

**VIRGINIA BOARD OF NURSING  
Education Informal Conference Committee  
Agenda**

**November 8, 2017**

Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233

**Board Room 2**

**9:00 A.M. Education Informal Conference Committee – Conference Center Suite 201**

Committee Members: Louise Hershkowitz, CRNA, MSHA  
Mark D. Monson, Citizen Member

9:00 a.m. Stratford University, BSN program, Falls Church, US28502100

**Program Status Update**

**11:00 Public Comment**

**Continued Faculty Exceptions**

Liberty University, BSN Program, US28500000

**Medication Aide Training Curriculum for Department of Corrections Officers**

*Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*



# COMMONWEALTH of VIRGINIA

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Director

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### MEMORANDUM

To: Education Informal Conference Committee

From: Charlette Ridout, RN, MS, CNE  
Senior Nursing Education Consultant

Date: October 3, 2017

Subject: Nursing Programs Updates

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#### Continued Survey Visits Completed:

Program name and location	Program code	Program type	Results
Mountain Empire Community College	US28103600	Practical Nursing	Full approval

#### Nursing Program Accreditation:

- Lord Fairfax Community College associate degree registered nursing program (US 28407500) has obtained initial nursing program accreditation through the Accreditation Commission for Education in Nursing. A letter dated August 14, 2017 from the Accreditation Commission for Education in Nursing is enclosed.
- Paul D. Camp Community College associate degree registered nursing program (US28400500) has obtained initial nursing program accreditation through the Accreditation Commission for Education in Nursing. A letter dated August 14, 2017 from the Accreditation Commission for Education in Nursing is enclosed.
- Bryant and Stratton College practical nursing program, Richmond campus has initial Board of Nursing approval and has obtained nursing program Candidacy for accreditation

through the Accreditation Commission for Education in Nursing. A letter dated June 21, 2017 from the Accreditation Commission for Education in Nursing is enclosed.

- Eastern Virginia Career College, associate degree registered nursing program (US28402500) and the practical nursing program (US28102700) in Fredericksburg have received pre-accreditation status from the Commission for Nursing Education Accreditation. A letter dated December 14, 2016 from the NLN regarding the PN program, a letter dated February 23, 2017 from the NLN regarding the RN program and the “*Programs Granted Pre-Accreditation Status*” printed from the NLN website on October 2, 2017 are enclosed.
- Fortis College, Richmond campus (US28408900) associate degree registered nursing program has obtained nursing program Candidacy for accreditation through the Accreditation Commission for Education in Nursing. A letter dated August 8, 2017 is enclosed.

**Program Name Change:**

Chesapeake Center for Science and Technology has changed their name to Chesapeake Career Center; location remains the same. A letter dated September 7, 2017 from the program director is enclosed.

**Program Closure:**

Fortis College Richmond has completed the teach out of the LPN-RN Bridge Program (US28402300). All students have graduated and taken the NCLEX-RN. Fortis College Richmond was granted approval in the fall of 2015 to begin a traditional associate degree registered nursing program with an advanced placement option. The teach out and voluntary closure of the LPN-RN Bridge Program was included as part of the application to establish the traditional associate degree program.

NCLEX-RN pass rates for the LPN-RN program US28402300 for 2015 were 90% (27/30), 2016 84.21%(16/19), and 2017 (1/1/-10/3/2017) 100% (3/3).

## MEMORANDUM

**TO: Education Committee**

**FROM: Brenda Krohn RN, MS  
Deputy Executive Director**

**DATE: November 8, 2017**

**RE: Medication Aide Training Curriculum for Department of Corrections Officers  
By: Stephanie Criss RN, CCN/M  
Health Service Trainer  
Department of Corrections**

**Please find attached a copy of the *Officer Medication Training Course* for unlicensed individuals (officers) within the Department of Corrections in Richmond, Virginia. Approval of the curriculum by the Board is based on the Drug Control Act, Statute 54.1-3408 (L):**

“L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an individual receiving services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; ***(v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services;*** (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.”

It is an abbreviated 4 hour course that has a primary purpose of preparing the officers to assist the offender/inmate in administering his or her own medications on shifts that do not staff an RN or LPN. It is primarily an oversight of self administration of medications by the offender/inmate. However, it is comprehensive and includes necessary instruction to assure the safe medication administration in the facilities by unlicensed individuals. In this situation the unlicensed individuals are the officers in the facility.

