the purpose of exchanging copies of exhibits and, if possible, stipulating to admission of exhibits. The parties shall bring six (6) copies of the pre-marked exhibits which they intend to offer into evidence.

Any objections or corrections must be filed with the Executive Secretary within 20 days of the date of this statement and shall, at the same time, be served upon each of the participants named above. This statement becomes part of the official record of the proceedings, and the stipulations will be binding on the parties, unless this statement is modified for good cause.

Dated: 3-31-98

PERSONNEL APPEALS BOARD

By:



DON BENNETT

Executive Secretary

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JUN 09 1998

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

Department of Corrections
Division of Human Resources



STATE OF WASHINGTON
PERSONNEL APPEALS BOARD

HOME PAGE www.wa.gov/pab

June 5, 1998

Elizabeth Delay Brown
Assistant Attorney General
P.O. Box 40145
Olympia, WA 98504-0145

Mark S. Lyon
WPEA
P.O. Box 7159
Olympia, WA 98507

RE: George Allen v. Department of Corrections, Reduction in Salary appeal,
Case No.: RED-97-0034


Dear Ms. Brown and Mr. Newberry:

This letter is to advise you that this case has been assigned to Michael Mallinger. He is a mediator contracted by the Personnel Appeals Board. Mr. Mallinger will be contacting you for the purpose of scheduling a mutually agreeable date and time for a mediation. We appreciate your cooperation in scheduling mediation as soon as possible or the file may be returned to our office to set a date for hearing.

Mediation is an opportunity to bring the parties together to attempt a settlement of the issues on appeal without the need for a hearing. If settlement efforts are unsuccessful, the meeting will move into the prehearing phase and the parties will select a hearing date, attempt to narrow the scope of the issues to be presented to the board, discuss witness and exhibit lists, and possible stipulations between the parties.

If you have any questions, please contact me.

Sincerely,


Don Bennett
Executive Secretary

DB:py

cc: George Allen
Jennie Adkins

F:\Paulette\Mediators\letter to parties

cc: M. Lee
B. Turk
JAY 7/1/98

VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

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APR 03 1998

Department of Corrections
Division of Human Resources

BEFORE THE PERSONNEL APPEALS BOARD

STATE OF WASHINGTON

GEORGE ALLEN,

Appellant,

v.

DEPARTMENT OF CORRECTIONS,

Respondent.

Case No. RED-97-0034

NOTICE OF SCHEDULING


Notice is hereby given of scheduling the hearing on the appeal before the Personnel Appeals Board. The hearing will be held in the Personnel Appeals Board Hearing Room, 2828 Capitol Boulevard, Olympia, Washington, on Tuesday, September 29, 1998, beginning at 9 a.m.

The parties shall arrive at the hearing location thirty (30) minutes before the hearing time for the purpose of exchanging copies of, and when possible, stipulating to exhibits. The parties shall bring six (6) copies of the premarked exhibits which they intend to offer into evidence. Whenever possible, the parties should exchange witness lists prior to the day set for the hearing.

If the services of an interpreter are needed, notify Personnel Appeals Board staff at least two weeks prior to the hearing. The hearing site is barrier free and accessible to the disabled.

DATED this 1st day of April, 1998.

WASHINGTON STATE PERSONNEL APPEALS BOARD


Teresa Parsons, Hearings Coordinator
(360) 664-0479

cc: George Allen, Appellant
Mark S. Lyon, Attorney
Cindy Nabbefeld, WPEA
Elizabeth Delay Brown, AAG
Jennie Adkins, DOC

0994

Personnel Appeals Board
2828 Capitol Boulevard
Olympia, Washington 98504

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

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AUG 28 1998

Department of Corrections
Division of Human Resources



STATE OF WASHINGTON
PERSONNEL APPEALS BOARD

HOME PAGE www.wa.gov/pab

CC: WCC ✓
Turk ✓
VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

August 25, 1998

Mark S. Lyon
WPEA
PO Box 7159
Olympia, WA 98507

RE: George Allen v. Department of Corrections, Reduction in Salary Appeal,
Case No. RED-97-0034

Dear Mr. Lyon:

Enclosed is a copy of the order of the Personnel Appeals Board in the above-referenced matter.
The order was entered by the Board on August 25, 1998.

Sincerely,

Don Bennett
Executive Secretary

DB:kw
Enclosure

cc: George Allen, Appellant
Elizabeth Delay Brown, AAG
Jennie Adkins, DOC
Cindy Nabbefeld, WPEA

0995

RECEIVE

AUG 20 1998

Department of Corrections
Division of Human Resources

RECEIVED

AUG 24 1998

PERSONNEL
APPEALS BOARD

BEFORE THE PERSONNEL APPEALS BOARD
STATE OF WASHINGTON

GEORGE ALLEN

Appellant,

v.

DEPARTMENT OF CORRECTIONS,

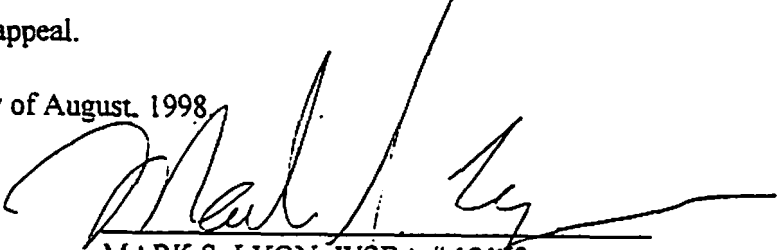
Respondent.

Case No. RED-97-0034

MOTION AND ORDER
OF DISMISSAL

The Appellant hereby notifies the Personnel Appeals Board that he wishes to
withdraw the above-entitled appeal.

DATED this 20th day of August, 1998


MARK S. LYON, WSBA # 12169
WPEA General Counsel
Attorney for the Appellant

This matter came regularly before the Personnel Appeals Board on the
consideration of the request of the Appellant to withdraw his appeal. The Board having
reviewed the files and records herein, being fully advised in the premises, and it
appearing to the Board that the Appellant has requested to withdraw his appeal, now
enters the following:

MOTION AND ORDER
OF DISMISSAL - 1

0996

MARK S. LYON
WPEA General Counsel
Washington Public Employees Association
Mailing Address: P.O. Box 7159, Olympia, WA 98507
Location: 140 Percival St. N.W., Olympia
Telephone: (360) 943-1121

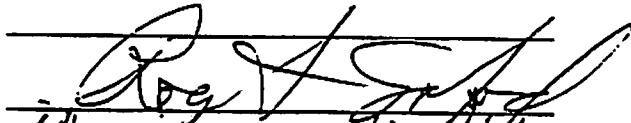
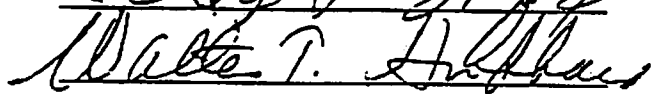
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ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the Appellant's request to
withdraw his appeal is granted and the appeal is dismissed.

DATED this 25th day of August, 19 98

WASHINGTON STATE PERSONNEL APPEALS BOARD

MOTION AND ORDER
OF DISMISSAL - 2

0997

MARK S. LYON
WPEA General Counsel
Washington Public Employees Association
Mailing Address: P.O. Box 7159, Olympia, WA 98507
Location: 140 Percival St. N.W., Olympia
Telephone: (360) 943-1121

CONFIDENTIAL

DEPARTMENT OF CORRECTIONS
DISCIPLINARY ACTION AUTHORIZATION

George Allen

Employee's Name

RECEIVED
MAY 6 1997
Department of Corrections

Date Received at Headquarters 4/30/97	RECOMMENDED ACTION:
Employee's Job Classification RN2	Reduction in Pay: 10% / 6 months / \$2070.00 (Percentage/Length) (Total \$ Amount)
Employee's Job Location MCC	Demotion to: _____ (Job Classification)
Assigned Personnel Officer/Phone # Shalice Ando 427-4616	Suspension: _____ / s (Length) (Total \$ Loss)
	Dismissal: _____ (Effective)
	Hand Delivered 5/8/97
	Date completed form faxed to PO

The attached disciplinary action has been reviewed as noted below. This information is provided under the attorney/client relationship and invokes that privilege. It should be considered CONFIDENTIAL in nature.

Initials/Title	Date	Approve	Disapprove	Comments
DHR Director [Signature]	4/30/97	✓		
AAG [Signature]	5/2/97	✓		
Appropriate Division Director [Signature]	5/5/97	✓		I think something more serious is in order. I am very concerned about these charges, particularly the misleading nature of the charges. He admits to making a mistake as well as he has been of use. I should know from my experience.
DOC Secretary [Signature]	5/6/97	✓		I am concerned that this is not the first or second time - by the way, there is a pattern - is there? I am not indicating that other factors.

Please hand deliver to all reviewers and return to Leslie Carrigg, DHR, 8th Floor, upon completion.

Hand delivered to me
[Signature]

significant, inappropriate
[Signature]
[Signature]
[Signature]

negotiations with Germany. This may even be the last time
for a while we see the President. The President will have died
for his own government.

6660

DRAFT

60 days end 5/21/97
10% for 6 months

DATE

George Allen
[REDACTED]

PERSONAL SERVICE
CONFIDENTIAL

Mr. Allen:

This is official notification that you will be reduced in pay within your present class of Registered Nurse 2 with the Department of Corrections (DOC), Washington Corrections Center (WCC) from Range 45N, Step P, \$3690 per month to Range 45N, Step L, \$3345 per month effective (DATE) through (DATE).

This disciplinary action is taken pursuant to the authority of the Civil Service Law of Washington State, Chapter 41.06 Revised Code of Washington (RCW), and the Merit System Rules (MSR), Title 356 Washington Administrative Code (WAC), WAC 356-34-010 (1) (a) Neglect of duty, (i) Willful violation of the published employing agency or department of personnel rules or regulations and WAC 356-34-020 Reduction in salary-Demotion-Procedure.

Specifically, you neglected your duty and willfully violated department policy on January 26, 1997, when you gave Inmate # [REDACTED] two 60 mg. tablets of MS Contin (morphine sulfate) instead of the prescribed two 30 mg. tablets of Percocet. This error eventually led to the transport of the inmate to a local hospital. Additionally, on this same date, you made an unauthorized visit to Inmate # [REDACTED] at St. Peter Hospital in Olympia, Washington. You did not inform your supervisor or the shift commander that you were going to make this visit and circumvented the security process at St. Peter Hospital to gain access to the inmate's hospital room. These incidents are described in detail in the Employee Conduct Report (ECR) completed on March 21, 1997, which is attached hereto and incorporated herein (Attachment 1).

By your actions, you willfully violated departmental expectations and neglected your duty by failing to meet these expectations that are outlined in the DOC Employee Handbook, which states in part:

"DEPARTMENT EXPECTATIONS

As a representative of the Department of Corrections, you will be expected to:

* Remain constantly alert in all situations;

1000

You are not allowed to:

- Engage in personal relationships with offenders, their family members, or close personal associates;"

Further, your actions constitute neglect of duty and willful violation of DOC Policy 854.075, Employee Relationships with Department of Corrections Offenders, which states in part:

- "2. Association with Offenders: Association with DOC offenders is to be avoided in the interest of professional unbiased service. Unofficial contacts with known offenders under the jurisdiction of DOC are to be reported by employees to their supervisors on form DOC 3-39(X). This does not include casual, unintentional and unsubstantive contacts.

Personal communications and/or relationships between employees and offenders are not appropriate and are prohibited."

On October 11, 1993, you signed an Acknowledgement of Receipt of DOC Employee Handbook, which states:

"I acknowledge receipt of the June 1993 Washington State Department of Corrections Employee Handbook and agree to become familiar with and have a thorough knowledge and understanding of the contents."

On May 7, 1990, in reference to DOC Policy 854.075, you acknowledged that you have "read, discussed, and understand the contents of this Policy Directive." Copies of the DOC Employee Handbook, pages 2 and 3, DOC Policy 854.075 and Acknowledgement of Receipt of DOC Employee Handbook are attached hereto and incorporated herein (Attachments 2 through 4, respectively).

When we met on March 21, 1997, to discuss the incidents that occurred on January 26, 1997, you readily admitted that you had given Inmate [REDACTED] the wrong medication. You stated that you were experiencing stress and picked up the MS Contin instead of the Percocet. You explained that the two medications are stored close together and packaged similarly but at the time, you thought you had the correct medication. It was not until the narcotics were being counted that it was discovered that two tablets of 60 mg. MS Contin were missing.

As medical professional, you are expected and have a duty to be alert to details while dispensing medications. This is extremely important to minimize the possibility of making errors or causing a serious life-threatening incident. Your inattention in retrieving and administering the correct medication to the inmate could have resulted in serious medical consequences for the inmate. You not only gave the inmate the wrong

George Allen
DATE
Page 3

medications, but you also gave him twice as much medication as prescribed, i.e. 120 mg. instead of 60 mg. When I asked you what could be the worst thing that could happen from making a medication error such as the one that you made, you indicated that the inmate could have died. Fortunately, this did not occur in this situation but there was an emergent need to transfer the inmate to a local hospital for closer observation. Your lack of attention in the performance of your duty to properly dispense medications constitutes a neglect of duty.

In discussing your unauthorized visit to Inmate # [REDACTED] you stated while on your way home, you decided to stop by and visit the inmate because you had cared for him while he was in the infirmary at WCC. You knew he was dying and wanted to know how he was doing. However, you did not inform your supervisor or the shift commander that you were intending to visit the inmate. When you arrived at St. Peter Hospital where Inmate # [REDACTED] was hospitalized, you did not gain clearance from the receptionist or the ward staff to proceed to the inmate's hospital room. At no time, did you identify yourself as a WCC employee. Hospital staff alerted the officer on duty that an unauthorized and unidentified visitor was on their way to the room. The officer responded to this call by ensuring the inmate was secure. When you arrived at the room, the officer did recognize you as a nurse from WCC. Shortly thereafter, a hospital security officer arrived at the inmate's room, questioned who you were and explained that you had failed to comply with hospital security procedures. Your actions caused undue alarm for hospital security and the officer on duty as well as disrupting the care of the inmate. You acted in an irresponsible and unprofessional manner thereby neglecting your duty.

Additionally, your visit to Inmate # [REDACTED] at St. Peter Hospital was an unauthorized and intentional personal communication with an offender. This was inappropriate and prohibited behavior on your part. Employees have a responsibility and are required by policy to maintain an unbiased and professional relationship with offenders at all times. By your actions, you have willfully violated agency policy and neglected your duty to comply with the policy.

You signed acknowledgements stating that you had received and understood DOC Policy 854.075 and the DOC Employee Handbook. Your knowledge of department policy and expectations demonstrates the willfulness of your acts of misconduct.

Your actions on January 26, 1997, cause me to have serious concerns about your judgment and your ability to properly and effectively perform your duties as a registered nurse. Your medication error on this date was not the first error that you have made. You admitted that you have made four or five medication errors since you began work here seven years ago. You went on to say that you never tried to hide these errors and reported them immediately. You stated procedural changes have been made to help reduce the possibility of making medication errors. Nonetheless, your inattention in properly dispensing medications is a liability for the facility and could place an inmate in a life or death situation.

George Allen
DATE
Page 4

Your failure to comply with policy and refrain from personal and unprofessional communications with an offender causes me to have doubts that in the future you will act appropriately. Improper communications with inmates could potentially lead to safety and security issues. Given the seriousness and nature of your misconduct as well as the obvious lack of judgment on your part, I believe the disciplinary action described in the first paragraph is appropriate and warranted. You are hereby forewarned that future performance problems/errors/omissions may lead to further corrective/disciplinary action, up to and including dismissal.

You have the right to appeal this action under the provisions of WAC 358-20-010 and WAC 358-20-040, or to file a grievance in accordance with Article 10 of the Collective Bargaining Agreement between the Department of Corrections and the Public Employees Association. If you file an appeal, it must be filed in writing at the office of the Personnel Appeals Board, 2828 Capitol Boulevard, Olympia, WA 98504, within 30 days after the effective date stated in the first paragraph of this letter.

The Merit System Rules, WACs, Department of Corrections policies and Collective Bargaining Agreement are available for your review upon request.

Phil Stanley
Superintendent

PS:sma

Attachments (4)

cc: Jennie Adkins, Director, Division of Human Resources
Eldon Vail, Command Manager, Division of Prisons
Linda Dalton, Senior Assistant Attorney General
Robert Turk, Area Personnel Manager
Shalice Ando, Personnel Officer
Personnel File

DEPARTMENT OF CORRECTIONS

EMPLOYEE PROFILE

Page One of Two

Name ALLEN, George		Classification Registered Nurse 2	
Status Permanent	Current Range/Step Range 45N, Step P	Amount \$3690.00/month	PID Date (Affects?) 11-1-97 (Yes)

PROPOSED ACTION: 10% for 6 months

DATES		From 6 / 1 / 97 To 12 / 1 / 97		No. of Months	6
RANGE/STEP		From 45N/P To 45N/L		(\$)	3345.00/mo

TOTAL LOSS

(\$ 2070.00

A. PERSONNEL/PAY ACTIONS (Information obtained from P-2 Documents): Original date of hire, date(s) of agency/institution transfer(s), date(s) of promotion(s), date(s) of pay change(s) due to disciplinary action(s), etc. List only information which is relevant to the action being proposed.

	EFFECTIVE DATE	TYPE OF ACTION	DISCIPLINARY?
1	5-7-90	DATE OF HIRE	No
2			
3			
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5			
6			



Above section continued on Page Two

B. EMPLOYEE PERFORMANCE EVALUATIONS

DATES (Mo/Yr)		Ratings *	Ratings *	Ratings *	Ratings *	Ratings *	Type	Comments (Note if EPE is part of Disciplinary Letter)
From	To	Far Exceeds	Exceeds	Normal	Minimum	Falls Min.	**	
5/95	to 5/96		A, B, C, E	D			A	
5/94	to 5/95		A, B, C, D	E			A	
5/93	to 5/94		A, B, C, D, E				A	
5/92	to 5/93		A, B, C, D, E				A	
5/91	to 5/92		C	A, B, D, E			A	
9/90	to 5/91		C	A, B, D, E			A	
5/90	to 9/90		C, D	A, B, E			P	
	to							



Above section continued on Page Two

* List Performance Dimensions:

* Indicate Type of Evaluation:

A = Accomplishment of Job Requirements
 B = Job Knowledge and Competence
 C = Job Reliability
 D = Personal Relations
 E = Communications Skills
 F = Performance as Supervisor

P = Probationary
 A = Annual
 T = Trial
 S = Special

THIS FORM TO BE USED IN COMPLIANCE WITH POLICY DIRECTIVE NO. 857.005 FEB 24 1997

WASH. CORR. CNTR.
PERSONNEL OFFICE

INSTRUCTIONS AND TIME LIMITS:

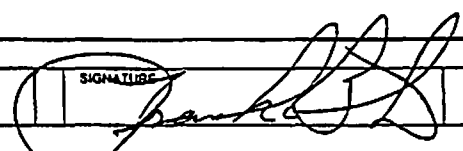
1. The person making the report shall provide a clear description of the incident under "Description of Incident" and, with any witness(es) or person(s) having knowledge, shall sign in the space provided and submit to the supervisor of the involved employee within fourteen (14) calendar days after the date of discovery of an employee's alleged misconduct.
2. The form shall be submitted to the employee involved who shall complete the "Employee's Statement" and return the report to his/her supervisor within seven (7) calendar days following the date of receipt.
3. The appropriate supervisor shall review the facts of the incident, complete the "Supervisor's Report" and submit the report to the Office Head within seven (7) calendar days following the date of receipt.
4. The Office Head or designated representative shall review and within thirty (30) calendar days following the date of receipt determine whether misconduct has occurred. This shall be reported under "Administrative Comments" and shared with the employee. When the supervisor and Office Head are the same person, the supervisor's supervisor shall complete the Administrative Comments.

EMPLOYEE INVOLVED George Allen	ORGANIZATIONAL UNIT WCC / Infirmary	
POSITION TITLE Registered Nurse 2	DATE OF INCIDENT 1/26/97	TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM

DESCRIPTION OF INCIDENT:

It is alleged that on January 26, 1997, that you erroneously gave a medication to inmate [REDACTED] DOC [REDACTED] resulting in potential danger to the patient and his emergency transport to Mason General Hospital.

It is further alleged that you attempted to contact inmate [REDACTED] DOC [REDACTED] at St. Peter Hospital, also on January 26, 1997, without the knowledge of your supervisors.

INITIATED BY:			
NAME (PLEASE PRINT) Frank Barth	POSITION TITLE Health Care Manager	SIGNATURE 	DATE 2/4/97
WITNESS(ES):			
NAME	POSITION TITLE	SIGNATURE	DATE
NAME	POSITION TITLE	SIGNATURE	DATE

DATE DELIVERED TO EMPLOYEE

2/4/97

BY

[Signature]

EMPLOYEE'S STATEMENT:

WILL MAKE STATEMENT AT HEARING.

Signature of
Employee:

[Signature]

Date:

2/11/97

SUPERVISOR'S REPORT:

DATE RECEIVED BY SUPERVISOR

2-11-97

BY

[Signature]

In review of the attached documentation, and statements made by Employee George Allen, it appears that both the incidents as alleged in the ECR have occurred as reported. In review of the attached documentation, it is apparent that employee Allen was aware of appropriate procedures regarding giving the medications and his actions did create a potential danger to a patient. In reference to the second allegation, and review of employee Allen's personnel file, he had signed receipt and been aware of Policy Directive 854.075, Employee's Relationship with the DOC Offenders. The employee was contacted and declined interview.

Signature & Title
of Supervisor:

[Signature]

Date:

2/21/97

ADMINISTRATIVE COMMENTS: DATE RECEIVED BY OFFICE HEAD

2-21-97

BY

[Signature]

We met on March 21, 1997, to discuss this ECR. Present besides you and I were Shalice Ando, Personnel Officer and Rick Root, your representative. After considering the information available to me, I find that misconduct occurred. Appropriate corrective/disciplinary action will follow under separate cover.

Signature of
Office Head:

[Signature]

Date:

1006

3/21/97

ATTACHMENT

1006 2 106

DISTRIBUTION
ORIGINAL - EMPLOYEE'S PERSONNEL FILE
ONE COPY - EMPLOYEE

EMPLOYEE CONDUCT REPORT

THIS FORM TO BE USED IN COMPLIANCE WITH POLICY DIRECTIVE NO. 857.005

RECEIVED

FEB 04 1997

INSTRUCTIONS AND TIME LIMITS:

1. The person making the report shall provide a clear description of the incident under "Description of Incident" and, with any witness(es) or person(s) having knowledge, shall sign in the space provided and submit to the supervisor of the involved employee within fourteen (14) calendar days after the date of discovery of an employee's alleged misconduct.
2. The form shall be submitted to the employee involved who shall complete the "Employee's Statement" and return the report to his/her supervisor within seven (7) calendar days following the date of receipt.
3. The appropriate supervisor shall review the facts of the incident, complete the "Supervisor's Report" and submit the report to the Office Head within seven (7) calendar days following the date of receipt.
4. The Office Head or designated representative shall review and within thirty (30) calendar days following the date of receipt determine whether misconduct has occurred. This shall be reported under "Administrative Comments" and shared with the employee. When the supervisor and Office Head are the same person, the supervisor's supervisor shall complete the Administrative Comments.

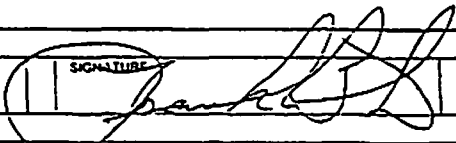
WASH. CORR. CNTR.
PERSONNEL OFFICE

EMPLOYEE INVOLVED George Allen	ORGANIZATIONAL UNIT WCC / Infirmary
POSITION TITLE Registered Nurse 2	DATE OF INCIDENT 1/26/97
	TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM

DESCRIPTION OF INCIDENT:

It is alleged that on January 26, 1997, that you erroneously gave a medication to inmate [REDACTED], DOC # [REDACTED] resulting in potential danger to the patient and his emergency transport to Mason General Hospital.

It is further alleged that you attempted to contact inmate [REDACTED] DOC # [REDACTED] at St. Peter Hospital, also on January 26, 1997, without the knowledge of your supervisors.

INITIATED BY:			
NAME (PLEASE PRINT) Frank Barth	POSITION TITLE Health Care Manager	SIGNATURE 	DATE 2/4/97
WITNESS(ES):			
NAME	POSITION TITLE	SIGNATURE	DATE
NAME	POSITION TITLE	SIGNATURE	DATE

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ATTACHMENT 1
PAGE 3 OF 106

DATE DELIVERED TO EMPLOYEE

2/4/97

BY

[Signature]

EMPLOYEE'S STATEMENT:

Signature of
Employee:

Date:

SUPERVISOR'S REPORT:

DATE RECEIVED BY SUPERVISOR

BY:

Signature & Title
of Supervisor:

Date:

ADMINISTRATIVE COMMENTS: DATE RECEIVED BY OFFICE HEAD

BY:

Signature of
Office Head:

Date:



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

February 10, 1997

TO: Jerry Tauscher
Correctional Program Manager

FROM: Jason R. P. Crabbe *JRPC*
Human Resource Assistant

SUBJECT: ECR - GEORGE ALLEN

The Superintendent has designated you as the "Supervisor" or investigator for the ECR initiated on 02/04/97 concerning George Allen. The employee has yet to turn in the "Employee's Statement" which is due on February 11, 1997. When this is turned in, you will have seven (7) calendar days to complete your investigation.

If you have any questions, you may contact me at 5267.

/jrpc

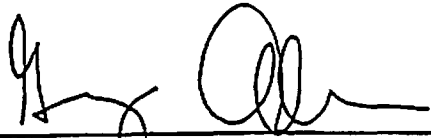
cc. Shalice Ando, Personnel Manager

ALLEN, GEORGE

Employee Name (Please Print)

**ACKNOWLEDGEMENT OF RECEIPT OF
DOC EMPLOYEE HANDBOOK**

I acknowledge receipt of the June 1993 Washington State Department of Corrections Employee Handbook and agree to become familiar with and have a thorough knowledge and understanding of the contents.



Employee Signature

10/11/93

Date

Original - Personnel File

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ATTACHMENT 1
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BASIC ORIENTATION

DO NOT

- ☒ BRING PERSONAL WEAPONS, AMMUNITION, KNIVES, STERGAS PENCILS, OR OTHER SELF-DEFENSE PARAPHANALIA ON TO WCC GROUNDS
- ☒ BRING DRUGS, ALCONOL ON TO WCC GROUNDS
- ☒ BRING MORE THAN ONE DAYS SUPPLY OF YOUR MEDICATION, VITAMINS, OR OTHER MEDICAL MATERIALS ON TO WCC GROUNDS
- ☒ ENTER INSTITUTION UNDER THE INFLUENCE OF DRUGS OR ALCOHOL
- ☒ DRINK ALCOHOLIC BEVERAGES 8 HOURS PRIOR TO COMING ON DUTY
- ☒ SLEEP ON DUTY
- ☒ MISUSE, TAMPER WITH OR DEFACE STATE PROPERTY OR EQUIPMENT
- ☒ READ ON DUTY EXCEPT FOR JOB RELATED MATERIALS AS REQUIRED
- ☒ PLAY CARDS, CH 6S, CHECKERS OR OTHER GAMES WITH INMATES OR OTHER STAFF
- ☒ ACCEPT PERSONAL FAVORS OR GIFTS FROM INMATES OR THEIR FAMILIES
- ☒ GET PERSONALLY INVOLVED WITH INMATES OR THEIR FAMILIES

CAN DO

- ☒ BE FRIENDLY IN A PROFESSIONAL MANNER
- ☒ BE A GOOD LISTENER, BUT REMEMBER THE OTHER INMATES--ARE YOU PURPOSELY BEING DETAINED?
- ☒ SEARCH INMATE PERSON, PROPERTY, AND SURROUNDING AREA
- ☒ SET A GOOD EXAMPLE IN EVERYTHING YOU DO, SAY AND ARE A PART OF

(05-20-88)

DO NOT

- ☒ TREAT ONE GROUP BETTER THAN ANOTHER (ETHIC, RELIGIOUS, ETC.)
- ☒ TALK ABOUT OR AGAINST OTHER STAFF OR DEPARTMENTS IN A NEGATIVE MANNER
- ☒ LOSE YOUR TEMPER OR USE PROFANITY OR VULGARITY TOWARDS STAFF OR INMATES
- ☒ MAKE PROMISES THAT CANNOT BE KEPT
- ☒ USE NICKNAMES
- ☒ DISCUSS PERSONAL PROBLEMS WITH INMATES
- ☒ HELP INMATES WITH WRITS OR LEGAL DOCUMENTS, REFER TO LEGAL AID
- ☒ BE LAX IN PERFORMING YOUR ASSIGNED DUTIES
- ☒ FORGET TO CALL THE INSTITUTION AND/OR YOUR SUPERVISOR AT LEAST ONE HOUR BEFORE YOUR ASSIGNED WORK SCHEDULE IF YOU ARE SICK OR OTHERWISE DETAINED
- ☒ WAS ISSUED AND READ DIVISION POLICY DIRECTIVE 854.075

CAN DO

- ☒ ASSIST INMATES BY DIRECTION THEM TO THE PROPER STAFF OR DEPARTMENT BEST ABLE TO HANDLE GIVEN PROBLEM
- ☒ REPRIMAND WHEN GUIDANCE AND CORRECTION HAVE FAILED. DOCUMENT IN WRITING.
- ☒ USE PHYSICAL FORCE FOR PERSONAL PROTECT OR TO GAIN CONTROL, OR MOVEMENT OF AN UNRULY INMATE. DO NOT GO BEYOND WHAT IS NECESSARY AND BECOME THE AGRESSOR

ATTACHMENT

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POLICY DIRECTIVE

Department of Corrections

PERSONNEL SERVICES

No. 854.075

Effective Date: July 1, 1983

Page 1 of 2

Subject: EMPLOYEE RELATIONSHIPS WITH DEPARTMENT OF
CORRECTIONS OFFENDERS

Objective:

To provide guidelines to ensure that employee relationships with offenders are maintained in a professional manner.

Policy:

Relationships with offenders must be conducted in a manner consistent with state law and prudent correctional practice. Employees are expected to manage their relations with offenders in a professional manner at all times and to treat offenders with respect and dignity.

1. Favoritism: Staff must recognize the individuality of offenders without favoritism. Such conduct is inherently unfair to both the favored and the nonfavored. Conversely, grudge holding, bias, or unwarranted negativism toward or regarding an offender is to be avoided. Professional reaction to offenders must always be objective and not based on personal or subjective issues.
2. Association with Offenders: Association with DOC offenders is to be avoided in the interest of professional unbiased service. Unofficial contacts with known offenders under the jurisdiction of DOC are to be reported by employees to their supervisors on form DOC 3-39(X). This does not include casual, unintentional and unsubstantive contacts.

Personal communications and/or relationships between employees and offenders are not appropriate and are prohibited.

3. Trafficking: Without specific written approval of the appointing authority, no employee may give or accept gifts, gratuities or favors, have any barter or financial dealings with an offender, an offender's family or agent. "Gratuities" include any form of property or services.
4. Messages and Articles of Property: Employees may engage in the transmission of messages, mail, or articles of property only as part of their authorized duties.

ATTACHMENT 1

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POLICY DIRECTIVE

Department of Corrections

No. 854.075

Page 2 of 2

5. Writs and Petitions: Without specific approval from the appointing authority, employees are not to assist, advise, or counsel offenders in the preparation of writs, appeals, or petitions for executive clemency or other legal concerns of similar nature. Employees may refer offenders to the appropriate legal service agency or persons for assistance in these matters.
6. Offender Sponsorship: Employees are not to serve as furlough sponsors for inmates or work/training residents.

Exceptions to this policy require the written permission from the Secretary or his designee.

Supersession:

Policy Directive 851.005, Employee Relationships with Department of Corrections Offenders, May 1, 1982.

I have read, discussed, and understand the contents of this Policy Directive.

5/7/90
Date

[Signature]
Trainee

Trainer

ATTACHMENT 1

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Approved, Secretary of Corrections

[Signature] 6/6/83
Date



DEPARTMENT OF CORRECTIONS

REPORT OF CONTACT WITH A D.O.C. OFFENDER

NAME		DIVISION OR OFFICE	
INSTITUTION OR REGION		JOB TITLE (WITH D.O.C.)	
PURSUANT TO THE REQUIREMENTS OF DOC POLICY DIRECTIVE 854.075, REGARDING EMPLOYEE RELATIONSHIPS WITH D.O.C. OFFENDERS, THIS IS TO REPORT THAT I HAD THE FOLLOWING CONTACT:			
NAME OF OTHER OFFENDER OR IDENTIFYING FEATURE		LOCATION OF CONTACT	
DESCRIPTION OF CONTACT		LENGTH OF CONTACT	
EMPLOYEE'S SIGNATURE		DATE OF CONTACT	
REPORT REVIEWED BY:		DATE OF REPORT	
SUPERVISOR	TITLE	DATE	CONTACT WAS: <input type="checkbox"/> SIGNIFICANT <input type="checkbox"/> NONSIGNIFICANT
SUPERINTENDENT/REGIONAL ADMINISTRATOR/COMMUNITY RESIDENTIAL AREA ADMINISTRATOR OR DIVISION DIRECTOR OR OFFICE CHIEF IF IN HEADQUARTERS:			
SIGNATURE	TITLE	DATE	

OCC 03-038 m (5/91)

ATTACHMENT

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CHASE RIVELAND
SECRETARY

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
MEMORANDUM

TO: Phil Stanley
SUPERINTENDENT

DATE: Jan 24, 1997

FROM: WCC DUTY OFFICER

SUBJECT: WEEK-END DUTY OFFICER REPORT

date	time	place	incident
1-24-97	1608	Major Control	RICHARDSON 215029 back from St Peter's hospital stay to C6.
"	1805	R-2	HOLM 759363 from R2 to WCC Infirmary/COU
"	2010	R-1	KELLEY 633330 (1G5U) and JONES 963530 (1G5L) to IMU/PHC for fighting
"	2020	R-3	DAVIS 756290 (3A4) to WCC Infirmary - fell in shower, sust injury to leg.
"	2030	R-3	MARCELL 703494 (3B10) to IMU/Ad Seg for secured housing.
"	2050	R-3	BURTON 702476 (3A7) to to IMU for possible assault on MARC 703494.
1-25-97	0545	MAJOR CONTROL	NO ENTRIES..
1-25-97	1325	MAJ. CONT.	NO ENTRIES.
1-25-97	1515	R-2	PELKEY 760235 (2E10) to IMU/Ad Seg for secured housing.
"	1900	R-3	COOK 760390 (3G4) and RETINGER 287570 (3G4) to IMU / PHC infraction 602. COOK also infringed with 660 and 663
"	1945	R-3	CHAN 759699 (3B5) to IMU/Ad Seg for secured housing.
1-26-97	1925	R-5	Inmate clearcoats #719544 to I.M.U. for infraction #103,
1-26-97	2121	HOSPITAL	Inmate [REDACTED] # [REDACTED] to Mason General Hospital via ambulance for medication error.
1-26-97	2200	WCC	[REDACTED] ADMITTED NGH #147

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ATTACHMENT 1

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GT0010

WASHINGTON DEPARTMENT OF CORRECTIONS
INCIDENT REPORTDATE: 01/26/97
TIME: 22:20:44

NO:3817 TYPE:MEDICAL TRANSPORT

STAFF REPORTING:LT. R. BROWN

TYPE:

TYPE:

OCCURRED ON: 01/26/97 AT 08:55PM

REPORTED ON: 01/26/97 AT 10:25PM

LOCATION: WA COR CTR HOSP

CONFIDENTIAL: NO

PLACE: LIVING UNIT 1

WCC INFIRMARY RM HC02

STAFF INVOLVED

INJ HOS

OFFENDERS INVOLVED

INJ HOS

ALLEN, GEORGE

N N

TUFTS-RICH, BETH

N N

WILLIAMS, HAL

N N

MOUNTS, CHERYL

N N

BORCHERS, BEVERLY

N N

Y Y

DESCRIPTION:

INMATE [REDACTED] WAS ADMINISTERED A DOSE OF MORPHINE BY MISTAKE AT APPROXIMATELY 02:50PM BY GEORGE ALLEN, RN. INMATE [REDACTED] DEVELOPED AN ADVERSE REACTION AND WAS TRANSPORTED TO MASON GENERAL HOSPITAL BY AMBULANCE AT 09:05PM.

PROPERTY DAMAGE: NO APPROXIMATE COST: \$ 0.

OTHER AGENCIES CONTACTED: DATE: 01/26/97 TIME: 08:55PM

MASON MEDIC ONE AMBULANCE MASON GENERAL HOSPITAL

HOSP NAME: MASON GENERAL HOSPIT FOLLOWUP RPT: NO AGAINST: INMATE

----- OFFENDERS INVOLVED -----

NAMES: [REDACTED] DOC NO: [REDACTED] CLASS: CLOSE

LAST KNOWN ADDR: [REDACTED]

WA

DOB: 08/30/1969 SEX: M RACE: WHITE HISP.ORIG: N REL.DATE: 03/02/2002

MSC: OTHER VIOL CHILD SEX COUNTY: CLARK

RECEIVED WCC-R: 11/15/96 TRANSFER TO PRESENT FACILITY: 01/22/97

VIC/WIT ELIGIBLE: YES FURLOUGH: NO

FBI NO: 959338JAS SSA NO: [REDACTED] SID NO: 14237644

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STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

01-26-97

TO: LT. BROWN, SHIFT HELTENDANT

PURSUANT TO VERBAL REQUEST OF DUTY OFFICER ELAINE THOMAS THIS IS TO ADVISE THAT WHILE PERFORMING THE ROUTINE CHECK OF SHIFT NARCOTIC COUNT WITH DAY SHIFT RA, GEORGE ALLEN, IT WAS DISCOVERED THAT (2) TABLETS OF 100 MG MS CONTIN HAD BEEN GIVEN TO I/M [REDACTED] (# [REDACTED]) BY GEORGE ALLEN, RN ON THIS DATE. RA ALLEN ADVISED, JDC ALLEN RIDDLE OF MEDICATION ERROR AND ORDERS WERE WRITTEN TO COUNTER ACT THE EFFECT OF 100 MGMS OF MS CONTIN WHICH HAD BEEN GIVEN (P.O.) TO I/M [REDACTED]. SHIFT LEADER, F. TILTS-KICH, RN TOOK CHARGE OF IMPLEMENTING NEW ORDERS AND COORDINATING CONTINUOUS MONITORING OF I/M [REDACTED]

ATTACHMENT 1

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Cheryl A. Mounts, L

CHEYL A. MOUNTS, L.R.N.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

TO: Lt. Brown

Date: 1/26/97

I was notified in change of shift report that I/m [redacted] had been given 2 tabs of Morphine Sulfate 60mg (ea.) instead of 2 Percocet at 1440 today. PAC Riddle was notified immediately after discovery of error. Orders were recd. + carried out, requiring 1:1 Nursing from 1500 til departure from WCC @ 2120. I/m was cared for by F. Tufts-Rich RN, I did Diabetic Lines + Treatment Room, helping with his care. I/m became much more sedated @ 2050 with slurred speech and dilated pupils. Orders were received from PAC Williams to send to MGH. I/m sent via ambulance because of the increased risk of aspiration should he resume vomiting while so sedated.

We were notified of his admission to MGH @ approx 2200.

B. Buchanan RN

cc: Jodi Coleman RN III
Frank Barth HCM I
Gary McCracken HCM II
Hal Williams PAC

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ATTACHMENT 1
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STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

To H. Brown
From: F. J. R. R. R.

26 Jan 97

Re: [REDACTED]

On 26 Jan 97 "1500" I received verbal report from day shift re: 1/m [REDACTED]
I was advised the above 1/m had received 120mg MS contin, and was evaluated
by Probbs PAC. Orders had been received and instituted. PAC Riddle
advised that he notified Williams PAC re 1/m [REDACTED] status.
1/m [REDACTED] was tid & monitored through out pm. 1/m [REDACTED] status
changes were reported to Williams PAC. Orders received from Williams
were noted and executed.

Per order E Thomas OD, Frank Barth HM was advised re. above.
and memo completed.

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CHASE RIVELAND
SECRETARY

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
MEMORANDUM

OFFICE OF THE
SUPERINTENDENT

JAN 28 1997

ATTACHMENT

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TO: LT Brown^{RB}

DATE: 1-27-97

FROM: OFFICER B. FRAHM

SUBJECT: RN GEORGE ALLEN AND
ST PETERS HOSPITAL

On 1-26-97, AT ST PETER'S HOSPITAL, AT APROX. 1935, I RECEIVED A PHONE CALL FROM THE 3RD FLOOR NURSES STATION INFORMING ME THAT AN UNIDENTIFIED PERSON WAS ON THEIR WAY UP FROM THE LOBBY. AT THE SAME TIME A FLOOR RN CAME TO THE ROOM TO ASSIST WITH ONGOING CARE OF INMATE [REDACTED]. HE ALSO INFORMED ME OF A VISITOR COMING FROM THE LOBBY AND THAT SECURITY HAD BEEN CALLED TO ASSIST. I DOUBLE CHECKED THE INMATES RESTRAINTS, FINDING THEM ALL SECURE.

THERE WAS A KNOCK ON THE DOOR I ANSWERED, I SAW RN. ^{GEORGE} GARE ALLEN. HE STATED, "I WAS JUST OUT WATCHING THE SUPPER BOWL AND DECIDE TO STOP AND CHECK ON INMATE [REDACTED]" I TOLD HIM THAT THIS WAS A BAD TIME, BUT SINCE HE WAS HERE, HE COULD STICK HIS HEAD IN FOR



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
MEMORANDUM

CHASE RIVELAND
SECRETARY

TO:

DATE:

ATTACHMENT 1

FROM:

SUBJECT:

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A MINUTE.

HE STEPPED INTO THE ROOM AND ASKED HOW THE INMATE WAS. AS THE INMATE ANSWERED THERE WAS ANOTHER KNOCK ON THE DOOR. IT WAS ST. PETER'S HOSPITAL SECURITY. HE ASKED IF EVERYTHING WAS ALL RIGHT. I ANSWERED "YES, I KNOW THIS GENTLEMAN FROM W.I.L.L. HE'S AN RN THERE." HE REPLIED "OK, COULD I HAVE HIM STEpped OUT INTO THE HALL FOR A MINUTE." I REPLIED "SURE, NOT A PROBLEM."

RN. ALLEN WAS ALREADY AT THE DOOR BY THIS TIME AND STEPPED OUT INTO THE HALL.

THE SECURITY OFFICER ASKED TO SEE HIS D.O.C. IDENTIFICATION.

RN ALLEN PRODUCED HIS D.O.C. ID AND GAVE IT TO THE OFFICER. THE OFFICER COPIED THE INFORMATION DOWN. HE THEN SAID, "YOU SHOULD KNOW THAT THE PROPER PROCEDURE FOR VISITING SHOULD HAVE BEEN TO SHOW YOUR D.O.C. ID AND LET THE RECEPTIONIST CALL UP HERE AND CHECK WITH THE OFFICER FIRST." 1021
"CAN YOU SEE THAT WHEN YOU COME IN AND ASK



CHASE RIVELAND
SECRETARY

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
MEMORANDUM

ATTACHMENT 1
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DATE:

TO:

SUBJECT:

FROM:

TO SEE THIS MAN AND ONE DID HE'S NOT HERE AND YOU TELL HER THAT YOU KNOW HE'S HERE AND YOUR GOING UP. DO YOU SEE WERE THIS SETS OFF BELLS HERE?" HE RESPONDED, "WELL I DIDN'T THINK THAT IT WOULD BE A PROBLEM." THE OFFICER SAID, "WELL MY UNDERSTANDING WAS THAT THERE IS TO BE NO VISITORS TO THESE ROOMS. THIS OFFICER KNOWS YOU SO THIS ISN'T A PROBLEM NOW BUT YOU AT LEAST NEED TO WEAR YOUR DOL ID AND GO THRU THE PROPER PROCEDURES. DO YOU UNDERSTAND?" RN ALLEN REPLIED, "YES, SORRY, I DIDN'T THINK THIS WOULD BE A PROBLEM."

THE SECURITY OFFICER LEFT. RN ALLEN TURNED AND STEPPED IN TO THE DOOR WAY. HE ASKED ME, "IS THIS GOING TO BE A PROBLEM FOR YOU?" I SAID "YES, PROBABLY, AND PROBABLY ONE FOR YOU TO BECAUSE I'M GOING TO HAVE TO LOG THIS AND WRITE A MEMO. IF I HAD KNOWN THAT YOU DIDN'T IDENTIFY YOURSELF AND CAME UP HERE AFTER THE RECEPTIONIST HAD TOLD YOU NOT TO, I WOULDN'T HAVE EVEN LET YOU IN. YOU SHOULD



CHASE RIVELAND
SECRETARY

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
MEMORANDUM

TO:

DATE:

FROM:

SUBJECT:

HAVE KNOWN BETTER THAN THIS.