The course is taught by an RN or LPN and requires an annual update with return demonstration of skills. In addition, they have to annually pass a post-test with a score of not less than 80% or repeat the course.

#### Staff Recommendation

Board Staff recommends that the Board approve the 4 hour *Medication Aide Training Curriculum for Department of Corrections Officer*. This submission meets the requirements set forth in Statute 54.1-3408 (L) and is in compliance with *Regulations for Medication Administration and Immunization Protocol*, specifically 18VAC90-21-10 through 18VAC90-21-40.

Board Staff also recommends revising Guidance Document 90-62 to include this approved curriculum.

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## *Officer Medication Training Course*

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IV H. Self-Medication Program - All facilities should implement the self-medication program as outlined below.

1. Participant Selection - The Health Authority or designee shall assume responsibility to interview offenders, review their Health Record, and determine if the offender is suitable to participate in the self-medication program. The Health Authority or designee may limit the type of medication that a participant may receive in the self-medication program.
2. Medication Selection
  - a. Most non-prescription medications, non-psychotropic or non-controlled prescription medications may be administered in the self-medication program. Liquid medications may be allowed on the self-medication program at the discretion of the Health Authority. Offenders with a Mental Health Code are not excluded from participation in the self-medication program for allowable medications, the Health Authority or designee may consult the QMHP if needed to determine appropriateness.
  - b. No medication that has the potential for abuse should be administered in this program.
  - c. The medications listed below will not be permitted for self-medication. These medications will be administered on regular pill calls as Directly Observed Therapy in accordance with established procedures.
    - i. Gabapentin
    - ii. Medications for the treatment of tuberculosis, including, but not limited to: Isoniazid, Pyrazinamide, and Rifampin
    - iii. Anticoagulants
    - iv. Butalbital containing products
    - v. Tramadol containing products
    - vi. Controlled substances
    - vii. Injectables (excluding Epinephrine auto-injectors for offenders assigned to Field Units and Work Centers)
    - viii. Psychotropic medications
    - ix. Skeletal muscle relaxants
    - x. Ipratropium bromide and Albuterol Inhaler (Combivent)
    - xi. Tiotropium bromide Inhaler (Spiriva)
    - xii. Bulk forming laxative powders (Reguloid/Metamucil)
    - xiii. Clonidine
    - xiv. Restricted medications
  - d. The *CCAP Limited Psychotropic Self-Medication Program* shall be managed according to program procedures as authorized by the Chief Psychiatrist. (see Attachment 3, Operating Procedure 940.4, *Community Corrections Alternative Program*)
3. Program Implementation
  - a. A *Self-Medication Contract 720\_F6* shall be signed by the offender and witnessed by the interviewer.
    - i. One copy of the contract shall be given to the offender and the original filed in Section I of the Health Record.
    - ii. Only one contract shall be signed at each facility.
    - iii. A new *Self-Medication Contract* will be signed by the offender and witnessed by the interviewer if significant wording of the contract is changed or if an offender is reinstated in the Self-Medication program after previous removal.