RN. ALLEN REPLIED "I DIDN'T THINK THIS WOULD BE A PROBLEM. I SHOULD PROBABLY LEAVE." I RESPONDED "THAT'S THE BEST THING TO DO" HE SAID GOODBYE TO INMATE [REDACTED] AND LEFT.

AT THE 2100 COUNT I TALKED WITH OFFICER TEETER. I ASKED TO SPEAK WITH THE MAJOR CONTROL SERGANT. HE SAID THAT THEY WERE IN THE MIDDLE OF AN AMBULANCE RUN AND WERE STARTING COUNT AND SHE WAS VERY BUSY. I TOLD HIM THATS OK I'LL JUST WRITE A MEMO TOMORROW.

YTB /
1-27-97
2035 hrs.

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ATTACHMENT 1
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To: NORRIS LAWRENCE
From: ARMSTRONG CLYDE
Date: Sunday 26-Jan-97 at 11:07pm
Subject: GEORGE ALLEN RN

DOC-DP-C1-LN0
DOC-DP-C1-CA1

Mr George visited Inmate [REDACTED] at St Peters Hospital at 2009 to 2011. His visit was without notification to Hospital security. They were concerned and requested that they be notified of any one coming to the hospital for the purpose of visiting/checking on an inmate in the future.

cc: BARTH FRANK

DOC-DP-C1-FBC

..... Message amended by: DOC-DP-C1-FBC BARTH FRANK

on: Tue 28-Jan-97 at: 3:20pm

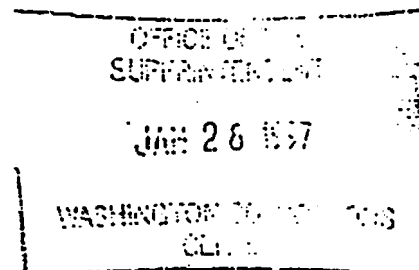
phil, is this the visit you referred to? frank.

..... Routed on: Tue 28-Jan-97 at: 3:20pm

From: DOC-DP-C1-FBC BARTH FRANK

To: DOC-DP-C1-PS4 STANLEY PHIL

*** End of message ***



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ATTACHMENT 1
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STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

January 27, 1997

TO: G. L. Navarro, M.D.
Frank Barth, Health Care Manager

FROM: Jodi Coleman, RN 3
Inpatient Nursing Supervisor

SUBJECT: Incident Involving Medication Error by George Allen, RN 2
My Investigation and Findings

At approximately 9:00 p.m. on January 26, 1997, I received a phone call from Beth Tufts-Rich, RN 2, stating that she had sent a patient to the hospital due to a medication error by George Allen, RN 2. She stated custody was quite upset about a medication error and wanted to know "why". She said that the PA had said to send him to Mason General Hospital. She also stated that the standard procedures and precautions had been observed.

I called her back at 11:00 p.m. and asked her to call Frank Barth, HCM. She stated she had already done so.

At approximately 6:55 a.m., January 27, 1997, I called Mason General Hospital ICU to inquire the condition of Mr. [REDACTED] DOC # [REDACTED]. The ICU nurse reassured me several times the patient was fine. She stated the ER physician had put him ICU as a precaution only. "He is a very cautious doctor." She stated he was having chest pain this morning but only after the Corrections Officer asked if he could come back to WCC today.

On January 27, 1997, at 7:00 a.m., under my office door I found three pages of memo from the 3 - 11 p.m. shift regarding the incident.

- 1) Memo from Tufts-Rich to Lt. Brown per order of Elaine Thomas, Duty Officer.
- 2) Memo from Cheryl Mounts, LPN, to J. Coleman, Frank Barth and Gary McCracken.
- 3) Memo from Beverly Borchers, RN, to Lt. Brown. See attached.

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ATTACHMENT 1
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Dr. Navarro / Frank Barth
January 27, 1997
Page Two

On January 27, 1997, at 7:00 a.m., I asked George Allen where his Accident/Incident Report was and he provided me with a copy. It only states the error and treatment. please note the times between ingestion and treatment was 5 minutes. See attached.

On January 27, 1997, at 8:15 a.m., Crystal Nielsen, HCM Secretary, informed me. Frank Barth, HCM, requested me to do an investigation.

Conclusion and recommendations about why so many errors by George Allen, RN.

My investigation (procedurally)

1. Checking on the patient's condition at the hospital, at 9:30 a.m., I called ICU and patient is being discharged to WCC this a.m. (January 27, 1997). I requested all the hospital ICU and ER records be copied and sent back with the patient to establish patient status (my first concern is the patient).
2. I called the ambulance company, Medic 3, and asked for a copy of the ambulance report. They said they will fax this information (to avail myself of all information).
3. I talked with the staff involved (essentially an interview), George Allen, RN 2, Allen, Riddle, CHCS 2, and Cheryl Mounts, LPN.
 - a. George Allen, RN, gave me a detailed outline of the incident (see attached). He stated he had already given Cheryl Mounts the narcotics keys, then took them back to give [REDACTED] this prn med. He then counted the narcotics and realized he had an error. He reported this error without five minutes and orders were received. patient was checked by PA.
 - b. Allen Riddle, PA-C, stated he had been informed and had acted on the information. He provided a written statement to Dr. Navarro who gave me a copy. There is no notation in the patient's record that reflects this January 27 written statement by A. Riddle. Some appear to be verbal orders and should have been in the provider's notes.
 - c. Cheryl Mounts, LPN, was interviewed by telephone and will bring in a detailed written report today. She said that she already received the narcotic keys from George and had completed the instrument/needle counts with Doyleene Grimes in the treatment room and sterile room at 2:35 p.m. When she returned to the nurses station, George had asked for the keys back to give [REDACTED] prn med because he was in pain and most uncomfortable. George gave the meds and then started the narcotic count.

Dr. Navarro / Frank Barth
January 27, 1997
Page Three

4. Review of medical record (documentation review).
 - a. WCC Health Record concludes a medication error was made on January 26 and a provider was notified immediately and orders received.
 - b. Mason General Hospital - See attached.
 - c. Mason county ambulance - Medic I - Not received yet.

5. Physical examination of the narcotics and the way they are stored.

The two meds (percocet and MS) are stored next to each other and have the same color wrapper. A work order was sent in on January 24 to have a special box made with dividers so the narcotic pills are easier to use and to count. (This is the area where the error occurred.)

6. Review of procedure for narcotic medications on the inpatient ward (see attached). They still apply and are relevant.

Conclusion: A serious accident did occur. We are fortunately we had a positive outcome.

Recommendations:

1. Give George Allen, RN, a letter of counseling and review all recent med errors with him to include a review every month for six months.
2. A better Accident/Incident report form. This form must be more specific to medication errors. (Could be like the WCC Injury Form and Med. See January 16, 1997, memo from myself).
3. Review Allen Riddle's notes to Dr. Navarro. If this information is not in the chart, it should have been, especially the vital signs.
4. Obtain narcotics box for ward narcotics that has dividers.
5. Determine why a patient was sent to Mason General Hospital ER. Vital signs and ranges were in Mr. Riddle's notes. (See MGH papers).

JC:cn

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ATTACHMENT 1
PAGE 23 OF 106



DEPARTMENT OF CORRECTIONS
ACCIDENT/INCIDENT REPORT

OFFENDER ID. DATA

8/30/69

NOTE: REPORT ALL ACCIDENTS OR INCIDENTS EVEN IF NO APPARENT INJURY.

DATE OF ACCIDENT OR INCIDENT MONTH DAY YEAR 1 / 26 / 97			TIME 1440 AM P.M.	EXACT LOCATION INFIRMARY WARD
FIRST REPORTED FOR TREATMENT MONTH DAY YEAR 1 / 26 / 97			TIME 1445 AM P.M.	WAS IT NECESSARY TO NOTIFY A PRACTITIONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PRACTITIONER PAC RIDDLE			NAME OF SUPERVISING NURSE GEORGE ALLEN RN - JODY COLEMAN	

INCIDENT
DESCRIBE HOW INJURY OCCURRED: GIVEN MS COTIN INSTEAD OF PERCOET FOR PAIN MEDICATIONS - NOT ALLERGIC TO M.S.

DESCRIBE LOCATION AND EXTENT OF INJURIES: D

RESULTS OF X-RAY/OTHER DIAGNOSTIC TESTS: D

TREATMENT ADMINISTERED: VITALS TAKEN AND REPORTED TO PAC RIDDLE - 30 CC'S OF IPECAC GIVEN & H₂O. BEING MONITORED ORDERS WRITTEN BY PAC RIDDLE.

DISPOSITION:

- ☐ HOSPITALIZED
☐ MINOR INJURY - NO SIGNIFICANT LOSS OF TIME ANTICIPATED
☐ FIRST AID ONLY
☒ FOLLOW-UP BY PRACTITIONER

☐ OTHER (specify) _____

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REPORTED BY: GEORGE ALLEN RN SIGNATURE: [Signature] DATE: 1/26/97 TIME: 1515 AM

DISTRIBUTION: • Health Care Authority • Safety Officer • Supervisor • Quality Management Coordinator

ATTACHMENT 1

DO NOT FILE IN HEALTH RECORD

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1-27-97

I was notified at approx 1445 - on 1-26-97 by George Allen, RN that he had given 2 60mg MS contin tablets to 1m [REDACTED] by error. On examination the 1m was alert, oriented and in no acute distress. He had no respiratory distress, speech was normal. I ordered Ipecac 30cc to be given with water. When 1m vomited no tablets could be seen in the vomitus. I ordered activated charcoal and mag citrate po. Orders were also given for close monitoring of BP & Resp as well as 0.4mg Narcan if BP ↓ to <90 systolic and for resp <12/min. I also ordered the nursing staff to contact PA Williams, who I informed of the situation via telephone, of any changes in the 1m's status. I verbally instructed the nurses to put in a hip-lock if Narcan was to be used and prepare to transfer 1m to MGH.

The 1m was stable when my shift ended. I telephoned the nurse at approx 5:45pm and was told the 1m was stable. The PM nurse should be commended for their prompt action in following and carrying out the orders. [Signature]

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ATTACHMENT 1

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STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

To Lt. Brown
From: F.H. Rick

26 Jan 97

Re: [REDACTED]

On 26 Jan 97 ~1500 I received verbal report from day shift re: [REDACTED]
I was advised the above [REDACTED] had received 120mg MS contin, and was evaluated
by Riddle PAC. Orders had been received and instituted. PAC Riddle
advised that he notified Williams PAC re [REDACTED] status.
[REDACTED] was [REDACTED] monitored throughout pm. [REDACTED] stated
changes were reported to Williams PAC. Orders received from Williams
were noted and executed.

Per order E Thomas OD, Frank Barth NM was advised re. above.
and memo completed.

1030

ATTACHMENT 1
PAGE 26 OF 106

01-27-97

ATTACHMENT 1

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TO: JUDI CREMON

THIS IS TO CLARIFY THE EVENTS WHICH OCCURRED PRECEDING AND FOLLOWING THE MEDICATION ERROR INCIDENT ON 01-26-97.

AT APPROX. 2:25 AM, I ARRIVED ON THE WARD. I OBTAINED MEDICATION KEYS FROM GEORGE ALLEN, RN. I ASKED IF HE WANTED TO COUNT IN THE MED ROOM OR GO COUNT WITH THE TREATMENT NURSE, FIRST. HE STATED, "GO COUNT WITH HER FIRST." TREATMENT NURSE DOYLENE (?S) GRIMES, RN AND I COMPLETED OUR COUNTS BY APPROX. 2:35 AM. WHEN I RETURNED TO THE WARD, GEORGE ASKED FOR HIS KEYS, STATING "I NEED TO GIVE THAT GUY HIS PAIN PILLS". WHEN HE RETURNED, HE GAVE ME BACK THE MED KEYS AND I OPENED THE MED. CUPBOARD AND NARCOTIC BOX AND WE BEGAN TO COUNT THE NARCOTICS. WHEN WE GOT TO THE 60 MG/M MS CONTIN TABS, GEORGE STATED, "NO, THERE SHOULD BE MORE THAN THAT." I COUNTED AGAIN AND THE COUNT WAS THE SAME. I CHECKED THE PERIOLET TABS NEXT TO THE 60 MG/M MS CONTIN. AT THAT POINT GEORGE STATED, "OH SHIT! I GAVE HIM (11m [REDACTED]) THE WRONG PILLS." HE CORRECTED HIS ENTRY ON THE NARCOTIC LOG TO REFLECT THE MEDICATION ERROR AND WE COMPLETED THE COUNT TO CONFIRM IT WAS CORRECT. THEN, WE COMPLETED THE REMAINING COUNTABLES AND

-2 -

SYRUP OF IRASC WHICH HE DID. BY THIS TIME
BEVERLY BONCHER, RN AND F. TUFTS-RICH, RN WERE
ON THE WARD AND BEGAN ASSISTING WITH THE
CARE OF 11M [REDACTED]. THEY RELIEVED GEORGE
WHO CHARTED, TRANSCRIBED ORDERS AND THEN
GAVE ME REPORT. FURTHER ORDERS WERE
IMPLEMENTED BY F. TUFTS-RICH, RN WITH ASSIST
OF BEVERLY BONCHER, RN. THE THREE OF US MONITOR
11M [REDACTED] (# [REDACTED]) CONTINUOUSLY UNTIL HE
WAS TRANSPORTED VIA AMBULANCE TO A&G.

Cheryl A. Mounts

CHEYL A. MOUNTS, LPN

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ATTACHMENT 1

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STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

01-26-97

TO: Jodi Coleman, RN3
Frank Barts, NCM1
Gary McCracken, NCM2

THIS IS TO ADVISE THAT WHILE PERFORMING
THE ROUTINE CHANGE OF SHIFT NARCOTIC COUNT
WITH DAY SHIFT RN, GEORGE ALLEN, IT WAS
DISCOVERED THAT (2) TABLETS OF 60 MG MS CONTIN.
HAD BEEN GIVEN IN ERROR TO 1/M [REDACTED]
(# [REDACTED]) BY GEORGE ALLEN, RN ON THIS DATE.
RN ALLEN ADVISED PAC ALLEN RIDDLE OF
MEDICATION ERROR AND ORDERS WERE WRITTEN
TO COUNTERACT THE EFFECT OF THE 120 MG
OF MS CONTIN WHICH HAD BEEN GIVEN (PO.) TO
1/M [REDACTED]. SHIFT LEADER, F. TUFTS - RICH,
RN TOOK CHARGE OF IMPLEMENTING NEW
ORDERS AND COORDINATING CONTINUOUS
MONITORING OF 1/M [REDACTED]

ATTACHMENT 1
PAGE 29 OF 101

Cheryl A. Mounts, Jan 1033
(Cheryl A. Mounts, Jan)



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

TO: Lt. Brown

Date: 1/26/91

I was notified in change of shift report that I/M [REDACTED] had been given 2 tabs of Morphine Sulfate 60mg (ea.) instead of 2 Percocet at 1440 today. PAC Riddle was notified immediately after discovery of error. Orders were rec'd. + carried out, requiring 1:1 Nursing from 1500 til departure from WCC @ 2120. I/M was cared for by F. Tufts-Rich RN, I did Diabetic Lines + Treatment Room, helping with his care. I/M became much more sedated @ 2050 with sl. slurred speech and dilated pupils. Orders were received from PAC Williams to send to MGH. I/M sent via ambulance because of the increased risk of aspiration should he resume vomiting while so sedated.

We were notified of his admission to MGH @ approx 2200.

B. Borcher RN

cc: Jodi Coleman RN III
Frank Barth HCM I
Gary McCracken HCM II
Hal Williams PAC

1034 |

ATTACHMENT

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1/M [REDACTED]

SUNDAY 1/26/97

1000 - MEDICATED FOR PAIN 2 PERCOETS
C GOOD TO FAIR RESULTS

1435 - MED KEYS PASSED TO LPN MDUNTS
DOES COUNTS IN TX RM.

1438 - 1/M [REDACTED] ASKED FOR PAIN
MEDICATIONS HAS LEG 4, NOTED THAT
HE WAS IN MORE PAIN THEN NORMAL.
WAS THINKING THAT I MAY GIVE HIM
DENEROL BUT, DECIDE ON 2 PD.
PERCOET

1440 - LPN MDUNTS COMES BACK TO DO
COUNTS. THINKING OF 1/M [REDACTED]
AND THAT IT WOULD HELP HIM. I ASKED
FOR THE KEYS AND MEDICATED HIM
FOR PAIN, INSTEAD OF PASSING IT ON
TO THE NEXT SHIFT. THE 60MG MS
COTIN AND PERCOET ARE ABOUT THE
SAME SIZE, SAME COLOR AND MANUFACTURE.
THE COUNT FOR THE MS COTIN AND

1/M [REDACTED]

1448 PAC RIDDLE WROTE ORDERS
1515 - INCIDENT ~~BEING~~ WRITTEN,
BEING UPSET I WROTE THAT I
HAVE EMETROL INSTEAD OF IPECAL
I DID GIVE 3000'S OF IPECAL
AT THAT TIME

6/20/78 HVEN FN2




DEPARTMENT OF CORRECTIONS

PATIENT I.D. DATA

GENERAL PURPOSE PATIENT FLOWSHEET

KEY: ○ — LYING

 SITTING

 **STANDING**

FACULTY

WCC

[illegible]



DEPARTMENT OF CORRECTIONS
INPATIENT PROGRESS RECORD

☐ MEDICAL ☐ MHU

OFFENDER I.D. DATA

ATTACHMENT 1

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NOTE: ALL NOTATIONS MUST BE SIGNED BY
RESPONSIBLE HEALTH CARE PROVIDER

FACILITY

UCC

DATE	TIME	P.M.	
12-21-97	3:11p		1515° 11m alert oriented x4. Resting in bed ↑ HOB ~40° sipping H ₂ O skin warm dry, nail beds & mucous membranes pink, pupils mid & equal BS = 5w R, B. Verbalizes understanding ipercac taken to cause vomiting & eliminate meds. Verbal report from RN Allen indicated ipercac given 1445° po H ₂ O encouraged, 11m vomplies → emesis sm amount undigested food & clear liquid, no tabs noted. H ₂ O → emesis until clean, no tabs noted. partial bed bath & linen & change oral Rinsing 11m reports feeling "tired" 1530° 1545° sips chanc slur clo ↑ pain ① LF. ② LF. elevated above level heart, pedal digets warm mobile sensation intact - not intact ice pk to ankle & emesis of chanc sol. assisted = partial bath. positioned for comfort. 11m remain alert oriented x4 3 further Reports discomfort 1600° phone call received from Riddle PAC - advised emesis p sips chanc. at no intervention to hold same until 1600° → resume freq sips. 1630° sips of chanc 7ol, widens in. pm meal held. remain alert oriented. & cooperative. voided 500cc clear yellow urine. 1700° conversing = visitors complies = sips chanc sol. 1800° watching football game, no complaints voiced. 1900° up in chair clo dizzy, nauseated not feeling well, anxious BP 100/60 P 118 R 118 O ₂ sat 96% RA skin moist pale, assisted to bed ↑ FOB BP 130/70 P 89 R 116 time & dizziness continues to clo not feeling right/well. Pupils = reactive ems intact follows directions oriented x3. PAC Williams advised orders noted. 1930° 22g amig. hap lock started down ① hand = diff. 8mg Narcom given slow push → 11s flush. reported ↓ nausea dizziness BP 140/80 P 88 R 20 O ₂ sat 91 assisted & sips cl. 1945° rails ↑↑. 2000° resting quietly aroused to light stimuli R 14 shallow BP 130/60 speech sl. slurred returns to sleep rapidly. 2020° R 14, P 88 BP 130/60, resp shallow opens eyes to verbal stimuli & verbal response at this time. 2050° responds to verbal stimuli speech slow & slurred Pupils = dilated & sluggish BP 130/56 P 86 R 14 O ₂ sat 94-95% states tired denies pain 11/4/98



DEPARTMENT OF CORRECTIONS
INPATIENT PROGRESS RECORD

OFFENDER I.D. DATA

☐ MEDICAL ☐ MHU

NOTE: ALL NOTATIONS MUST BE SIGNED BY
RESPONSIBLE HEALTH CARE PROVIDER

FACILITY

WILL

8/30/99

DATE	TIME	
1/26/97	11:15	A & O x 3, V/S S, @ FEET 1 GOOD SPRINT INTAKE & DRY CMS V @ FEET WNL. BEEN KEEPING IDE ON ANKLE RETURN AND MEDICATED FOR PAIN & GOOD RESULTS EATING AND TAKING FLUIDS WELL TEMP ↓ FROM YESTERDAY.
1/26/97	1400	MEDS GIVEN FOR PAIN = GIVEN MS CORN INSTEAD OF PEPIDOL. REPORTED TO PAR FIDDLE AND ORDERS WRITTEN
1/26/97	1445	3000'S OF EMETROL & 2 1202 OF WARM H ₂ O - BASE LINE VITAL TAKEN.
1/26/97	1450	IN RICH NOW MONITORING
1/26/97	1500	V/S S, T/M Given Spec. by 7-5 nurse (not Emetrol) - this report. T/M A+O x 3. F. B. CHURCH
	1500	PAR Biddle in, 1/4 alert, orders noted. verbal report received from Biddle

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ATTACHMENT

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DEPARTMENT OF CORRECTIONS
INPATIENT PROGRESS RECORD
☐ MEDICAL ☐ MHU

OFFENDER I.D. DATA

ATTACHMENT 1

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NOTE: ALL NOTATIONS MUST BE SIGNED BY
RESPONSIBLE HEALTH CARE PROVIDER

FACILITY

08-30-69

DATE	TIME	
1-25-97	1600	S "I'm doing okay but this sure hurts bad when it starts cramping up on me". Requesting pain med. O. Pt resting in bed & legs elevated. Shc LLE & old bld markings noted. no additional bld marks noted. CMS check (L) foot WNL. A- Post op discomfort - P- Percept II given per C Mounts LPN. Continue to ↑ legs Up crutches only. NWB (LLE) Continue CMS checks
1/25/97	2030	S Pt c/o "feeling warm" O. Pt Temp 100.1 A- low grade fever P- ↑ fluids Monitor Temp - SS Pearson
1/26/17	0030	T 99.6 - (2) Tels given at 2005 on (L) T. LLE arm - A/C x 3 - (L) T on pillow & chest containing 2 old blood clots noted. CMS WNL IN (L) foot - MASON JR
	0200	General Status - NO S/S of T distress in (L) T noted - (L) T still T on pillow in room.
	0400	T 99.8 - (2) Tels repeated at this time per request of C/T pain on (L) T - NO new blood noted - now see pink fluid in CMS on (L) T WNL - T/M continue to be comfortable & getting (L) T on pillow (A) Temp 100.1 - min. continued & present 1040 (P) continued & present at 1054 MASON JR
	0600	Status pain med effective - present - NO acute distress MASON JR

69-03-80

[illegible]



MEDICATION RECORD

DOC 13-18 (REV. 1/94) H-1-3

OFFENDER I.D. DATA



1043

DATE/YEAR 1/97	FACILITY WCC	PROVIDER [Signature]	INITIALS MA	PROVIDER [Signature]	INITIALS [Signature]	<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT
ALLERGIES PCN						

1 NAPROXEN 375MG TAB
1 TABLET EVERY 6 HOURS IF
ED FOR PAIN .CW

OLM/PAC #16 WARD
T 01/22/97 STOP 01/26/97

STOP (INC)

Antacid liquid 30cc
60° = Naproxen PRN

Antacid PAC
RT 1/22/97 STOP (INC) 1/26/97

7461 KETOROLAC 10MG TAB
VE 1 TABLET MORNING, NOON &
ENING .GB

JROV/NO #6 WARD
RT 01/23/97 STOP 01/25/97

STOP (INC)

MON 30cc PO q HS
PRN constipation PRN
x 7 days

Swallow

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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TIME 1515

DATE 1/20

INIT MA

TIME 1515

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DATE 1/20

INIT MA

TIME

ATTACHMENT
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MEDICATION RECORD

OFFENDER I.D. DATA

08-30-69

1044

[illegible]



EDICATION RECORD
DOC 13-18 (REV. 1/94) H-1-5

1045

MONTH/YEAR Jan. 97	FACILITY acc	PROVIDER MURPHY, V. L. RN	INITIALS VM	PROVIDER S. Spears RN	INITIALS SS	<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT
ALLERGIES pen						

Rx Percocet tabs 2
4-6 h prn
x 4d

DR. N. N. N. N.
START 1-24-97 STOP (INC) 1-28-97

Rx Demerol 50mg
IM q 4-6 h
break thru pain x 4d

DR. N. N. N. N.
START 1-24-97 STOP (INC) 1-28-97

Rx Vistaril 50 mg
IM q 4-6 h
prn breakthrough pain x 4d

DR. N. N. N. N.
START 1-24-97 STOP (INC) 1-28-97

Rx DASS 250mg PO
BID x 7 days
(constipation)

DR. D. Smith
START 1/25/97 STOP (INC)

TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Date	1/24	1/24	1/25	1/25	1/25	1/25	1/25	1/26	1/26	1/26	1/26	1/26																			
Time	1600	2000	05	05	05	05	05	05	05	05	05	05																			
Dose	2	2	1/1	1/1	1/1	1/1	1/1	2	2	2	2	2																			
Time	1600	2000	05	05	05	05	05	05	05	05	05	05																			
Dose	2	2	1/1	1/1	1/1	1/1	1/1	2	2	2	2	2																			

HOLD

ATTACHMENT
PAGE 41 OF 100

Hold to May Citra



MEDICATION RECORD
DOC 13-16 (REV. 1/84) 11-1-5

8/30/69

MONTH/YEAR 1/97	FACILITY WCC INFIRMARY	PROVIDER C. [Signature]	INITIALS [Signature]	PROVIDER [Signature]	INITIALS [Signature]	<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	ALLERGIES N/A
--------------------	---------------------------	----------------------------	-------------------------	-------------------------	-------------------------	--	------------------

R_x IPECAC
30cc EMETIC C
8-1202 H₂O
TIME 1:45
W.T. 14

DR. PIDDLE
START 1/26/97 STOP (INC)

R_x 0.4mg Narcan IV
if B/P/map <90
systolic or resp <12/min
+ repeat q 2-3min

DR. AR
START 1/26/97 STOP (INC) 1/26/97

R_x Activated charcoal 240cc po now
Rate 1/2
Time 5p
Wt 20

DR. AR
START 1/26/97 STOP (INC) 1/26/97

R_x Magnitrate 49-296cc
po now
Rate 1/2
Time 100
Wt 20

DR. AR
START 1/26/97 STOP (INC) 1/26/97

ATTACHMENT
PAGE 42 OF 100

over 2

901 N. View Drive, Bldg 1, P.O. Box 1668 • Shelton, WA 98584

MEDICATION ADMINISTRATION RECORD

Mason General Hospital

NAME: _____ ROOM/BED: _____ ALLERGIES: _____
 SEX: _____ AGE: _____ HT: _____ CM WT: _____ KG 237013-0 7146843 VCC
 ADMIT DATE: ____/____/____ ADMIT NO. _____ MR # _____ DIAGNOSIS: EFFERY A.
 ADMIT MD: _____ RPT: _____

PATIENT NOTES & COMMENTS: _____

START STOP MEDICATION		CYCLE: ____/____ AT ____ TO ____/____ AT ____		CHART CHECK
		15:30 () 23:29	23:30 () 7:29	7:30 () 15:2
1/2 Saline with flush q 10		21	08 RL	13
Tylenol + - 11 po 04' p/r			0500 11 po RL	
1st Maccen 0.5mg IV per 02 set 10:00, RL 12, depression of mental status				
Repeat x 1 if ineffective				

ATTACHMENT _____
 PAGE 44 OF 106

RN/LPN SIGNATURE & INIT: _____ / 1048

Name: _____ Page: _____ Room/Bed: _____

106-45-33

PATIENT'S LAST NAME [REDACTED]		FIRST NAME [REDACTED]		M.I. [REDACTED]	
ADDRESS, CITY, STATE, ZIP CODE WCC				PHONE [REDACTED]	
DATE OF BIRTH 8/30/69	AGE (27)	SEX M	MARITAL STATUS [REDACTED]	CHURCH [REDACTED]	
RELATIVE OR GUARDIAN (Specify relationship) NAME, ADDRESS, PHONE [REDACTED]				TRANSFERRING HOSPITAL / PHYSICIAN MASON GENERAL HOSPITAL /	
				Receiving Hospital / Physician WCC Infirmary	
				Diagnosis: Past	
				Admit Date: 1/26/97	
				Allergies: Penicillin	
				ATTACHMENT 1	
				PAGE 45 OF 106	

FAMILY NOTIFIED OF TRANSPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SIGNIFICANT MEDICAL HISTORY 1/2/96	
NEURO	ORIENTATION	A/O x3	
	MOTOR	MAE	
CARDIO	PUPILS	Coop.	
	EMOTIONAL	Stable	
	HEART SOUNDS	Normal	
	RHYTHM	Normal	
PULMO	EDEMA	None	
	NECK VEIN DIST.	None	
	PULSE / QUALITY	Strong +3 1/2	
	ECTOPY	None	
GI	PATTERN	Normal	
	BREATH SOUNDS	Crackles	
	SPUTUM	None	
	O ₂ / ETT	Normal	
GU	ABDOMEN	Normal	
	BOWEL SOUNDS	Normal	
	LAST BM	None	
	URINE CHARACTER	Yellow	
SKIN	VOIDING / FOLEY	Normal	
	COLOR	Normal	
	MOISTURE	Normal	
	TEMPERATURE	Normal	
INVASIVE	CENTRAL LINE	Normal	
	ARTERIAL LINE	Normal	
	PA LINE	Normal	
	IV SITE	Normal	
SOLUTION	HL SITE	Normal	
		Normal	
		Normal	
		Normal	

Additional Nursing Information
 pt c/c @ lower leg
 Temp - checked continue
 to monitor temp

LAST 8 HOURS		TRANSPORTED: <input type="checkbox"/> AMB. <input checked="" type="checkbox"/> PRIVATE AUTO <input type="checkbox"/> AIRLIFT	
TOTAL INTAKE 500	DIET General	Receiving Hospital Notified WCC Report Given Yes	
TOTAL OUTPUT 580	ACTIVITY LEVEL Bedrest	VALUABLES ACCOMPANYING PATIENT:	
		<input type="checkbox"/> MONEY <input type="checkbox"/> JEWELRY <input type="checkbox"/> CLOTHES <input type="checkbox"/> DENTURES <input type="checkbox"/> HEARING AID <input type="checkbox"/> GLASSES	
VITAL SIGNS T 99.5 P 92 R 16		FOLLOWING COPIES ATTACHED:	
BP 140/90 HT 65" WT [REDACTED]		<input checked="" type="checkbox"/> ADMIT SHEET <input checked="" type="checkbox"/> H & P <input checked="" type="checkbox"/> X-RAY REPORTS <input type="checkbox"/> LAB <input type="checkbox"/> PATH <input type="checkbox"/> OPERATIVE <input type="checkbox"/> MED REC. <input type="checkbox"/> DISCHARGE <input type="checkbox"/> OTHER LIVING WILL YES <input type="checkbox"/> NO <input type="checkbox"/>	

If discharged to _____ Complete form # _____

HOME _____ 112, 244A

HOME HEALTH CARE _____ 112, 244A, 244B

NURSING HOME / REHAB CTR _____ 244A, 244B

ANOTHER ACUTE CARE HOSPITAL (From ICU) _____ 024, 244A, 244C

ANOTHER ACUTE CARE HOSPITAL (From ER) _____ 024, 244A, 244D

Nurse Sig. **[Signature]** Unit **CCU** Date **1/27/97**

ACUTE CARE TRANSFER
NURSING CARE
MASON GENERAL HOSPITAL 1049

2100 Sherwood Lane • P.O. Box 1668 • Shelton, WA 98584
 While to Transfer Location Yellow copy on Chart Pink copy for Physician
 MGH 244C 0552

PATIENT NUM. : 237013-0

STAY NUMBER: 7146843 SHOW STAY

RL #:

147
010NAME: [REDACTED]
ADDRESS: PO BOX 900
CITY-STATE: SHELTON WA 98584
PHONE: (360) 426-4433MARITAL STATUS: U
CHURCH PREFER:
LIVING WILL: U

DATE OF BIRTH: 30-AUG-1969 SEX: M

AGE: 027

ACCIDENT DATE:

GUARANTOR NAME: WASHINGTON CORRECTION CTR

RELATION: WARD/COURT

GUARANTOR ADDR: PO BOX 900

GUAR CITY-STATE: SHELTON WA 98584

GUARANTOR PHONE: (360) 426-4433 PRIMARY CARE PHY: ROTH, JEFFERY A.

NOTIFY IN CASE OF EMERGENCY

NAME: WASHINGTON CORRECTION CTR

ADDRESS: PO BOX 900

CITY/STATE: SHELTON

WA 98584

EMERGENCY PHONE: (360) 426-4433

RELATION: WARD/COURT

EMPLOYER:

PHONE: () -

ADMITTING PHY: MALTZ, BEN R.

ADMIT TIME: 21:34

SOC SEC NO: [REDACTED]

PREPARED BY: HLY

INSURANCE: WASH. CORRECTION CENTER

POLICY:

GROUP NAME: VCC INMATE

GROUP NUMBER: DOCH [REDACTED]

INSURED: WASHINGTON CORRECTION CTR

INSURANCE: SELF PAY

POLICY: [REDACTED]

GROUP NAME: VCC INMATE

GROUP NUMBER: DOCH 949404

INSURED: [REDACTED]

ATTENDING PHY: ROTH, JEFFERY A.

ADMISSION DATE: 26-JAN-1997

DISCHARGE DATE:

Provisional Diagnosis (to be completed upon admission.)

On Admission, Patient or Qualified Person
Must Sign Authorization for Medical and/or
Surgical Treatment on Reverse Side.

Principal Diagnosis:

Code No.

Secondary Diagnosis/Complication:

Principal Operation/Procedure:

Secondary Operation/Procedure:

ATTACHMENT 1

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Consultation With:

☐ Discharged ☐ Discharged Against Advice ☐ Transferred to: ☐ Referred to:Expired: ☐ Under 48 hrs. ☐ Over 48 hrs.

Cause of Death:

Autopsy: ☐ Yes ☒ No

No. Days in

Hospital:

1050

Attending Physician:

MASON GENERAL HOSPITAL

201 Mt. View Dr. • P.O. Box 1653 • Shelton, WA 98584

ADMISSION — SUMMARY SHEET

INITIAL ASSOCIATION Date/Time: <u>1-21-97 2132</u> Age <u>27</u> Sex <u>M</u>		Primary Physician: <u>WCC</u>		Chief Historian: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> No Historian <input type="checkbox"/> Other _____									
Mode of transportation: <input type="checkbox"/> Air <input type="checkbox"/> Auto <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Physician Office Accompanied By: _____ Admitted From: _____													
MECHANISM OF INJURY:													
Auto <input type="checkbox"/> Blunt/Assault <input type="checkbox"/> Crush <input type="checkbox"/> Driver <input type="checkbox"/> Restraints <input type="checkbox"/> Yes <input type="checkbox"/> No Motorcycle <input type="checkbox"/> Fall <input type="checkbox"/> Amputation <input type="checkbox"/> Passenger <input type="checkbox"/> Helmet <input type="checkbox"/> Yes <input type="checkbox"/> No Bicycle <input type="checkbox"/> GSW <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No Pedestrian <input type="checkbox"/> Stabbing <input type="checkbox"/> Est. Speed _____ Length of LOC _____		IN PLACE ON ARRIVAL <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Immobilized Head <input type="checkbox"/> Backboard <input type="checkbox"/> Mast <input type="checkbox"/> Splint <input type="checkbox"/> IV Site											
VITALS PR: <u>102-88-22</u> BP: <u>144/92</u> HR: _____ HL: _____ Wt: lb: kg _____ SaO2: <u>96%</u>		II. PREVIOUS HISTORY NEURO <input type="checkbox"/> CVA <input type="checkbox"/> Weakness <input type="checkbox"/> Dizziness <input type="checkbox"/> Seizures <input type="checkbox"/> HA <input type="checkbox"/> Syncope <input type="checkbox"/> _____ CARDIOVASCULAR: <input type="checkbox"/> CHF <input type="checkbox"/> MI <input type="checkbox"/> HPT <input type="checkbox"/> PVD <input type="checkbox"/> Angina <input type="checkbox"/> CAD <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Valve Disease / Murmur <input type="checkbox"/> Pacemaker Type _____ <input type="checkbox"/> Claudication <input type="checkbox"/> _____ HEMATOLOGICAL: <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Anemia <input type="checkbox"/> ECHV _____ RESPIRATORY: <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Pneumonia <input type="checkbox"/> TB <input type="checkbox"/> Sinusitis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Airway Problems <input type="checkbox"/> _____		GU: <input type="checkbox"/> UTI <input type="checkbox"/> Stones <input type="checkbox"/> Hematuria <input type="checkbox"/> Frequency <input type="checkbox"/> Stress Incont. Nocturia <input type="checkbox"/> Sexually Active <input type="checkbox"/> STD's <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> LMP _____ <input type="checkbox"/> Menopause <input type="checkbox"/> Renal Failure <input type="checkbox"/> Dialysis <input type="checkbox"/> Vascular Access Type & Location _____ <input type="checkbox"/> Past Pregnancy Difficulty <input type="checkbox"/> Past Labor & Delivery Difficulty <input type="checkbox"/> _____ SKIN / SKELETAL: <input type="checkbox"/> Ulcer <input type="checkbox"/> GB Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Liver disease <input type="checkbox"/> Ostomy: Type _____ <input type="checkbox"/> Prostate <input type="checkbox"/> _____ <input type="checkbox"/> Fractures <input type="checkbox"/> Arthritis <input type="checkbox"/> Back Pain <input type="checkbox"/> Prosthesis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> _____		Previous Hospitalization: _____ Past Surgical History: _____ Is There a History of These Illnesses in Your Mother or Father? <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Cancer <input type="checkbox"/> Hereditary Illnesses Last food or liquids _____ Have you or any family member had problems with anesthesia? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you ever had a blood transfusion? <input type="checkbox"/> No <input type="checkbox"/> Yes Reaction: <input type="checkbox"/> No <input type="checkbox"/> Yes Objections: <input type="checkbox"/> No <input type="checkbox"/> Yes Recent Immunization? (Tetanus, Flu, Pneumonia) Date _____ Child Immunizations up-to-date? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Chief Complaint / Reason for Admission: <u>Recurrent 120mg ms Contin by mistake at WCC</u>		Do You Have Any Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Let type of reaction: <input type="checkbox"/> Food _____ <input type="checkbox"/> Latex (Rubber) _____ <input type="checkbox"/> Dyes / Contrast Media _____ <input type="checkbox"/> Sensitivity to Soap _____ <input type="checkbox"/> Sensitivity to Tape _____ <input type="checkbox"/> Perfume _____ <input type="checkbox"/> Medications <u>PCN</u> <input type="checkbox"/> Other _____ Please Check the Correct Answer: Do you smoke <input type="checkbox"/> No <input type="checkbox"/> Yes Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes Recreational drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes ADVANCED DIRECTIVE OR LIVING WILL: <input type="checkbox"/> No <input type="checkbox"/> Yes On chart? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you wish additional information? (SS) <input type="checkbox"/> No <input type="checkbox"/> Yes Brochure given <input type="checkbox"/> No <input type="checkbox"/> Yes Do you have an organ donation wishes/card <input type="checkbox"/> No <input type="checkbox"/> Yes											
Medications (including OTC) <u>Tylenol</u> <u>Wascor</u> <u>Chasacal</u> <u>pericort PRN</u>		DOSE _____		FREQUENCY _____		LAST DOSE _____		VISION <input type="checkbox"/> Normal <input type="checkbox"/> Glaucoma <input type="checkbox"/> Contacts <input type="checkbox"/> Blind <input type="checkbox"/> Eye Drops <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Impaired <input type="checkbox"/> Glasses <input type="checkbox"/> Cataracts <input type="checkbox"/> False Eye VISUAL ACUITY: OD: _____ OS: _____ OU: _____		HEARING: <input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Hearing Aid <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Deaf <input type="checkbox"/> R <input type="checkbox"/> L		DENTAL: <input type="checkbox"/> Intact <input type="checkbox"/> Braces <input type="checkbox"/> Loose <input type="checkbox"/> Capped <input type="checkbox"/> Chipped <input type="checkbox"/> Retainer <input type="checkbox"/> Missing <input type="checkbox"/> Other _____ DENTURES: <input type="checkbox"/> Bridges/Partials <input type="checkbox"/> Permanent <input type="checkbox"/> Removable <input type="checkbox"/> Dentures <input type="checkbox"/> U <input type="checkbox"/> L	
Signature: <u>[Signature]</u>						Date: _____							

237013-C 7146843 WCC
 ROTH, JEFFERY A.

TIME	TEMP	P	R	B/P	NURSES NOTES
------	------	---	---	-----	--------------

2230

As [unclear] - pt awake & [unclear]
 Consulted Dr. Schlander [unclear]
 Well admit SS. [unclear]
 Report called to M&S
 Admit to room 147 per [unclear]
 in [unclear] and Joanne [unclear]

PROOF

ATTACHMENT 1

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1052

237013-C 7146843 MCC
 JEFFERY A.

MASON GENERAL HOSPITAL
 901 ML View Dr. • P.O. Box 1668 • Shelton, WA 98584
 EMERGENCY DEPARTMENT
 FLOW SHEET

1053

SHADE INJURED AREAS (See Legend)

[illegible]

PROCEDURE	SIZE	TIME	OUTPUT	AMOUNT	TIME
Endotracheal Nasotracheal Intubation			Emesis		
Central Venous (CV)			Urine		
Foley			Nasogastric		
Nasogastric			Other		
Chest Tube					
Other					

Signature	Title	Initials	Signature	Title	Initials
Joanne Morris	Adm. Asst.	JM			

ADMITTING SERVICE:		TRANSPORTED: <input type="checkbox"/> AMB. <input type="checkbox"/> PRIVATE AUTO <input type="checkbox"/> AIRLIFT <input type="checkbox"/> OTHER	
Notifiers <input type="checkbox"/> Social Services _____ <input type="checkbox"/> Chaplain _____ <input type="checkbox"/> Family Present <input type="checkbox"/> Family Notified <input type="checkbox"/> Family Enroute _____ Name of Relative _____ Phone _____ Police Notified (Time) _____ N/A _____		Receiving Hospital Notified: _____ Report Given: _____ Valuables Accompanying Patient: <input type="checkbox"/> Money <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Dentures <input type="checkbox"/> Clothes <input type="checkbox"/> Jewelry <input type="checkbox"/> Glasses	
		Following Copies Attached: <input type="checkbox"/> Adm. Sheet <input type="checkbox"/> Dischg. <input type="checkbox"/> Lab <input type="checkbox"/> X-Ray RPT's <input type="checkbox"/> Med. Rec. <input type="checkbox"/> Operative <input type="checkbox"/> H&P <input type="checkbox"/> Other <input type="checkbox"/> Path	

DISPOSITION <u>Carot</u>		Time: <u>2230</u>	IN PLACE AT TRANSFER	Time:
<input type="checkbox"/> Home	Accompanied By: <u>WCC guards</u>		<input type="checkbox"/> Cervical Collar	TRAUMA SCORE
<input type="checkbox"/> TO O.F.			<input type="checkbox"/> Immobilized Head	
<input type="checkbox"/> TO M.S.P. <u>ICCU</u> 08			<input type="checkbox"/> Back Board	
<input type="checkbox"/> TO NURSING HOME			<input type="checkbox"/> Mast	GLASCO SCORE
<input type="checkbox"/> AMA			<input type="checkbox"/> Splint _____	
<input type="checkbox"/> OTHER			<input type="checkbox"/> IV Site _____	
			<input type="checkbox"/> Other _____	
F TRANSFERRED COMPLETE MCH 024				

F TRANSFERRED COMPLETE MOH 024

MASON GENERAL HOSPITAL
901 ML View Dr. • P.O. Box 1668 • Shelton, WA 98584
EMERGENCY DEPARTMENT
FLOW SHEET

037013-C. 7146843 MCC

NAME TEMP P R B/P

NURSES NOTE

RADIOLOGY REQUEST

- | | |
|-------------------------------------|----------------------------------|
| C-EST <input type="checkbox"/> | ANKLE <input type="checkbox"/> |
| RIBS <input type="checkbox"/> | FOOT <input type="checkbox"/> |
| SKULL <input type="checkbox"/> | HAND <input type="checkbox"/> |
| C. SPINE <input type="checkbox"/> | KNEE <input type="checkbox"/> |
| T. SPINE <input type="checkbox"/> | HIP <input type="checkbox"/> |
| L.S. SPINE <input type="checkbox"/> | IVP <input type="checkbox"/> |
| ABDOMEN <input type="checkbox"/> | TIB/FIB <input type="checkbox"/> |

LAB REQUEST

- | | |
|---------------------------------------|--|
| EKG <input type="checkbox"/> | BUN <input type="checkbox"/> |
| ABG <input type="checkbox"/> | BLO. SUGAR <input type="checkbox"/> |
| CSC <input type="checkbox"/> | CPK <input type="checkbox"/> |
| UA <input type="checkbox"/> | ENZYMES <input type="checkbox"/> |
| LYTES <input type="checkbox"/> | LIVER PROFILE <input type="checkbox"/> |
| RAPID STREP <input type="checkbox"/> | MINI PANEL <input type="checkbox"/> |
| C & S <input type="checkbox"/> | SOURCE <input type="checkbox"/> |
| CHEM PROFILE <input type="checkbox"/> | AMYLASE <input type="checkbox"/> |

DATE
HOUR

EMERGENCY DEPARTMENT ORDERS

CBC

Admit to SS tele status

Noted 1/26/97 2245

Joanne Harris RN

ADDRESSOGRAPH

ATTACHMENT

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PHYSICIAN SIGNATURE



1055

DATE 1-26-97

HISTORY OF PRESENT ILLNESS: This is a 27-year-old male per chart review received a dose of 120 mg MS Contin yesterday evening. He subsequently became lethargic and improved with Narcan but then became lethargic again after this wore off. He was transferred to Mason General Hospital and subsequently disposition was made to admit him overnight for observation. The patient had been running a low grade temperature at WCC. He has been having pain in the heel postop which he states is gradually improving. Since admission he has had a temperature maximum of 100.8°; temperature is 99.5° this morning. He has no other complaints other than pain at the operative site.