- b. Offenders may be given up to a 30-day supply of permissible medications. The offender shall assume responsibility for taking the medication according to label directions.
- c. The Health Authority or designee shall be responsible for verifying that the prescriber has provided a full explanation of the purpose, risks, and side effects of the medication prescribed.
- d. Medication shall be given in the container or package in which it was received from the pharmacy.
- e. Medication shall be kept by the offender in the original container in which it was received. The offender shall be required to keep the medication on their person or secured in their locker. Epinephrine auto-injectors must be kept on the person at all times and may only be stored in their locker when the offender is present and has immediate access.
- f. The offender should be given a specific date to report to the Medical Department to receive a new supply of medication. It is the responsibility of the offender to keep all such appointments.
- g. It is the responsibility of the offender to immediately report to the Medical Department any side effects or adverse reactions to any medication.
- h. The offender shall be required to report immediately to security staff and the Medical Department any medication that is lost or stolen.
  - i. The prescriber shall decide whether or not the medication is replaced.
  - ii. The Health Authority shall decide whether or not the medication, if replaced, will be self-medicated.
- i. The *Self-Medication Contract* shall expire when an offender is transferred to another facility.
  - i. No prescribed medication, except for nitroglycerin, Epinephrine auto-injectors (Field Units and Work Centers, only), and oral inhalers that may be needed during transport for acute respiratory symptoms, should be transferred as personal property.
  - ii. Self-medications should be returned to the Medical Department for transfer to the receiving facility.
  - iii. The sending nurse should verify that the offender is on the medication and that the quantity is correct, place the medication in a sealed package and send it with the appropriate medical information to the receiving facility.
  - iv. The receiving nurse should verify receipt of transferred medications.
  - v. The receiving nurse should interview the offender for continuation in the self-medication program.
- j. Offenders are prohibited from giving, exchanging, bartering, selling, or in any way conveying to any other person medications given to them under this program.
- k. It shall be the responsibility of the offender to return all unused portions or the empty container of the medication to the Medical Department under the following circumstances:
  - i. Before receiving a new supply of medication
    - (a) If the quantity of returned medication does not exceed a seven day supply, it may be reissued with the new supply of medication.
    - (b) If the quantity of returned medication exceeds a seven day supply, then the returned medication shall be reissued to the offender and the offender shall be directed to come back to medical at the appropriate time for a new supply.
    - (c) The quantity of medication returned and/or reissued shall be documented in accordance with this operating procedure.
  - ii. When the medication is discontinued by the prescriber



- iii. When the offender is transferred to another facility
- iv. When the offender is released
- l. At the discretion of the Health Authority, or designee, or the prescriber, any offender found to be non-compliant with the terms of the *Self-Medication Contract* may be removed from the program indefinitely or for a specified time period.
- m. The Health Authority or designee shall perform a random monthly audit of the medication count in the possession of five offenders to verify proper adherence to the directions for use and the Self-Medication program. (4-ACRS-4C-13)
  - i. This audit should be noted in the offender Health Record and documented on the *Self Medication Adherence Audit 720\_F12*.
  - ii. Non-adherence to the Self-Medication program should be managed as for other medication non-compliance in this operating procedure and may result in the removal from the Self-Medication program.
  - iii. All Epinephrine Auto-Injectors will be checked monthly and documented on the *Epinephrine Auto-Injector Adherence Audit 720\_F37*
- 4. Documentation
  - a. The interview for consideration in the self-medication program shall be recorded in the offender Health Record documenting that a contract was initiated or denied by the nurse or refused by the offender.
  - b. The *MAR* shall indicate Self-Med (SM) or Keep on Person (KOP) for each medication administered under this program.
  - c. Medication exemptions shall be documented in the offender Health Record, on the *MAR*, and on the *Self-Medication Contract*.
  - d. Medications delivered to offenders on the self-medication program shall be documented on the *MAR* including date given, by whom, and quantity delivered. (4-ACRS-4C-13)
    - i. If applicable, the quantity of medication returned and/or reissued at the exchange shall be documented on the *MAR*.
    - ii. The *MAR* documentation shall represent the total quantity delivered to the offender and, if applicable, the quantity returned and not reissued.
  - e. Termination of the contract shall be documented in the offender Health Record on the *MAR* and *Self-Medication Contract*.