PAST MEDICAL HISTORY: Past history is unremarkable. Prior surgeries include arthroscopy.

ALLERGIES: Penicillin, ? type of reaction to this.

MEDICATIONS: Percocet.

PHYSICAL EXAMINATION:

GENERAL: Patient is a well-developed male in no apparent distress.

VITAL SIGNS: Vital signs are normal with exception of low grade temperature. Heart rate is in the 90s. O₂ saturation 96%.

HEAD-NECK: ENT is normal.

LUNGS: Lungs are normal.

HEART: Heart is normal.

ABDOMEN: Abdomen is normal.

EXTREMITIES: He has a cast placed on his left lower extremity. He has normal sensation in his toes and normal warmth in his toes. There is no tenderness above the cast or swelling. No cords palpable. Negative calf tenderness on the opposite side.

LABORATORY: White count is normal. Urinalysis is negative.

ATTACHMENT

PAGE 52 OF 104

23 70 13
DR. ROTH

HISTORY AND PHYSICAL EXAMINATION

MASON GENERAL HOSPITAL
901 Mt. View Drive
Shelton, Washington 98584

1056

Page 2

ASSESSMENT:

-Status post morphine overdose, resolved.
-Low grade postoperative temperature. Differential diagnosis would include atelectasis or normal postoperative temperature from surgery. No evidence of cellulitis at this time.

PLAN: Continue to follow temperature. Repeat white count will be done prior to discharge. We will continue to have his temperature monitored at Washington Corrections Center. The fact that his pain is improving would go against wound infection. Case discussed with Dr. Barnard who concurred with this plan.

Jeffrey A. Roth, M.D.

JAR:pah

D 1-27-97 0846/0851

T 1-27-97 0907

cc: Dr. Fred Navarro, Washington Corrections Center

ATTACHMENT 1

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23 70 13
DR. ROTH

HISTORY AND PHYSICAL EXAMINATION

MASON GENERAL HOSPITAL
901 Mt. View Drive
Shelton, Washington 98584

1057

01-26-97

ADMISSION

HISTORY OF PRESENT ILLNESS: This is a 27-year-old male inmate at WCC who received 120 mg of MS Contin p.o. mistakenly instead of Percocet at about 1500 hours today. He received Ipecac which resulted in vomiting followed by activated charcoal p.o. He was noted to be becoming somnolent with decreased respiratory rate at 1930 hours and received Narcan .8 mg IV with improvement in his symptoms. His symptoms noted to be returning somewhat and he was transferred to Mason General Hospital for further evaluation at the recommendation of the P.A. at WCC. He also was noted to have a low grade temp yesterday and states he is feeling slightly feverish; however, he denies other symptoms such as nausea, vomiting, chills, nasal congestion, sore throat, cough, abdominal pain, diarrhea or urinary tract symptoms. He states that his surgical site is somewhat uncomfortable but not appreciably worse than it has been since his surgery.

MEDICATIONS: Current medications -- Percocet.

ALLERGIES: Allergic to Penicillin.

PAST MEDICAL HISTORY: No history of diabetes.

PHYSICAL EXAMINATION: Alert and oriented in no apparent distress.

VITAL SIGNS: Blood pressure 149/92, pulse rate 88, respiratory rate 22 and temp 101.2°.

HEENT: Normocephalic, atraumatic. TMs are nonerythematous bilaterally. Partially obscured by cerumen. Canals nonerythematous. Pharynx nonerythematous. Some black staining from his tongue is noted from the charcoal.

NECK: Supple and nontender. Full range of motion without pain.

CHEST: Lungs clear, breath sounds equal bilaterally.

ABDOMEN: Bowel tones normoactive, soft and nontender without rebound, guarding, distention or organomegaly.

EXTREMITIES: Short leg cast on the left leg. No lymphangitic streaking or swelling. Toes are mobile without pain. Toes are warm. Capillary refill less than 2 seconds. Fine touch intact grossly.

DIAGNOSTIC WORKUP: CBC -- white count 9.2, hemoglobin 15.1. 84% polys and no bands.

ATTACHMENT 1

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23 70 13
DR. MALTZ

EMERGENCY SERVICES REPORT

MASON GENERAL HOSPITAL
901 Mt. View Drive
Shelton, Washington 98584

1058

ASSESSMENT:

-Narcotic overdose of long-acting oral preparation of Morphine. He experienced some mild symptoms by history of somnolence and with decreased respiratory rate that improved promptly with Narcan. The patient was discussed with Beth, RN at WCC, and she advised that they are quite full and she does not believe that they can provide him with close enough observation at the Infirmary.

-Fever without identifiable source at this time. The patient is postop Achilles tendon repair on Friday, three days ago. He was discussed with Dr. Barnard as Dr. Brinkman is unavailable at this time. Dr. Barnard felt it very unlikely that the fever was secondary to the surgical wound and recommended that the cast not be removed. There is no lymphangitic streaking or other clinical evidence of wound infection at this time. The drainage through the cast is not increasing. Urinalysis will be obtained. He has no cough.

PLAN: He was admitted to the ICU on a short stay basis to the care of Dr. Schlauderaff, on call for Dr. Roth, with admission orders written by me. The patient was discussed with Dr. Schlauderaff and care was turned over to him at that time.

FINAL DIAGNOSIS: Narcotic overdose and fever.

Ben R. Maltz, M.D.

BRM:slc

D 01-26-97 2347

T 01-27-97 0749

cc: Dr. Schlauderaff

ATTACHMENT 1
PAGE 55 OF 106

23 70 13
DR. MALTZ

EMERGENCY SERVICES REPORT

MASON GENERAL HOSPITAL 1059
901 Mt. View Drive
Shelton, Washington 98584

PATIENT INFO

AGE: 27 DOB: 03/30/69 SEX: M
PHONE:
ACN: Z0004617
STAY: 7146843
CLIN STAT:
REQ PHYS: ROTH

PT NUM.	COLLECTED	RECEIVED	REPORTED	PAGE
237013-0	01/27/97 03:30	01/27/97 03:41	01/27/97 4:05AM	1

CLIENT INFO

MASON GENERAL
901 MT VIEW DR.
SHELTON, WA 98584

TESTS REQ'D: UA2;U

NOTES:

XX (COMPLETE)	RESULT RANGE OUT IN	REFERENCE UNITS
---------------	------------------------	-----------------

URINALYSIS

SOURCE	VOID	
COLOR	YELLOW	
APPEARANCE	CLEAR	
GLUCOSE	NEG	NEG
BILIRUBIN	NEG	NEG
KETONES	NEG	NEG
SPECIFIC GRAVITY	1.017	1.003-1.035
PH	7.5	
PROTEIN	NEG	NEG
UROBILINOGEN	<1	<1 MG/DL
NITRITES	NEG	NEG
BLOOD	NEG	NEG
LEUKOCYTES	NEG	NEG
WBC	1	0-2 HPF
RBC	0	0-2 HPF
BACTERIA	NEG	NEG HPF
EPITHELIAL	NEG	NEG
CASTS	NEG	NEG LPF
CRYSTALS	NEG	NEG HPF
MUCOUS	NEG	NEG
CULTURED?	NO	

ATTACHMENT

PAGE 57 OF 106

end of report

1061

MASON GENERAL HOSPITAL
901 MOUNTAIN VIEW DRIVE
SHELTON, WA 98584

PATIENT NAME: [REDACTED]
PATIENT NO: 237013-0
ORDERING PHYSICIAN: ROTH

LOCATION: ICCU-147-N/A
AGE: 27 DOB: 03/30/69
SEX: M

ADMISSION DATE: 01/26/97
REPORT DATE: 01/27/97

PAGE: 1

01/27/97-001

— HEMZ —

	S21	
	21/26	
	22:10	
	=====	
	5.2	
	4.81	
HEMOGLOBIN	15.1	
HEMATOCRIT	44.0	
	51.4	
	31.4	
MC	34.3	
	13.0	
PLATELETS	252	
	2.6	
NEUTROPHIL	54	H
LYMPHOCYTE %	13	
MONOCYTE %	3	

Reference
=====

4.8-10.8	1000/CMM
4.7-6.1	M/CMM
14-18	G/DL
42-52	%
88-94	f1
27-32	pg
33-37	G/DL
11.6-15.2	%
140-440	1000/CMM
6.8-10.4	fL
50-70	%
10-40	%
0-10	%

CUMULATIVE

ATTACHMENT 1
PAGE 58 OF 106

1062

HEM7



PATIENT INFORMATION

NAME: [REDACTED]
 AGE: 27 DOB: 03/30/69 SEX: M
 PHONE: 20004599
 ADMISSION NO: 7146843
 STAY NO: [REDACTED]
 CLINICAL STATUS: [REDACTED]

MASON GENERAL HOSPITAL
 901 MOUNTAIN VIEW DRIVE
 SHELTON, WA 98584
 Phone: 360-426-1611

CLIENT INFORMATION

MASON GENERAL
 901 MT VIEW DR.
 SHELTON, WA 98584

REQ PHYSICIAN: [REDACTED]
 ORDER NUMBER: 237013-0
 COLLECTED: 01/26/97 22:10
 RECEIVED: 01/26/97 22:11
 REPORTED: 01/26/97 10:28PM
 PAGE: 1

TESTS REQUESTED: CBCZ;B

STAT

XX ☒ COMPLETE ☐ PARTIAL

CBC			
WBC	9.2	4.8-10.8	1000/CMM
RBC	4.81	4.7-6.1	M/CMM
HEMOGLOBIN	15.1	14-18	G/DL
HEMATOCRIT	44.0	42-52	%
MCV	91.4	80-94	f1
MCH	31.4	27-32	Pg
MCHC	34.3	33-37	G/DL
RDW	13.0	11.6-15.2	%
PLATELETS	252	140-440	1000/CMM
MPV	8.6	6.8-10.4	fL
NEUTROPHIL	84 (H)	50-70	%
LYMPHOCYTE %	13	10-40	%
MONOCYTE %	3	0-10	%

*** OUT OF LIMITS RECAP ***

 * NEUTROPHIL 84 (H) 50-70 % *

ATTACHMENT

PAGE 59 OF 126

FOOTNOTES:

H=High

end of report

1063

SLAY NUMBER:7146843

EMERGENCY SERVICE

MASON GENERAL HOSPITAL

901 Mt. View Dr. Bldg. 1, Shelton, Washington 98584

HIGH 050 REV 4.11 (301) 420-1011

SS :PO BOX 900
STATE :SHELTON WA 98584
:(360)426-4433

ADMISSION
DATE
26-JAN-1997

OF BIRTH :30-AUG-1969 SEX: M AGE: 027
ENT DATE :
NTOR NAME :WASHINGTON CORRECTION CTR RELATION: WARD/COURT
NTOR ADDR :PO BOX 900
CITY-STATE :SHELTON WA 98584
NTOR_PHONE :(360)426-4433. PRIMARY CARE PHY:

JYER ... :
 : () -
 AGENCY PHY:HALIZ, BEN R.

ADMIT TIME :21:34
PREPARED BY :MLW
POLICY :
GROUP NUMBER :DOC# 943404

SEC NO [REDACTED]
 RANCE :WASH. CORRECTION CENTER.
 NAME :WCC INMATE
 RED :WASHINGTON CORRECTION CTR
 RANCE :SELF PAY
 NAME :WCC INMATE
 RED [REDACTED], [REDACTED]
 COMPLAINT :VIA AMB

POLICY **GROUP NUMBER** :DOC:

OB-GYN PHYSICIAN

NOT CALLED ☐

NOT AVAILABLE ☐

CALLED ☐

[illegible]

MENTAL AND PHYSICAL

3. Road. Mt. Center 120 mi. PO
~1500 in stony forest.
Marshall River
approx. 1930
near Thurston Co. N. T.
ET M.S.
E. Rd. Chumuckan and
approx. 1930. Ext. to Grass
L.

MEDICAL RECORDS

PHYSICAL

Unit X-Ray:

~~$$\begin{array}{r} 15.1 \\ 44.0 \end{array} \quad 9.2$$~~

P-84

235.

Narcotia oreadica, Greene

INSTRUCTIONS

ATTACHMENT

PAGE 60 OF 114

~~1054~~

Diagnostic tests and therapeutic measures were ordered by:

PATIENTS 517-556: I have received, read and understand these instructions.

Lee M. St.

1/26/97

Y



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

January 16, 1997

TO: All Nursing Staff

FROM: Jodi Coleman, RN 3
Inpatient Nursing Supervisor

SUBJECT: Accident/Incident Report, DOC 13-42 & Personal Injury Form, DOC 3-133

Please complete the Accident/Incident Report form if you have:

- a. Medication error
- b. Injury to inmate, i.e., falls in hall, falls out of bed, falls off ER table, etc.

and it is also used if:

- c. there is an altercation between inmates.

Please be sure you make five copies (see distribution list on attached). It is not used if you wish to report an employee personal injury. You would then use DOC 3-133. Please advise others if you are injured. If you are sent or go to a physician, please advise the doctor that you were injured at work. You will then complete an L & I form.

JC:cn
Attachment

ATTACHMENT 1
PAGE 41 OF 106



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

August 1, 1996

TO: Nursing Staff

FROM: JoAnn Coleman, RN 3
Gary Siegel, R.Ph. (A) *JP MCH*

SUBJECT: Controlled Substance Handling Procedures

The following guidelines are provided as a reminder of the appropriate handling of controlled substances in this facility. These guidelines are applicable to all nursing staff EXCEPT those functioning as medication administration staff at designated medication lines. It is expected that each individual encompassed by the scope of this memorandum will comply with these guidelines.

1. Controlled substances are to be signed out in single dose increments only.
2. Once signed out of working stock, controlled substances are to be administered immediately.
3. Controlled substances designated on an "as needed" basis are not to be signed out based on anticipated need but on a frequency no oftener than specified by the practitioner's orders and then only if requested by the inmate.
4. The staff member signing out the controlled substance must be the individual who administers the medications.
5. Verify the inmate's identity prior to controlled substance administration.
6. The staff member administering an oral controlled substance is responsible for ensuring the medication has not been cheeked, palmed or otherwise concealed.
7. The staff member administering any controlled substance is responsible for documentation of administration on the medication administration record and in the nursing notes, if applicable.

ATTACHMENT 1

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8. The sign-out entry in the controlled substance log will include (A) date, (B) time (in 2400 hour format), (C) quantity checked out (in arabic numerals only), (D) balance (which must be verified after each entry), (E) inmate name (last name and first initial or first name), (F) inmate DOC number, (G) prescription number if available, and (H) full legible signature and title.
9. Any error made on the controlled substance sign out sheet will be justified/ explained on the reverse side of the page by the staff member making the error. If that staff member is not in the facility, the explanation is made by the staff member discovering the error if possible, i.e., math error, wrong sheet, etc.
10. Disposal of unused or partially used controlled substance shall be witnessed by two medical staff members and attested to by the same with their signatures on the back of the sign out sheet. A brief explanation of the reason for destruction must precede their signatures.
11. If the required dose of an injectable controlled substance is less than that contained in the syringe, the quantity to be wasted/destroyed will be expelled in the presence of a witness utilizing guideline #10 and the remainder then administered to the patient.
12. When conducting controlled substance inventory (counts), each staff member must witness the actual count and the documentation of the count in the controlled substance log for accuracy prior to signing each document. The staff member conducting the actual count should not know the quantity of controlled substance indicated in the controlled substance log.
13. If partial tablets are found in working stock which are unidentifiable, notify the pharmacist who will assist with disposal.
14. If a seal is broken on an injectable controlled substance held in working stock, the drug should be held in working stock until destruction/disposal by appropriate pharmacy staff can be completed.
15. If an error is made when making an entry in the controlled substance log, draw a single line through that portion of the entry in error and make and initial the correction. The portion of the entry in error must remain legible.

:cn

NURSING PROCEDURE

INPATIENT ORDERS

MEDICATIONS:

1. Advise the physician/provider that medication orders need to include:
 - a. Date
 - b. Time - must have exact time
 - c. Controlled substance ordered must also include Form DOC 13-15
(This must be identical to the Inpatient order to be valid.)
 - d. Exact length of time of the medication being ordered, i.e., 24 hours, 48 hours, 72 hours, 96 hours OR 2 days, 3 day, 7 days (each day equals 24 hours)
2. Telephone orders must include:

1 a., b., c., d., and Form DOC 13-15, if applicable.
These orders are to be signed as soon as possible.
3. All orders are to be legibly signed.
4. When transcribing medication orders, the nursing staff will bracket the order with { } date, time, a clear complete signature and their name stamp on each copy.
5. The order must be completely reviewed for completeness and Form 13-15 for exactness and completion before taking to the Pharmacy.
6. If orders are unclear, the nurse attempting to transcribe is responsible for returning the order to the physician/provider for clarity, then delivery them to the Pharmacy.

J. Ann Coleman R-13
Signature.

7-9-96
Date

ATTACHMENT 1
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NURSING PROCEDURES

MEDICATION RECORD - INPATIENT:

1. A medication record DOC 13-16 is to be prepared by the nurse who transcribes the first medication order.
2. This medication record will contain complete information:
 - a. Inmate: Name (Last, first, middle) printed
 - b. Facility: WCC Inpatient (Ward)
 - c. DOC # clearly printed
 - d. Month and year
 - e. All allergies are to be printed in red
 - f. The name of the nurse who transcribed these orders and prepared this medication record will be printed in the lower right corner.
 - g. "Name Alert" shall be printed in red directly below the inmate name if the chart has indicated name alert.
3. Medication: [Rx]
 - a. Name of the medication - both the ordered name and the generic drug supplied by the pharmacy.
 - b. Frequency - i.e., QID, TID, PRN, q 4 hours.
 - c. Amount, i.e., 1 tab, 1 cc.
 - d. Route of administration, i.e., oral (p.o.), IM, IV, rectal, etc.
 - f. Physician/provider.
 - g. Start date and time, if applicable.
 - h. End date and time, if applicable.
4. At the top of DOC 13-16, must have the provider (nurse) name - clearly written and initialed.
5. If the medication is ordered on any other date than the first day of the month, use a wide-top felt marker to draw a line to the correct start date.
6. If the medication order spans into the next month and space is available on the medication record, the Rx may be written and labeled with the month (i.e., August) in the left margin. If the record has insufficient space, a new medication record must be prepared for the following month.
7. Renewing medication(s) orders, except controlled substances, may be continued on the same Rx as the Medication Record if there is no change in dose, frequency or route of administration. This is accomplished by running a red line through the start and end dates and putting in new dates in red. This also applies to a Physician/provider change.

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ATTACHMENT

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NURSING PROCEDURE

Page Two

MEDICATION RECORD - INPATIENT:

8. Orders to stop medication or change the order are to be effective immediately. The medication record will be marked by:
 - a. A diagonal line through the Rx box.
 - b. A wide felt marker line following the last dose given.
 - c. Under the wide line, the nurse who transcribed the order will write DC or change, write their name, date and stamp.
9. Medication orders that are changing or Discontinuing medications will cause the nurse to return the medication to the pharmacy along with the orders (yellow copy of the PER).
10. Controlled substance changes require the provider to write a new order and DOC 13-15 and a new Rx section on the Medication Record to be completed; as described in (3 above).
11. Medication given past the ending time of the order constitutes a medication error, thus requiring the nurse to complete an incident report with copies to the nursing supervisor, pharmacy, health care manager and medical records.
12. Medication(s) that are refused by the patient are to be marked on the medication record on that dose/time with a red (R). Precharting of medication can potentially be a liability.

J. Ann Coleman Rn 3
Signature

7-9-96
Date



FIELD INSTRUCTION

Number	WCC 650.570
Issue Date	
Effective Date	
Page 1 of 5	

TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

AUTHORITY: DOP 420.540

PURPOSE: To provide procedures for handling and control of all controlled substances.

APPLICABILITY: Applies to all WCC staff.

DEFINITIONS:

Controlled Substance: A drug substance or immediate precursor of such drug or substance so designated under or pursuant to Chapter 69.50 RCW, the Uniform Controlled Substance Act.

Responsible Pharmacist: A licensed pharmacist placed in charge of a pharmacy by a nonlicensed proprietor/owner. Every portion of the establishment coming under the jurisdiction of the pharmacy laws shall be under the full and complete control of such responsible pharmacist.

FIELD INSTRUCTION:

The Pharmacist Supervisor/Responsible Pharmacist is responsible for all controlled substances.

Controlled substances stocked within the pharmacy are stored in a locked cabinet. The cabinet key is on each pharmacist's key ring. In an emergency, designated medical staff may contact the pharmacist or pharmacist supervisor in order to facilitate withdrawal of controlled substances from Vault/Pharmacy stock. Controlled substances removed from the pharmacy must be signed out in the Vault/Pharmacy Controlled Substance Log which is also stored in the cabinet. Withdrawals of controlled substances from the pharmacy must immediately be entered as a receipt in the appropriate work station Controlled Substance Log.

Each receipt of a controlled substance is immediately documented in the Vault/Pharmacy Controlled Substance Log. Documented information includes current date; quantity received; Field Order number; current balance; and full signature and title. Perpetual inventory of all controlled items shall be maintained at all times.

Pharmacy stock of controlled substances is stored in two locations within the institution. These locations are: 1) the locked cabinet within the pharmacy and 2) the controlled substance vault located in Major Control. For security reasons, the bulk of all controlled substances within the institution is stored in the vault. Vault storage is inaccessible except to



FIELD INSTRUCTION

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TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

the two institution pharmacists and the Superintendent. The Superintendent maintains a duplicate vault combination in a sealed envelope, plainly marked, and filed in another safe.

Inventories, inspections, searches or shakedowns are never made in the controlled substance vault or pharmacy locked cabinet except in the presence of the responsible pharmacist.

Once each quarter, the Superintendent or designee appoints a staff member not assigned to health services to conduct jointly with the responsible pharmacist and the health authority an inventory of all controlled items. Verification of inventory is documented in the Vault/ Pharmacy Controlled Substance Log indicating date, the word "inventory", current balance, and signatures of all members of the inventory team. Discrepancies, if any, are reported to the Superintendent, Washington State Board of Pharmacy, and Drug Enforcement Administration as applicable. When personnel changes involve the health authority or responsible pharmacist, a controlled substance inventory shall be performed and all appropriate documentation reviewed. Vault combinations are changed whenever personnel changes involve the responsible pharmacist or the Superintendent.

Expenditures of controlled substances from the vault stock are documented in the appropriate section of the Vault Controlled Substance Log. Documentation information includes: 1) date; 2) amount withdrawn; 3) current balance; 4) destination of issue, and 5) full signature and title. Whenever possible, this procedure is carried out by the responsible pharmacist.

A working stock of controlled substances is held in a double locked storage in the Medication Room and in the inpatient workstation (nurses station). Receipt of controlled substances into either stock is entered in the appropriate Controlled Substance Log indicating date, time, amount received, current balance, source of receipt, signature, and title. Expenditures of controlled substances from the Medication Room supply are documented in the Medication Room Controlled Substance Log indicating date, time, amount withdrawn, balance, inmate name, inmate DOC number, prescription number, signature, and title. Expenditures of controlled substances from the nurses station supply are documented on the Inpatient Controlled Substance log indicating time, inmate name, DOC number, provider's name, dosage, any amount wasted, amount withdrawn in the appropriate column and medical staff person's signature and title. If any quantity of the dose withdrawn is wasted, the destruction must be witnessed and co-signed by a second medical staff person. Documentation is provided for each expenditure from Controlled Substance stock. Except in the case of extreme emergency, controlled substances shall not be drawn from nurses station stock for outpatient use or from medication room stock for inpatient use.



FIELD INSTRUCTION

Number

WCC 650.570

Issue Date

Effective Date

Page 3 of 5

TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

Pharmacy staff monitor controlled substance stock levels in the medication room and replenish this supply in quantities to meet anticipated/possible requirements. Inpatient nursing staff monitor controlled substance stock levels in the nurses station. New stock or restock items are requested via a preprinted form which must be signed by two health care providers and delivered to the pharmacy. Controlled substance items are supplied in minimum quantities as indicated on the order form and must be ordered/reordered in those quantities or multiples thereof. Filled orders for bulk controlled substances are delivered to nurses station by the pharmacist and receipted for by two health care providers on the order/reorder form. Order/reorder forms remain a portion of permanent pharmacy controlled substance records. Nursing staff are responsible for entering all controlled substance receipts on the controlled substance log. Such entry includes the time, the statement "from pharmacy" or other source, if applicable, the quantity received in the appropriate column and the signature of two medical staff providers completing the entry.

In some instances, controlled substances may be stocked in the nursing station which are not included on the preprinted inventory listing on the form. In those instances, the drug name and strength must be entered in a column at the top of the page when initially received in stock.

A new inpatient unit controlled substance log sheet is initiated at midnight and is utilized for a 24 hour period. Utilization of a new form includes completion of the following items: 1) page number, 2) date, 3) balance brought forward from the previous 24 hour period at the top of the page and 4) the signature of the transcriber in the same block as the wording "balance brought forward". At the end of the 24 hour period, the ending balance is tabulated at the bottom of the page. The completed log sheet is then photocopied and the original form delivered to pharmacy through the access port in Room 38. The copy is retained in the nurses station for a period of 30 days.

An inventory of all controlled substances stored in the Medication Room and in the nurses station is carried out at the change of each shift by a member of the oncoming and offgoing shifts. Each controlled substance stocked is physically counted by tablet, capsule, milliliter, etc., and documented in the Medication Room or Nurses Station Controlled Substance Log. Documentation includes date, time, the words "count correct/count incorrect", quantity inventoried, and signature of each health care provider involved.

Under unusual circumstances, controlled substances may be transferred between Medication Room stock and Nurses Station stock. Such transfers require two staff persons, one responsible for each stock, to complete the entry on each log. Entries include date, time,



FIELD INSTRUCTION

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Page 4 of 5	

TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

"transferred to" or "received from" (indicating Medication Room or Nurses Station), the quantity of controlled substance transferred and the signature of each staff person on each log. Transfers from one stock are immediately listed as receipts in the receiving inventory. In addition, when controlled substances are transferred between working stocks, pharmacy is notified immediately by memo indicating drugs transferred, source and destination, and the reason necessitating the transfer.

In the absence of the pharmacist, discrepancies that cannot be immediately corrected are reported in writing by the inventory team to the responsible pharmacist. If the responsible pharmacist is unable to reconcile any discrepancies, a written report is made to the Health Care Manager, Captain/Shift Lieutenant, and, if applicable, to the Superintendent, Washington State Board of Pharmacy, and Drug Enforcement Administration.

Attached are general controlled substance handling procedures for inpatient nursing and outpatient nursing staff.

PROCEDURE:

<u>RESPONSIBLE PERSON</u>	<u>SEQUENCE</u>	<u>ACTION TAKEN</u>
Responsible Pharmacist	1	Stores and controls all controlled substances securely.
	2	Maintains documentation of all receipts and withdrawals of controlled substances from pharmacy or vault.
	3	Attends all inventories, inspections, searches or shakedowns of controlled substance storage areas.
	4	Maintains a working supply of controlled substances in Medication Room storage cabinet.
	5	Provides working supply of controlled substances for nursing station stock upon proper request.
	6	Conducts inventory of all controlled substances on a quarterly basis in conjunction with health authority and appointed staff.



FIELD INSTRUCTION

Number

WCC 650.570

Issue Date

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Page 5 of 5

TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

- | | | |
|--------------------------------|----|--|
| | 7 | Monitors inventory and uses documentation provided by clinical staff for all controlled substances provided from Medication Room and Nurses Station stock. |
| | 8 | Maintains documentation of all receipts and withdrawals of controlled substances from Medication Room and Nurses Station. |
| Nursing Staff/Medical Provider | 9 | Documents each withdrawal and receipt, if applicable, of controlled substance from Medication Room or Nurses Station stock. |
| | 10 | Conducts inventory of all controlled substance stock stored in the Medication Room and Nurses Station at change of each shift. |

REVIEW: This field instruction is reviewed annually.

REFERENCE: MSS 13.47

SUPERSESSION: WCC 650.570 dated 9Mar95

ATTACHMENTS:

Gary McCracken
GARY McCRACKEN, Health Care Manager

10/25/96
DATE

Phil Stanley
PHIL STANLEY, Superintendent

DATE

Andrea Bynum
ANDREA BYNUM, Command Manager

DATE

GS:cn

1075 ATTACHMENT
PAGE 71 OF 1061

**CONTROLLED SUBSTANCES HANDLING PROCEDURE FOR
NURSING STATION MEDICAL STAFF**

1. Controlled substances are to be signed out in single dose increments only.
2. Once signed out of working stock, controlled substances are to be administered immediately.
3. Controlled substances designated on an "as needed" basis are not to be signed out based on anticipated need but on a frequency no oftener than specified by the practitioner's order and then only if requested by the inmate.
4. The staff member signing out the controlled substance must be the individual who administers the medications.
5. Verify the inmate's identity prior to controlled substance administration.
6. The staff member administering an oral controlled substance is responsible for ensuring the medication has not been cheeked, palmed or otherwise concealed.
7. The staff member administering any controlled substance is responsible for documentation of administration on the medication administration record and in the nursing notes, if applicable.
8. The sign-out entry in the controlled substance log will include: 1) date, 2) time (in 2400 hour format), 3) inmate name (last name and first initial or first name), 4) inmate DOC number, 5) name of provider, 6) dose, 7) quantity wasted, if any, 8) quantity checked out (in arabic numerals only), 9) balance, and 10) full legible signature(s) and title(s).
9. Any error made on the controlled substance sign out sheet will be justified/ explained on the reverse side of the page by the staff member making the error. If that staff member is not in the facility, the explanation is made by the staff member discovering the error if possible, i.e., math error, wrong sheet, etc.
10. Disposal of unused or partially used controlled substance shall be witnessed by two medical staff members and attested to by the same with their signatures on the sign out sheet. A brief explanation for the destruction is to be documented on the back of the sign out sheet.
11. If the required dose of an injectable controlled substance is less than that contained in the syringe, the quantity to be wasted/destroyed will be expelled in the presence of a witness utilizing guideline #10 and the remainder then administered to the patient.
12. When conducting controlled substance inventory counts, each staff member must witness the actual count and the documentation of the count in the controlled substance log for accuracy prior to signing each document. The staff member conducting the actual count should not know the quantity of controlled substance indicated in the controlled substance log.
13. If partial tablets are found in working stock which are unidentifiable, notify the pharmacist who will assist with disposal.
14. If a seal is broken on an injectable controlled substance held in working stock, the drug should be held in working stock until destruction/disposal by appropriate pharmacy staff can be completed.
15. If an error is made when making an entry in the controlled substance log, draw a single line through that portion of the entry in error and make and initial the correction. The portion of the entry in error must remain legible.

CONTROLLED SUBSTANCES HANDLING PROCEDURES FOR
OUTPATIENT NURSING STAFF

ATTACHMENT 1
PAGE 23 OF 100

1. Controlled substances are to be signed out in single dose increments only.
2. Once signed out of working stock, controlled substances must be administered at the next medication line except in the cases of "no shows" or "refusals".
3. The staff member signing out the controlled substance must be the individual who administers the medications.
4. Verify the inmate's identity prior to controlled substance administration.
5. The staff member administering an oral controlled substance is responsible to ensure to the greatest extent possible that medication has not been cheeked, palmed or otherwise concealed.
6. The staff member administering any controlled substance is responsible for documentation of administration on the medication administration record.
7. The sign-out entry in the controlled substance log will include: 1) date, 2) time (in 2400 hour format), 3) quantity checked out (in arabic numerals only), 4) balance (which must be verified after each entry), 5) inmate name (last name and first initial or first name), 6) inmate DOC number, 7) prescription number if available and 8) full legible signature and title.
8. Any error made on the controlled substance sign out sheet will be justified/ explained on the reverse side of the page by the staff member making the error. If that staff member is not in the facility, the explanation is made by the staff member discovering the error if possible, i.e., math error, wrong sheet, etc.
9. Disposal of unused or partially used controlled substance shall be witnessed by two medical staff members and attested to by the same with their signatures on the back of the sign out sheet. A brief explanation of the reason for destruction must precede their signatures.
10. When conducting controlled substance inventory (counts), each staff member must witness the actual count and the documentation of the count in the controlled substance log for accuracy prior to signing each document. The staff member conducting the actual count should not know the quantity of controlled substance indicated in the controlled substance log.
11. If partial tablets are found in working stock which are unidentifiable, notify the pharmacist who will assist with disposal.
12. If a seal is broken on an injectable controlled substance held in working stock, the drug should be held in working stock until destruction/disposal by appropriate pharmacy staff can be completed.
13. If an error is made when making an entry in the controlled substance log, draw a single line through that portion of the entry in error and make and initial the correction. The portion of the entry in error must remain legible.

NURSES STATION CONTROLLED SUBSTANCE ORDER FORM

DATE: _____

(PHONE ORDERS WILL NOT BE ACCEPTED)

SUPPLY In hand	QUANTITY REQUESTED	DESCRIPTION	MINIMUM QUANTITY	PHARMACY Qt sent & Lot #
ORAL				
_____	_____	Acetaminophen/codeine 30 mg	20	_____
_____	_____	Clonazepam 1 mg	25	_____
_____	_____	Diazepam 5 mg	20	_____
_____	_____	Lorazepam 1 mg	10	_____
_____	_____	Methadone 10 mg	25	_____
_____	_____	MS Contin 15 mg	25	_____
_____	_____	MS Contin 30 mg	25	_____
_____	_____	MS Contin 60 mg	25	_____
_____	_____	Oxycodone APAP 5/325	25	_____
_____	_____	Pentazocine/Naloxone 50/.5	25	_____
_____	_____	Phenobarbital 30 mg	10	_____
_____	_____	Other _____	_____	_____
_____	_____	Other _____	_____	_____
INJECTABLE				
_____	_____	Diazepam 10 mg/2 ml	1	_____
_____	_____	Lorazepam 2 mg/ml 1 ml (Refrigerate)	5	_____
_____	_____	Meperidine 50 mg Inj.	10	_____
_____	_____	Meperidine PCA	1	_____
_____	_____	Morphine 10 mg Inj.	10	_____
_____	_____	Morphine PCA	1	_____
_____	_____	Other _____	_____	_____
_____	_____	Other _____	_____	_____

SIGNATURE OF TWO ORDERING HEALTH CARE PROVIDERS:

Requesting _____

Co-Signature _____

SIGNATURE OF PHARMACIST FILING ORDER:

Signature of Pharmacist _____

Date Filled _____

SIGNATURE OF TWO RECEIVING HEALTH CARE PROVIDERS:

Signature/Date/Time _____

Signature/Date/Time _____

ATTACHMENT
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PAGE 24 OF 100



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

WASHINGTON CORRECTIONS CENTER

P.O. Box 900 • Shelton, Washington 98584

To Lt. Brown

From: F. J. Rick

26 Jan 97

RE [REDACTED]

On 26 Jan 97 ~1500 I received verbal report from day shift re: 1/m [REDACTED]
I was advised the above 1/m had received 120mg MS contin, and was evaluated
by Riddle PAC. Orders had been received and instituted. PAC Riddle
advised that he notified Williams PAC re 1/m [REDACTED] status.
1/m [REDACTED] was tid & monitored through out pm. 1/m [REDACTED] status
changes were reported to Williams PAC. Orders received from Williams
were noted and executed.

Per order E Thomas AD, Frank Barth HOM was advised re. above.
and memo completed.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

01-26-97

TO: Jodi Coleman, RN₃
Frank Barts, NCM₁
Gary McCracken, NCM₂

THIS IS TO ADVISE THAT WHILE PERFORMING
THE ROUTINE CHANGE OF SHIFT NARCOTIC COUNT
WITH DAY SHIFT RN, GEORGE ALLEN, IT WAS
DISCOVERED THAT (2) TABLETS OF 60 MGON MS CONTI
HAD BEEN GIVEN IN ERROR TO 1/M [REDACTED]
(# [REDACTED]) BY GEORGE ALLEN, RN ON THIS DATE.
RN ALLEN ADVISED PAC ALLEN RIDDLE OF
MEDICATION ERROR AND ORDERS WERE WRITTEN
TO COUNTERACT THE EFFECT OF THE 120 MGON
OF MS CONTIN WHICH HAD BEEN GIVEN (PO) T
1/M [REDACTED]. SHIFT LEADER, F. TUFTS - RICH,
RN TOOK CHARGE OF IMPLEMENTING NEW
ORDERS AND COORDINATING CONTINUOUS
MONITORING OF 1/M [REDACTED].

ATTACHMENT 1
PAGE 76 OF 10

Cheryl A. Mounts, RN

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Cheryl A. Mounts, RN



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

TO: Lt. Brown

Date: 1/26/97

I was notified in change of shift report that I/m [redacted] had been given 2 tabs of Morphine Sulfate 60mg (ea.) instead of 2 Percocet at 1440 today. PAC Riddle was notified immediately after discovery of error. Orders were rec'd. + carried out, requiring 1:1 Nursing from 1500 til departure from WCC @ 2120. I/m was cared for by F. Tufts-Rich RN, I did Diabetic Lines + Treatment Room, helping with his care. I/m became much more sedated @ 2050 with sl. slurred speech and dilated pupils. Orders were received from PAC Williams to send to MGH. I/m sent via ambulance because of the increased risk of aspiration should he resume vomiting while so sedated.

We were notified of his admission to MGH @ approx 2200.

B. Borcher RN

cc : Jodi Coleman RN III
Frank Barth HEM I
Gary McCracken HEM II
Hal Williams PAC



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

January 27, 1997

To: Frank Barth, Health Care Manager

From: G. L. Navarro, MD

Subject: Investigation report of the incident that occurred on January 26, 1997.

Enclosures:

1. Statement from PA-C Riddle
2. Statement from PA-C Williams
3. Statement from Mr. George Allen RN
4. Statement from Nursing staff on duty: Ms. Tufts-Rich, Ms. Mounts, Ms. Borchers
5. Nursing instructions and procedures on handling of medications

At approximately 1445, January 26, 1997 MS Contin 120 mg. (an oral morphine preparation) ordered for another inmate was inadvertently given by Mr. George Allen RN, by his own admission, to another patient, inmate [REDACTED]. PA-C Riddle was immediately notified and gastric emptying procedures were promptly started. The patient was closely observed for any untoward occurrence and eventually transferred at 2120 for more intensive observation, to Mason General on orders of PA-C Williams after he received phone reports that Mr. [REDACTED] was becoming more sedated with slurred speech and dilated pupils. All the steps needed to be sure that the patients health is not placed in jeopardy after the incident, was accomplished in a timely fashion. Verbal report from MGH this morning was encouraging, in that they did not observe any untoward side effects of this incident and will transfer the patient back to us sometime today. Mr. Allen was involved in an incident of a similar nature approximately two weeks ago,

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and admitted to a total of 4-5 other similar errors in his seven years employment at WCC.

Review of the nursing procedures indicated that there are documented instructions to ensure that the proper dose and medications are given to the right patient for controlled substances. I do not see any instructions of a similar nature for drugs other than controlled medications. There are also no instructions that I could find on how to document these incidents and what steps the nursing service have to do in order to correct any deficiencies in the quality of patient care, if required. This incident appears to be a simple case of the nurse not paying attention to the necessary steps needed in order to carry out the physician's or providers medication orders accurately. There is, however, the need to have a revised medications instruction to clearly state the steps needed to ensure that all medications are administered properly and accurately in a timely fashion. There should be continuing emphasis on the strict adherence to these steps during regularly recorded meetings by the nursing staff's. If a pattern of incidents appear to occur on the same individual, a process of action to help rectify the problem should be clearly documented in a separate instruction. Finally I would recommend that the nursing supervisor revisit the previous incidences that Mr. Allen was involved in, and recommend a plan to assist this individual who appears to be experiencing some difficulties at this time.

CHASE RIVELAND
Secretary



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
MEMORANDUM

TO: DR. NAVARRO

DATE: 1-27-97

FROM: *[Signature]*
H. WILLIAMS, PAC

SUBJECT: I/m [REDACTED]

I was telephonically notified by RN2 Tufts - Rich — that I/m [REDACTED] had become lethargic with slurred speech and dilated pupils despite 10 Narcan given. The decision was made by me at that time to refer the patient to M&H ER.

ATTACHMENT 1
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1-27-97

I was notified at approx 1445 - on 1-26-97 by George Allen, RN that he had given ≈ 60 mg. of 5 contin tablets to me [redacted] [redacted] by error.

On examination the me was alert, oriented and in no acute distress. He had no respiratory distress, speech was normal.

I ordered Ipecac 30cc to be given with water. When me vomited no tablets could be seen in the vomitus. I ordered activated charcoal and mag citrate po. Orders were also given for close monitoring of BP & Resp as well as 0.4 mg Narcan if BP \downarrow to < 90 systolic and for resp < 12 /min.

I also ordered the nursing staff to contact PA Williams, who I informed of the situation via telephone, of any changes in the me's status. I verbally instructed the nurses to put in a hip-lock if Narcan was to be used and prepare to transfer me to MGH.

The me was stable when my shift ended. I telephoned the nurse at approx 5:45 pm and was told the me was stable. The PM nurses should be commended for their prompt action in following and carrying out the order. [Signature]



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

To Lt. Brown
From. F. J. Rick

26 Jan 97

RE [REDACTED]

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I was advised the above 1/m had received 120mg MS contin, and was evaluated
by Riddle PAC. Orders had been received and instituted. PAC Riddle
advised that he notified Williams PAC re 1/m [REDACTED] status.
1/m [REDACTED] was tid'ed & monitored through out pm. 1/m [REDACTED] status
changes were reported to Williams PAC. Orders received from Williams
were noted and executed.

Per order E Thomas AD, Frank Bark HAM was advised re. above.
and memo completed.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

01-26-97

TO: Jodi Coleman, RN³
Frank Barth, NCM¹
Gary McCracken, NCM²

THIS IS TO ADVISE THAT WHILE PERFORMING
THIS ROUTINE CHANGE OF SHIFT NARCOTIC COUNT
WITH DAY SHIFT RN, GEORGE ALLEN, IT WAS
DISCOVERED THAT (2) TABLETS OF 60 MG MS CONTIN
HAD BEEN GIVEN IN ERROR TO I/M [REDACTED]
(# [REDACTED]) BY GEORGE ALLEN, RN ON THIS DATE.
RN ALLEN ADVISED PAC ALLEN RIDDLE OF
MEDICATION ERROR AND ORDERS WERE WRITTEN
TO COUNTERACT THE EFFECT OF THE 120 MGMS
OF MS CONTIN, WHICH HAD BEEN GIVEN (PO.) TO
I/M [REDACTED] SHIFT LEADER, F. TUFTS-RICH,
RN TOOK CHARGE OF IMPLEMENTING NEW
ORDERS AND COORDINATING CONTINUOUS
MONITORING OF I/M [REDACTED].

ATTACHMENT 1
PAGE 93 OF 11

Cheryl A. Mounts, RN

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Cheryl A. Mounts, RN



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

TO: Lt. Brown

Date: 1/26/97

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We were notified of his admission to MGH @ appx 2200.

B. Borcher RN

cc : Jodi Coleman RN III
Frank Barth HCM I
Gary McCracken HCM II
Hal Williams PAC



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P.O. Box 900 • Shelton, Washington 98584

August 1, 1996

TO: Nursing Staff

FROM: JoAnn Coleman, RN 3 *PC BYCN*
Gary Siegel, R.Ph. *(A)*

SUBJECT: Controlled Substance Handling Procedures

The following guidelines are provided as a reminder of the appropriate handling of controlled substances in this facility. These guidelines are applicable to all nursing staff EXCEPT those functioning as medication administration staff at designated medication lines. It is expected that each individual encompassed by the scope of this memorandum will comply with these guidelines.

1. Controlled substances are to be signed out in single dose increments only.
2. Once signed out of working stock, controlled substances are to be administered immediately.
3. Controlled substances designated on an "as needed" basis are not to be signed out based on anticipated need but on a frequency no oftener than specified by the practitioner's orders and then only if requested by the inmate.
4. The staff member signing out the controlled substance must be the individual who administers the medications.
5. Verify the inmate's identity prior to controlled substance administration.
6. The staff member administering an oral controlled substance is responsible for ensuring the medication has not been cheeked, palmed or otherwise concealed.
7. The staff member administering any controlled substance is responsible for documentation of administration on the medication administration record and in the nursing notes, if applicable.

8. The sign-out entry in the controlled substance log will include (A) date, (B) time (in 2400 hour format), (C) quantity checked out (in arabic numerals only), (D) balance (which must be verified after each entry), (E) inmate name (last name and first initial or first name), (F) inmate DOC number, (G) prescription number if available, and (H) full legible signature and title.
9. Any error made on the controlled substance sign out sheet will be justified/ explained on the reverse side of the page by the staff member making the error. If that staff member is not in the facility, the explanation is made by the staff member discovering the error if possible, i.e., math error, wrong sheet, etc.
10. Disposal of unused or partially used controlled substance shall be witnessed by two medical staff members and attested to by the same with their signatures on the back of the sign out sheet. A brief explanation of the reason for destruction must precede their signatures.
11. If the required dose of an injectable controlled substance is less than that contained in the syringe, the quantity to be wasted/destroyed will be expelled in the presence of a witness utilizing guideline #10 and the remainder then administered to the patient.
12. When conducting controlled substance inventory (counts), each staff member must witness the actual count and the documentation of the count in the controlled substance log for accuracy prior to signing each document. The staff member conducting the actual count should not know the quantity of controlled substance indicated in the controlled substance log.
13. If partial tablets are found in working stock which are unidentifiable, notify the pharmacist who will assist with disposal.
14. If a seal is broken on an injectable controlled substance held in working stock, the drug should be held in working stock until destruction/disposal by appropriate pharmacy staff can be completed.
15. If an error is made when making an entry in the controlled substance log, draw a single line through that portion of the entry in error and make and initial the correction. The portion of the entry in error must remain legible.

:cn



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P. O. Box 900 • Shelton, Washington 98584

February 8, 1994

TO: All Nursing Staff
FROM: Jodi Coleman, RN 3 *Jc*
SUBJECT: Pre-packaged Prescriptions

The items on the attached list are available to the nursing staff as nursing pre-packaged prescriptions. These items are located in Drawer #5 of the Documed. These pre-packaged prescriptions may be used after the nurse secures an order from the PA or MD if the pharmacy is closed.

To use the Documed in this manner, requirements are:

1. An authorized key.
2. Leave documentation for any item(s) removed. (Leave the documentation any place in the Documed.)
3. Completion of information on the pre-packaged prescription label:
 - a. Inmate name (complete)
 - b. Inmate DOC number
 - c. Date of Issue
 - d. Complete directions for use by the inmate.
 - e. Name of drug and number issued
 - f. Expiration date
 - g. Name of prescribing practitioner

Insurance: Consider after completing all required information on the pre-packaged prescription the photocopying of this package to protect yourself.

If a medication/prescription is needed for an emergency, the nurse must call/contact the PA, not the pharmacist. The PA may call the pharmacist.

If any or all of the nursing staff want a demonstration of this memo, please contact Gary Siegel, R.Ph.

Attached is the WAC 246-869-120, Mechanical Devices.

JC:cn
Attachments

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ATTACHMENT 1
PAGE 87 OF 106



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER
P. O. Box 900 • Shelton, Washington 98584

February 3, 1994

TO: All Medical Providers
FROM: Gary Slegel, R.Ph.
SUBJECT: Pre-Pack Prescriptions

The following medications are available as nursing pre-packs, effective date February 7, 1994.

<u>MEDICATION</u>	<u>Amount in pack</u>	<u># of pre-packs</u>
Albuterol Inhaler	ea	3
Amox/K Clavulantate 250 mg	10	2
Belladonna w/Pb 1/4 tabs	10	2
Cephalexin 500 mg caps	13	2
Clonidine 0.2 mg tabs	10	2
Diphenhydramine 50 mg caps	10	2
Erythromycin 250 mg tabs	13	2
Hydroxyzine 50 mg tabs	10	2
Ibuprofen 400 mg	20	4
Lindane Shampoo	2 oz	2
Metaproterenol Inhaler	ea	3
Methocarbamol 750 mg	20	3
Midrin (generic)	12	2
Nitroglycerin 1/150 gr S.L.	25	2
Prochlorperazine 10 mg caps	7	2
Ranitidine 150 mg	7	2
Sulfameth/Trimeth DS	7	2

GS:cn

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ATTACHMENT 1
PAGE 88 OF 10

WAC 246-869-120 Mechanical devices in hospitals. Mechanical devices for storage of drugs and medicines shall be limited to hospitals and shall comply with all the following provisions:

(1) All drugs and medicines to be stocked in the device shall be prepared for use in the device by or under the direct supervision of a registered pharmacist in the employ of the hospital and shall be prepared in the hospital from the hospital stock in which the drug is to be administered. "Hospital" shall mean any hospital licensed by the state department of health or under the direct supervision of the state department of institutions.

(2) Such device shall be stocked with drugs and medicines only by a registered pharmacist in the employ of the hospital.

(3) A registered pharmacist in the employ of the hospital shall be personally responsible for the inventory and stocking of drugs and medicines in the device and he shall be personally responsible for the condition of the drugs and medicines stored in the device.

(4) A registered pharmacist in the employ of the hospital shall be the only person having access to that portion, section, or part of the device in which the drugs or medicines are stored.

(5) All containers of drugs or medicines to be stored in the device shall be correctly labeled to include: Name, strength, route of administration and if applicable, the expiration date.

(6) At the time the removal of any drug or medicine from the device, the device shall automatically make a written record showing the name, strength, and quantity of the drug or medicine removed, the name of the patient for whom the drug or medicine was ordered, and the notification of the nurse removing the drug or medicine from the device. The record must be maintained for two years by the hospital and shall be accessible to the pharmacist.

(7) Medical practitioners authorized to prescribe, pharmacists authorized to dispense, or nurses authorized to administer such drugs shall be the only persons authorized to remove any drug or medicine from the device and such removal by a nurse or medical practitioner shall be made only pursuant to a chart order. An identification mechanism, required to operate the device shall be issued permanently to each operator while the operator is on the staff of, or employed by the hospital. Such mechanism must imprint the operator's name or number if it permits the device to operate.

(8) The device shall be used only for the furnishing of drugs or medicines for administration in the hospital to registered in-patients or emergency patients in the hospital.

(9) Every hospital seeking approval to use any device shall, prior to installation of the device, register with the board by filing an application. Such application shall contain: The name and address of the hospital; the name of the registered pharmacist who is to be responsible for stocking the device; the manufacturer's name and model, and the proposed location of each device in

(11) The device shall not include any pharmacist who is, or is employed by, a manufacturer, wholesaler, distributor, or itinerant vendor of drugs or medicines.

(12) Each and every device approved by the board shall be issued a certificate of location. Such certificate must be conspicuously displayed on the device and contain the following:

(a) Name and address of the hospital

(b) Name of the registered pharmacist who is to be responsible for stocking the device

(c) Location of the device in the hospital

(d) Manufacturer's name of the device and the serial number of the device.

(13) Upon any malfunction the device shall not be used until the malfunction has been corrected.

(14) A copy of this regulation shall be attached to each and every device certified by the board of pharmacy. [Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B),

recodified as § 246-869-120, filed 8/30/91, effective 9/30/91; Regulation 47, filed 12/1/65.]

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ATTACHMENT

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No such device shall be used until approval has been granted by the board, and no change in the location of the device shall be made without prior written approval of the board.

1. *Chlorophyll a* (Chl *a*) is the primary photosynthetic pigment in most algae and higher plants. It is a green pigment that absorbs light energy in the blue and red regions of the visible spectrum.

WAC 246-873-050 Absen of a pharmacist. (1) General. Pharmaceutical services shall be available on a 24-hour basis. If round-the-clock services of a pharmacist are not feasible, arrangements shall be made in advance by the director of pharmacy to provide reasonable assurance of pharmaceutical services.

(2) Access to the pharmacy. Whenever a drug is required to treat an immediate need and not available from floor stock when the pharmacy is closed, the drug may be obtained from the pharmacy by a designated registered nurse, who shall be accountable for his/her actions. One registered nurse shall be designated in each hospital shift for removing drugs from the pharmacy.

(a) The director of pharmacy shall establish written policy and recording procedures to assist the registered nurse who may be designated to remove drugs from the pharmacy, when a pharmacist is not present, in accordance with Washington State Pharmacy Practice Act, RCW 18.64.255(2), which states that the director of pharmacy and the hospital be involved in designating the nurse.

(b) The stock container of the drug or similar unit dose package of the drug removed shall be left with a copy of the order of the authorized practitioner to be checked by a pharmacist, when the pharmacy reopens, or as soon as is practicable.

(c) Only a sufficient quantity of drugs shall be removed in order to sustain the patient until the pharmacy opens.

(d) All drugs removed shall be completely labeled in accordance with written policy and procedures, taking into account state and federal rules and regulations and current standards. [Statutory Authority: RCW 18.64-.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-050, filed 7/29/81.]

WAC 246-873-060 Emergency outpatient medications. The director of pharmacy of a hospital shall, in concert with the appropriate committee of the hospital medical staff, develop policies and procedures, which shall be implemented, to provide emergency pharmaceuticals to outpatients during hours when normal community or hospital pharmacy services are not available. The delivery of a single dose for immediate administration to the patient shall not be subject to this regulation. Such policies shall allow the designated registered nurse(s) to deliver medications other than controlled substances, pursuant to the policies and procedures which shall require that:

(1) An order of a practitioner authorized to prescribe a drug is presented. Oral or electronically transmitted orders must be verified by the prescriber in writing within 72 hours.

(2) The medication is prepackaged by a pharmacist and has a label that contains:

(a) Name, address, and telephone number of the hospital.

(b) The name of the drug (as required by chapter 246-899 WAC), strength and number of units.

(c) Cautionary information as required for patient safety and information.

(d) An expiration date after which the patient should not use the medication.

(3) No more than a 24-hour supply is provided to the patient except when the pharmacist has informed appropriate hospital personnel that normal services will not be available within 24 hours.

(4) The container is labeled by the designated registered nurse(s) before presenting to the patient and shows the following:

(a) Name of patient;

(b) Directions for use by the patient;

(c) Date;

(d) Identifying number;

(e) Name of prescribing practitioner;

(f) Initials of the registered nurse;

(5) The original or a direct copy of the order by the prescriber is retained for verification by the pharmacist after completion by the designated registered nurse(s) and shall bear:

(a) Name and address of patient;

(b) Date of issuance;

(c) Units issued;

(d) Initials of designated registered nurse.

(6) The medications to be delivered as emergency pharmaceuticals shall be kept in a secure place in or near the emergency room in such a manner as to preclude the necessity for entry into the pharmacy.

(7) The procedures outlined in this rule may not be used for controlled substances except at the following rural hospitals which met all three of the rural access project criteria on May 17, 1989:

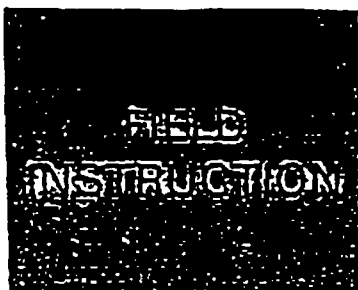
Hospital	City
1. Lake Chelan Community Hospital	Chelan
2. St. Joseph's Hospital	Chewelah
3. Whitman Community Hospital	Colfax
4. Lincoln Hospital	Davenport
5. Dayton General Hospital	Dayton
6. Ocean Beach Hospital	Ilwaco
7. Newport Community Hospital	Newport
8. Jefferson General Hospital	Port Townsend
9. Ritzville Memorial Hospital	Ritzville
10. Willapa Harbor Hospital	South Bend

[Statutory Authority: Amended effective 6/28/92; Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-12-011 (Order 225), § 360-17-055, filed 5/26/89; 83-23-109 (Order 179), § 360-17-055, filed 11/23/83.]

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ATTACHMENT

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Number	WCC 650.570
Issue Date	09MAR95
Effective Date	09APR95
Page 1 of 4	

TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

AUTHORITY: DOP 420.540

PURPOSE: To provide procedures for handling and control of all controlled substances.

APPLICABILITY: Applies to all WCC staff.

DEFINITIONS:

Controlled Substance: A drug substance or immediate precursor of such drug or substance so designated under or pursuant to Chapter 69.50 RCW, the Uniform Controlled Substance Act.

Responsible Pharmacist: A licensed pharmacist placed in charge of a pharmacy by a nonlicensed proprietor/owner. Every portion of the establishment coming under the jurisdiction of the pharmacy laws shall be under the full and complete control of such responsible pharmacist.

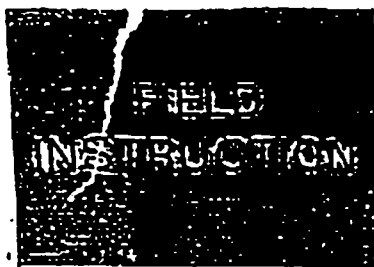
FIELD INSTRUCTION:

The Pharmacist Supervisor/Responsible Pharmacist is responsible for all controlled substances.

Controlled substances stocked within the pharmacy are stored in a locked cabinet. The cabinet key is on each pharmacist's key ring. In an emergency, designated medical staff may contact the pharmacist or pharmacist supervisor in order to facilitate withdrawal of controlled substances from Vault/Pharmacy stock. Controlled substances removed from the pharmacy must be signed out in the Vault/Pharmacy Controlled Substance Log which is also stored in the cabinet. Withdrawals of controlled substances from the pharmacy must immediately be entered in the Medical Room Controlled Substance Log.

Each receipt of a controlled substance is immediately documented in the Vault/Pharmacy Controlled Substance Log. Documented information includes current date; quantity received; Field Order number; current balance; and full signature and title. Perpetual inventory of all controlled items shall be maintained at all times.

Pharmacy stock of controlled substances is stored in two locations within the institution. These locations are: 1) the locked cabinet within the pharmacy and 2) the controlled substance vault located in Major Control. For security reasons, the bulk of all controlled substances within the



Number	WCC 650.570
Issue Date	09MAR95
Effective Date	09APR95
Page 2 of 4	

TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

institution is stored in the vault. Vault storage is inaccessible except to the responsible pharmacist and the Superintendent. The Superintendent maintains a duplicate vault combination in a sealed envelope, plainly marked, and filed in another safe.

Inventories, inspections, searches or shakedowns are never made in the controlled substance vault or pharmacy locked cabinet except in the presence of the responsible pharmacist.

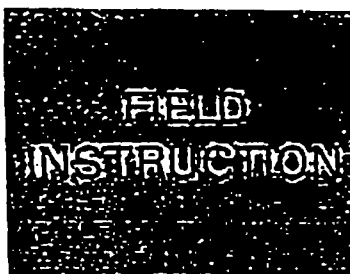
Once each quarter, the Superintendent or designee appoints a staff member not assigned to health services to conduct jointly with the responsible pharmacist and the health authority an inventory of all controlled items. Verification of inventory is documented in the Vault/ Pharmacy Controlled Substance Log indicating date, the word "inventory", current balance, and signatures of all members of the inventory team. Discrepancies, if any, are reported to the Superintendent, Washington State Board of Pharmacy, and Drug Enforcement Administration as applicable. When personnel changes involve the health authority or responsible pharmacist, a controlled substance inventory shall be performed and all appropriate documentation reviewed. Vault combinations are changed whenever personnel changes involve the responsible pharmacist or the Superintendent.

Expenditures of controlled substances from the vault stock is documented in the appropriate section of the Vault Controlled Substance Log. Documentation information includes: 1) date; 2) amount withdrawn; 3) current balance; 4) destination of issue, and 5) full signature and title. Whenever possible, this procedure is carried out by the responsible pharmacist.

A working stock of controlled substances is held in the locked safe in the Medication Room. Receipt of controlled substances into this stock is entered in the Medication Room Controlled Substance Log indicating date, time, amount received, current balance, source of receipt, signature, and title. Expenditures of controlled substances from the Medication Room supply are documented in the Medication Room Controlled Substance Log indicating date, time, amount withdrawn, balance, inmate name, inmate DOC number, prescription number, signature, and title. This documentation is provided for each expenditure from this stock.

An inventory of all controlled substances stored in the Medication Room is carried out at the change of each shift by a member of the oncoming and offgoing shifts. Each controlled substance stocked is physically counted by tablet, capsule, milliliter, etc., and documented in the Medication Room Controlled Substance Log. Documentation includes date, time, the words "count correct/count incorrect", quantity inventoried, and signature of each clinical staff member involved.

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ATTACHMENT
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TITLE

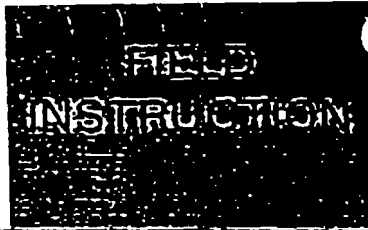
PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

In the absence of the pharmacist, discrepancies that cannot be immediately corrected are reported in writing by the inventory team to the responsible pharmacist. If the responsible pharmacist is unable to reconcile any discrepancies, a written report is made to the Health Care Manager, Captain/Shift Lieutenant, and, if applicable, to the Superintendent, Washington State Board of Pharmacy, and Drug Enforcement Administration.

PROCEDURE:

<u>RESPONSIBLE PERSON</u>	<u>SEQUENCE</u>	<u>ACTION TAKEN</u>
Responsible Pharmacist	1	Stores and controls all controlled substances securely.
	2	Maintains documentation of all receipts and withdrawals of controlled substances from pharmacy or vault.
	3	Attends all inventories, inspections, searches or shakedowns of controlled substance storage areas.
	4	Maintains a working supply of controlled substances in Medication Room storage cabinet.
	5	Conducts inventory of all controlled substances on a quarterly basis in conjunction with health authority and appointed staff.
	6	Monitors inventory and uses documentation provided by clinical staff for all controlled substances stored in the Medication Room.
	7	Maintains documentation of all receipts and withdrawals of controlled substances from Medication Room.
	8	Documents each withdrawal of controlled substance from medication Room stock.
	9	Conducts inventory of all controlled substance stock stored in the Medication Room at change of each shift.

REVIEW: This field instruction is reviewed annually.



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TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

REFERENCE: MSS 13.47

SUPERSESSION: WCC 650.570 dated 19Oct90

ATTACHMENTS: None

GARY McCRACKEN, Health Care Manager

9/10/95
DATE

- KURT S. PETERSON, Superintendent

11 Jan 95
DATE

ANDREA BYNUM, Command Manager

Jan 17, 1995
DATE

1099 |

ATTACHMENT

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NURSING PROCEDURE

INPATIENT ORDERS

MEDICATIONS:

1. Advise the physician/provider that medication orders need to include:
 - a. Date
 - b. Time - must have exact time
 - c. Controlled substance ordered must also include Form DOC 13-15
(This must be identical to the Inpatient order to be valid.)
 - d. Exact length of time of the medication being ordered, i.e., 24 hours, 48 hours, 72 hours, 96 hours OR 2 days, 3 day, 7 days (each day equals 24 hours)
2. Telephone orders must include:
 - 1 a., b., c., d., and Form DOC 13-15, if applicable.These orders are to be signed as soon as possible.
3. All orders are to be legibly signed.
4. When transcribing medication orders, the nursing staff will bracket the order with { } date, time, a clear complete signature and their name stamp on each copy.
5. The order must be completely reviewed for completeness and Form 13-15 for exactness and completion before taking to the Pharmacy.
6. If orders are unclear, the nurse attempting to transcribe is responsible for returning the order to the physician/provider for clarity, then delivery them to the Pharmacy.

J. Anne Coleman R-13
Signature

1-9-96
Date

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NURSING PROCEDURES

MEDICATION RECORD - INPATIENT:

1. A medication record DOC 13-16 is to be prepared by the nurse who transcribes the first medication order.
2. This medication record will contain complete information:
 - a. Inmate: Name (Last, first, middle) printed
 - b. Facility: WCC Inpatient (Ward)
 - c. DOC # clearly printed
 - d. Month and year
 - e. All allergies are to be printed in red
 - f. The name of the nurse who transcribed these orders and prepared this medication record will be printed in the lower right corner.
 - g. "Name Alert" shall be printed in red directly below the inmate name if the chart has indicated name alert.
3. Medication: [Rx]
 - a. Name of the medication - both the ordered name and the generic drug supplied by the pharmacy.
 - b. Frequency - i.e., QID, TID, PRN, q 4 hours.
 - c. Amount, i.e., 1 tab, 1 cc.
 - d. Route of administration, i.e., oral (p.o.), IM, IV, rectal, etc.
 - f. Physician/provider.
 - g. Start date and time, if applicable.
 - h. End date and time, if applicable.
4. At the top of DOC 13-16, must have the provider (nurse) name - clearly written and initialed.
5. If the medication is ordered on any other date than the first day of the month, use a wide-top felt marker to draw a line to the correct start date.
6. If the medication order spans into the next month and space is available on the medication record, the Rx may be written and labeled with the month (i.e., August) in the left margin. If the record has insufficient space, a new medication record must be prepared for the following month.
7. Renewing medication(s) orders, except controlled substances, may be continued on the same Rx as the Medication Record if there is no change in dose, frequency or route of administration. This is accomplished by running a red line through the start and end dates and putting in new dates in red. This also applies to a Physician/provider change.

NURSING PROCEDURE

Page Two

MEDICATION RECORD - INPATIENT:

8. Orders to stop medication or change the order are to be effective immediately. The medication record will be marked by:
 - a. A diagonal line through the Rx box.
 - b. A wide felt marker line following the last dose given.
 - c. Under the wide line, the nurse who transcribed the order will write DC or change, write their name, date and stamp.
9. Medication orders that are changing or Discontinuing medications will cause the nurse to return the medication to the pharmacy along with the orders (yellow copy of the PER).
10. Controlled substance changes require the provider to write a new order and DOC 13-15 and a new Rx section on the Medication Record to be completed, as described in (3 above).
11. Medication given past the ending time of the order constitutes a medication error, thus requiring the nurse to complete an incident report with copies to the nursing supervisor, pharmacy, health care manager and medical records.
12. Medication(s) that are refused by the patient are to be marked on the medication record on that dose/time with a red (R). Precharting of medication can potentially be a liability.

J. And Coleman R13
Signature

7-9-96
Date



FIELD INSTRUCTION

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TITLE

PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

AUTHORITY: DOP 420.540

PURPOSE: To provide procedures for handling and control of all controlled substances.

APPLICABILITY: Applies to all WCC staff.

DEFINITIONS:

Controlled Substance: A drug substance or immediate precursor of such drug or substance so designated under or pursuant to Chapter 69.50 RCW, the Uniform Controlled Substance Act.

Responsible Pharmacist: A licensed pharmacist placed in charge of a pharmacy by a nonlicensed proprietor/owner. Every portion of the establishment coming under the jurisdiction of the pharmacy laws shall be under the full and complete control of such responsible pharmacist.

FIELD INSTRUCTION:

The Pharmacist Supervisor/Responsible Pharmacist is responsible for all controlled substances.

Controlled substances stocked within the pharmacy are stored in a locked cabinet. The cabinet key is on each pharmacist's key ring. In an emergency, designated medical staff may contact the pharmacist or pharmacist supervisor in order to facilitate withdrawal of controlled substances from Vault/Pharmacy stock. Controlled substances removed from the pharmacy must be signed out in the Vault/Pharmacy Controlled Substance Log which is also stored in the cabinet. Withdrawals of controlled substances from the pharmacy must immediately be entered as a receipt in the appropriate work station Controlled Substance Log.

Each receipt of a controlled substance is immediately documented in the Vault/Pharmacy Controlled Substance Log. Documented information includes current date; quantity received; Field Order number; current balance; and full signature and title. Perpetual inventory of all controlled items shall be maintained at all times.

Pharmacy stock of controlled substances is stored in two locations within the institution. These locations are: 1) the locked cabinet within the pharmacy and 2) the controlled substance vault located in Major Control. For security reasons, the bulk of all controlled substances within the institution is stored in the vault. Vault storage is inaccessible except to



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PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

the two institution pharmacists and the Superintendent. The Superintendent maintains a duplicate vault combination in a sealed envelope, plainly marked, and filed in another safe.

Inventories, inspections, searches or shakedowns are never made in the controlled substance vault or pharmacy locked cabinet except in the presence of the responsible pharmacist.

Once each quarter, the Superintendent or designee appoints a staff member not assigned to health services to conduct jointly with the responsible pharmacist and the health authority an inventory of all controlled items. Verification of inventory is documented in the Vault/ Pharmacy Controlled Substance Log indicating date, the word "inventory", current balance, and signatures of all members of the inventory team. Discrepancies, if any, are reported to the Superintendent, Washington State Board of Pharmacy, and Drug Enforcement Administration as applicable. When personnel changes involve the health authority or responsible pharmacist, a controlled substance inventory shall be performed and all appropriate documentation reviewed. Vault combinations are changed whenever personnel changes involve the responsible pharmacist or the Superintendent.

Expenditures of controlled substances from the vault stock are documented in the appropriate section of the Vault Controlled Substance Log. Documentation information includes: 1) date; 2) amount withdrawn; 3) current balance; 4) destination of issue, and 5) full signature and title. Whenever possible, this procedure is carried out by the responsible pharmacist.

A working stock of controlled substances is held in a double locked storage in the Medication Room and in the inpatient workstation (nurses station). Receipt of controlled substances into either stock is entered in the appropriate Controlled Substance Log indicating date, time, amount received, current balance, source of receipt, signature, and title. Expenditures of controlled substances from the Medication Room supply are documented in the Medication Room Controlled Substance Log indicating date, time, amount withdrawn, balance, inmate name, inmate DOC number, prescription number, signature, and title. Expenditures of controlled substances from the nurses station supply are documented on the Inpatient Controlled Substance log indicating time, inmate name, DOC number, provider's name, dosage, any amount wasted, amount withdrawn in the appropriate column and medical staff person's signature and title. If any quantity of the dose withdrawn is wasted, the destruction must be witnessed and co-signed by a second medical staff person. Documentation is provided for each expenditure from Controlled Substance stock. Except in the case of extreme emergency, controlled substances shall not be drawn from nurses station stock for outpatient use or from medication room stock for inpatient use.



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PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

Pharmacy staff monitor controlled substance stock levels in the medication room and replenish this supply in quantities to meet anticipated/possible requirements. Inpatient nursing staff monitor controlled substance stock levels in the nurses station. New stock or restock items are requested via a preprinted form which must be signed by two health care providers and delivered to the pharmacy. Controlled substance items are supplied in minimum quantities as indicated on the order form and must be ordered/reordered in those quantities or multiples thereof. Filled orders for bulk controlled substances are delivered to nurses station by the pharmacist and receipted for by two health care providers on the order/reorder form. Order/reorder forms remain a portion of permanent pharmacy controlled substance records. Nursing staff are responsible for entering all controlled substance receipts on the controlled substance log. Such entry includes the time, the statement "from pharmacy" or other source, if applicable, the quantity received in the appropriate column and the signature of two medical staff providers completing the entry.

In some instances, controlled substances may be stocked in the nursing station which are not included on the preprinted inventory listing on the form. In those instances, the drug name and strength must be entered in a column at the top of the page when initially received in stock.

A new inpatient unit controlled substance log sheet is initiated at midnight and is utilized for a 24 hour period. Utilization of a new form includes completion of the following items: 1) page number, 2) date, 3) balance brought forward from the previous 24 hour period at the top of the page and 4) the signature of the transcriber in the same block as the wording "balance brought forward". At the end of the 24 hour period, the ending balance is tabulated at the bottom of the page. The completed log sheet is then photocopied and the original form delivered to pharmacy through the access port in Room 38. The copy is retained in the nurses station for a period of 30 days.

An inventory of all controlled substances stored in the Medication Room and in the nurses station is carried out at the change of each shift by a member of the oncoming and offgoing shifts. Each controlled substance stocked is physically counted by tablet, capsule, milliliter, etc., and documented in the Medication Room or Nurses Station Controlled Substance Log. Documentation includes date, time, the words "count correct/count incorrect", quantity inventoried, and signature of each health care provider involved.

Under unusual circumstances, controlled substances may be transferred between Medication Room stock and Nurses Station stock. Such transfers require two staff persons, one responsible for each stock, to complete the entry on each log. Entries include date, time,



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PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

"transferred to" or "received from" (indicating Medication Room or Nurses Station), the quantity of controlled substance transferred and the signature of each staff person on each log. Transfers from one stock are immediately listed as receipts in the receiving inventory. In addition, when controlled substances are transferred between working stocks, pharmacy is notified immediately by memo indicating drugs transferred, source and destination, and the reason necessitating the transfer.

In the absence of the pharmacist, discrepancies that cannot be immediately corrected are reported in writing by the inventory team to the responsible pharmacist. If the responsible pharmacist is unable to reconcile any discrepancies, a written report is made to the Health Care Manager, Captain/Shift Lieutenant, and, if applicable, to the Superintendent, Washington State Board of Pharmacy, and Drug Enforcement Administration.

Attached are general controlled substance handling procedures for inpatient nursing and outpatient nursing staff.

PROCEDURE:

<u>RESPONSIBLE PERSON</u>	<u>SEQUENCE</u>	<u>ACTION TAKEN</u>
Responsible Pharmacist	1	Stores and controls all controlled substances securely.
	2	Maintains documentation of all receipts and withdrawals of controlled substances from pharmacy or vault.
	3	Attends all inventories, inspections, searches or shakedowns of controlled substance storage areas.
	4	Maintains a working supply of controlled substances in Medication Room storage cabinet.
	5	Provides working supply of controlled substances for nursing station stock upon proper request.
	6	Conducts inventory of all controlled substances on a quarterly basis in conjunction with health authority and appointed staff.

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PHARMACEUTICAL SERVICES - CONTROLLED SUBSTANCES

- | | | |
|--------------------------------|----|--|
| | 7 | Monitors inventory and uses documentation provided by clinical staff for all controlled substances provided from Medication Room and Nurses Station stock. |
| | 8 | Maintains documentation of all receipts and withdrawals of controlled substances from Medication Room and Nurses Station. |
| Nursing Staff/Medical Provider | 9 | Documents each withdrawal and receipt, if applicable, of controlled substance from Medication Room or Nurses Station stock. |
| | 10 | Conducts inventory of all controlled substance stock stored in the Medication Room and Nurses Station at change of each shift. |

REVIEW: This field instruction is reviewed annually.

REFERENCE: MSS 13.47

SUPERSESSION: WCC 650.570 dated 9Mar95

ATTACHMENTS:

GARY McCracken
GARY McCracken, Health Care Manager

10/25/96
DATE

PHIL STANLEY, Superintendent

DATE

ANDREA BYNUM, Command Manager

DATE

GS:cn

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**CONTROLLED SUBSTANCES HANDLING PROCEDURES FOR
NURSING STATION MEDICAL STAFF**

1. Controlled substances are to be signed out in single dose increments only.
2. Once signed out of working stock, controlled substances are to be administered immediately.
3. Controlled substances designated on an "as needed" basis are not to be signed out based on anticipated need but on a frequency no oftener than specified by the practitioner's order and then only if requested by the inmate.
4. The staff member signing out the controlled substance must be the individual who administers the medications.
5. Verify the inmate's identity prior to controlled substance administration.
6. The staff member administering an oral controlled substance is responsible for ensuring the medication has not been cheeked, palmed or otherwise concealed.
7. The staff member administering any controlled substance is responsible for documentation of administration on the medication administration record and in the nursing notes, if applicable.
8. The sign-out entry in the controlled substance log will include: 1) date, 2) time (in 2400 hour format), 3) inmate name (last name and first initial or first name), 4) inmate DOC number, 5) name of provider, 6) dose, 7) quantity wasted, if any, 8) quantity checked out (in arabic numerals only), 9) balance, and 10) full legible signature(s) and title(s).
9. Any error made on the controlled substance sign out sheet will be justified/ explained on the reverse side of the page by the staff member making the error. If that staff member is not in the facility, the explanation is made by the staff member discovering the error if possible. i.e., math error, wrong sheet, etc.
10. Disposal of unused or partially used controlled substance shall be witnessed by two medical staff members and attested to by the same with their signatures on the sign out sheet. A brief explanation for the destruction is to be documented on the back of the sign out sheet.
11. If the required dose of an injectable controlled substance is less than that contained in the syringe, the quantity to be wasted/destroyed will be expelled in the presence of a witness utilizing guideline #10 and the remainder then administered to the patient.
12. When conducting controlled substance inventory counts, each staff member must witness the actual count and the documentation of the count in the controlled substance log for accuracy prior to signing each document. The staff member conducting the actual count should not know the quantity of controlled substance indicated in the controlled substance log.
13. If partial tablets are found in working stock which are unidentifiable, notify the pharmacist who will assist with disposal.
14. If a seal is broken on an injectable controlled substance held in working stock, the drug should be held in working stock until destruction/disposal by appropriate pharmacy staff can be completed.
15. If an error is made when making an entry in the controlled substance log, draw a single line through that portion of the entry in error and make and initial the correction. The portion of the entry in error must remain legible.

CONTROLLED SUBSTANCES HANDLING PROCEDURES FOR
OUTPATIENT NURSING STAFF

ATTACHMENT 1

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Controlled substances are to be signed out in single dose increments only.

Once signed out of working stock, controlled substances must be administered at the next medication line except in the cases of "no shows" or "refusals".

The staff member signing out the controlled substance must be the individual who administers the medications.

Verify the inmate's identity prior to controlled substance administration.

The staff member administering an oral controlled substance is responsible to ensure to the greatest extent possible that medication has not been cheeked, palmed or otherwise concealed.

The staff member administering any controlled substance is responsible for documentation of administration on the medication administration record.

The sign-out entry in the controlled substance log will include: 1) date, 2) time (in 2400 hour format), 3) quantity checked out (in arabic numerals only), 4) balance (which must be verified after each entry), 5) inmate name (last name and first initial or first name), 6) inmate DOC number, 7) prescription number if available and 8) full legible signature and title.

Any error made on the controlled substance sign out sheet will be justified/ explained on the reverse side of the page by the staff member making the error. If that staff member is not in the facility, the explanation is made by the staff member discovering the error if possible, i.e., math error, wrong sheet, etc.

Disposal of unused or partially used controlled substance shall be witnessed by two medical staff members and attested to by the same with their signatures on the back of the sign out sheet. A brief explanation of the reason for destruction must precede their signatures.

When conducting controlled substance inventory (counts), each staff member must witness the actual count and the documentation of the count in the controlled substance log for accuracy prior to signing each document. The staff member conducting the actual count should not know the quantity of controlled substance indicated in the controlled substance log.

If partial tablets are found in working stock which are unidentifiable, notify the pharmacist who will assist with disposal.

If a seal is broken on an injectable controlled substance held in working stock, the drug should be held in working stock until destruction/disposal by appropriate pharmacy staff can be completed.

If an error is made when making an entry in the controlled substance log, draw a single line through that portion of the entry in error and make and initial the correction. The portion of the entry in error must remain legible.

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NURSES STATION CONTROLLED SUBSTANCE ORDER FORM

DATE: _____

(PHONE ORDERS WILL NOT BE ACCEPTED)

SUPPLY on hand	QUANTITY REQUESTED	DESCRIPTION	MINIMUM QUANTITY	PHARMACY Qt sent & Lot #
ORAL				
_____	_____	Acetaminophen/codeine 30 mg	20	_____
_____	_____	Clonazepam 1 mg	25	_____
_____	_____	Diazepam 5 mg	20	_____
_____	_____	Lorazepam 1 mg	10	_____
_____	_____	Methadone 10 mg	25	_____
_____	_____	MS Contin 15 mg	25	_____
_____	_____	MS Contin 30 mg	25	_____
_____	_____	MS Contin 60 mg	25	_____
_____	_____	Oxycodone APAP 5/325	25	_____
_____	_____	Pentazocine/Naloxone 50/.5	25	_____
_____	_____	Phenobarbital 30 mg	10	_____
_____	_____	Other _____	_____	_____
_____	_____	Other _____	_____	_____
INJECTABLE				
_____	_____	Diazepam 10 mg/2 ml	1	_____
_____	_____	Lorazepam 2 mg/ml 1 ml (Refrigerate)	5	_____
_____	_____	Meperidine 50 mg Inj.	10	_____
_____	_____	Meperidine PCA	1	_____
_____	_____	Morphine 10 mg Inj.	10	_____
_____	_____	Morphine PCA	1	_____
_____	_____	Other _____	_____	_____
_____	_____	Other _____	_____	_____

SIGNATURE OF TWO ORDERING HEALTH CARE PROVIDERS:

Requesting _____

Co-Signature _____

SIGNATURE OF PHARMACIST FILING ORDER:

Signature of Pharmacist _____

Date Filled _____

SIGNATURE OF TWO RECEIVING HEALTH CARE PROVIDERS:

Signature/Date/Time _____

Signature/Date/Time ATTACHMENT _____

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INTRODUCTION

- Provide for restitution;
- Be accountable to the citizens of the state;
- Meet the national standards appropriate to the State of Washington.

CODE OF ETHICS

High moral and ethical standards among correctional employees are essential for the success of the department's programs. The Department of Corrections subscribes to a code of unfailing honesty, respect for dignity and individuality of human beings, and a commitment to professional and compassionate service.

DEPARTMENT EXPECTATIONS

As a new employee of the department, you will have many things to learn, not the least of which will be the expectations of your supervisor, your co-workers, and the agency as a whole. To assist you with this responsibility, following is a list of some departmental expectations for your study. Familiarize yourself with the list so that you may understand and fulfill the duties of your position.

As a representative of the Department of Corrections, you will be expected to:

- Positively represent Washington State government to everyone you meet. You are our best public relations agent;
- Dress appropriately for your job classification and duties. Clothing may not have mottos, logos, or advertisements that may be offensive or in conflict with the goals of the Department;
- Wear issued uniforms only as authorized;
- Be a good citizen, obey laws while on and off-duty. Your conduct off duty may reflect on your fitness for duty;
- Treat fellow staff with dignity and respect;
- Be impartial, understanding and respectful to offenders;
- Serve each offender with appropriate concern for their welfare and with no purpose of personal gain;

EMPLOYEE HANDBOOK

- Report all personal contact from offenders, their families, or known associates, outside your job in accordance with department procedures;
- Report through the proper chain of command any corrupt or unethical behavior which could affect an offender or the department's integrity;
- Remain constantly alert in all situations;
- Custody staff: remain at your job/post until properly relieved;
- Let your supervisor know about any personal, emergency use of equipment or phones;
- Obtain appropriate permission before removing any state property from state premises;
- Conduct yourself and perform your duties safely;
- Smoke only in designated smoking areas.

It is also important as a new employee, that you understand some of the specific prohibitions that the department must enforce. You are not allowed to:

- Discriminate against any offender, employee, prospective employee, or volunteer on the basis of race, color, religion, gender, sexual orientation, age, creed, national origin, marital status, veteran status or disability;
- Use profanity or inflammatory remarks with offenders or individuals with whom you work;
- Report to work under the influence of alcohol or drugs;
- Traffic or bring any article of contraband into an institution, facility or office;
- Barter or make personal deals with offenders, offender families or visitors;
- Engage in personal relationships with offenders, their family members, or close personal associates;



POLICY DIRECTIVE

Department of Corrections

PERSONNEL SERVICES

No. 854.075

Effective Date: July 1, 1983

Page 1 of 2

Subject: EMPLOYEE RELATIONSHIPS WITH DEPARTMENT OF
CORRECTIONS OFFENDERS

Objective:

To provide guidelines to ensure that employee relationships with offenders are maintained in a professional manner.

Policy:

Relationships with offenders must be conducted in a manner consistent with state law and prudent correctional practice. Employees are expected to manage their relations with offenders in a professional manner at all times and to treat offenders with respect and dignity.

1. Favoritism: Staff must recognize the individuality of offenders without favoritism. Such conduct is inherently unfair to both the favored and the nonfavored. Conversely, grudge holding, bias, or unwarranted negativism toward or regarding an offender is to be avoided. Professional reaction to offenders must always be objective and not based on personal or subjective issues.
2. Association with Offenders: Association with DOC offenders is to be avoided in the interest of professional unbiased service. Unofficial contacts with known offenders under the jurisdiction of DOC are to be reported by employees to their supervisors on form DOC 3-39(X). This does not include casual, unintentional and unsubstantive contacts.

Personal communications and/or relationships between employees and offenders are not appropriate and are prohibited.

3. Trafficking: Without specific written approval of the appointing authority, no employee may give or accept gifts, gratuities or favors, have any barter or financial dealings with an offender, an offender's family or agent. "Gratuities" include any form of property or services.
4. Messages and Articles of Property: Employees may engage in the transmission of messages, mail, or articles of property only as part of their authorized duties.

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ATTACHMENT

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POLICY DIRECTIVE

Department of Corrections

No. 854.075

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5. Writs and Petitions: Without specific approval from the appointing authority, employees are not to assist, advise, or counsel offenders in the preparation of writs, appeals, or petitions for executive clemency or other legal concerns of similar nature. Employees may refer offenders to the appropriate legal service agency or persons for assistance in these matters.
6. Offender Sponsorship: Employees are not to serve as furlough sponsors for inmates or work/training residents.

Exceptions to this policy require the written permission from the Secretary or his designee.

Supersession:

Policy Directive 851.005, Employee Relationships with Department of Corrections Offenders, May 1, 1982.

I have read, discussed, and understand the contents of this Policy Directive.

5/7/90
Date

[Signature]
Trainee

Trainer

ATTACHMENT 3

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Approved, Secretary of Corrections

[Signature] 1114
Date 6/1/83



DEPARTMENT OF CORRECTIONS

REPORT OF CONTACT WITH A D.O.C. OFFENDER

NAME		DIVISION OR OFFICE	
INSTITUTION OR REGION		JOB TITLE (WITH D.O.C.)	
PURSUANT TO THE REQUIREMENTS OF DOC POLICY DIRECTIVE 854.075, REGARDING EMPLOYEE RELATIONSHIPS WITH D.O.C. OFFENDERS, THIS IS TO REPORT THAT I HAD THE FOLLOWING CONTACT:			
NAME OF OTHER OFFENDER OR IDENTIFYING FEATURE		LOCATION OF CONTACT	
DESCRIPTION OF CONTACT		LENGTH OF CONTACT	
EMPLOYEE'S SIGNATURE		DATE OF CONTACT	
REPORT REVIEWED BY:		DATE OF REPORT	
SUPERVISOR	TITLE	DATE	CONTACT WAS: <input type="checkbox"/> SIGNIFICANT <input type="checkbox"/> NONSIGNIFICANT
SUPERINTENDENT/REGIONAL ADMINISTRATOR/COMMUNITY RESIDENTIAL AREA ADMINISTRATOR OR DIVISION DIRECTOR OR OFFICE CHIEF IF IN HEADQUARTERS:			
SIGNATURE	TITLE	DATE	

DCC 03-008 m (5/91)

1113
ATTACHMENT

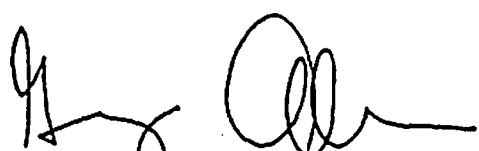
PAGE 3 OF 3

ALLEN, GEORGE

Employee Name (Please Print)

**ACKNOWLEDGEMENT OF RECEIPT OF
DOC EMPLOYEE HANDBOOK**

I acknowledge receipt of the June 1993 Washington State Department of Corrections Employee Handbook and agree to become familiar with and have a thorough knowledge and understanding of the contents.


Employee Signature

10/11/93
Date

Original - Personnel File

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ATTACHMENT 4
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