**SELF-MEDICATION CONTRACT**

Facility \_\_\_\_\_

PRINT Offender Name – Last, First \_\_\_\_\_

Offender Number \_\_\_\_\_

- I. I understand that I have been selected to participate in the self-medication program. I accept full responsibility for the custody and safekeeping of the medications issued to me and I agree to follow the label directions exactly as written. I also understand that I may be removed from the program for non-adherence to program requirements.
- II. I understand that I must keep each medication issued to me in the container in which I receive it and I agree to keep each medication on my person or in my locker. I further understand and agree that Epinephrine auto-injectors must be kept on my person at all times and may only be stored in my locker when I am present and have immediate access.
- III. I understand that I must return all unused portions or the empty container before picking up any refills or renewals or when I am transferred from this facility. If prescribed, nitroglycerin, Epinephrine auto-injectors, and oral inhalers that may be needed during transport for acute respiratory symptoms will be managed and transferred in accordance with Operating Procedure 720.5, *Pharmacy Services*.
- IV. The prescriber has explained the purpose and the more common side effects of the medications to me and I agree to report to the medical department immediately if I suspect I am having any adverse reactions. If prescribed an Epinephrine auto-injector, I have received training (see *Standard Treatment Guideline – Offenders with Systemic Allergies Housed at Field Units or Work Centers (Non-24 Hour Nursing Facilities)*) on how to use the USP Epinephrine auto-injector at the field unit or work center.
- V. I understand that I am to report to a security staff member and to the medical department immediately if any medication in my possession is lost or stolen.
- VI. I understand that I am prohibited from giving, selling, exchanging, bartering or in any other way conveying to any person medications given to me. I further agree that if I am found to be in violation of this contract or if I am in the possession of any medication after it has been discontinued, I will be subject to removal from this program and a disciplinary charge under applicable Department of Corrections procedures.
- VII. I understand and agree to abide by all the rules and regulations in this contract and agree to follow facility procedure for requesting and picking up self-medications. I understand that if I do not abide by any of these conditions, I may be removed from the program or be limited in my participation.
- VIII. I understand the following are medication exemptions to my participation in the self-medication program:

\_\_\_\_\_  
List medication exemptions, e.g. topicals, inhalations, etc. or N/A if not applicable.

**SIGNATURES:**

Offender \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Contract \_\_\_\_\_

Terminated \_\_\_\_\_ by \_\_\_\_\_ due to \_\_\_\_\_

Date

Nurse Signature

Reason e.g. transfer, non-compliance etc.



### Refusal to Consent to Medical Treatment

I, (Offender Name) \_\_\_\_\_ (Number) \_\_\_\_\_ (Facility) \_\_\_\_\_  
have been advised by \_\_\_\_\_ that it is recommended  
for me to undergo the following treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I refuse this treatment because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The effect and nature of this treatment has been explained to me. Although I understand that my failure to follow this treatment may seriously impair my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences of such refusal and release the above-named physician, the facility, and its employees or agents, and the Department of Corrections from any liability attributable to my refusal to accept the recommended treatment.  
I understand that I may be responsible for any transportation costs and charges by the health care provider incurred due to my refusal of an off-site health care appointment.

Offender Signature _____	Date _____
Witness Signature _____	
Witness Signature _____	

**IF AN OFFENDER REFUSES TO SIGN, IT SHOULD BE SO NOTED AND A SECOND WITNESS SIGNATURE OBTAINED.**



File in Health Record Section III



**Medical Transfer Comments**  
(Print on pink paper)

<b>Offender Name:</b>			
<b>Number:</b>		<b>Date:</b>	
<b>Allergies:</b>		<b>Td or Tdap:</b>	
<b>DOB:</b>		<b>HIV:</b>	
<b>Medical Code:</b>		<b>TST:</b>	
<b>Location Code:</b>		<b>CXR:</b>	
<b>Mental Health Code:</b>		<b>Physical:</b>	
<b>Comments:</b>			
<b>Current Medical Problems Requiring Attention:</b>			
<b>Current Medications</b>		<b>Amount</b>	<b>Current Medications</b>
<b>1.</b>			<b>6.</b>
<b>2.</b>			<b>7.</b>
<b>3.</b>			<b>8.</b>
<b>4.</b>			<b>9.</b>
<b>5.</b>			<b>10.</b>
<b>Pending Appointments, Prosthesis on order, etc.:</b>			
<b>Number of Medical Charts sent with offender:</b>			
<b>Name:</b>		<b>Signed:</b>	
<b>Title:</b>		<b>Facility:</b>	
<b>Phone Number &amp; Ext.:</b>			



**Medical Transfer Comments**  
(Print on pink paper)

<b>Offender Name:</b>			
<b>Number:</b>		<b>Date:</b>	<b>Date of Most Recent</b>
<b>Allergies:</b>		<b>Td or Tdap:</b>	
<b>DOB:</b>		<b>HIV:</b>	
<b>Medical Code:</b>		<b>TST:</b>	
<b>Location Code:</b>		<b>CXR:</b>	
<b>Mental Health Code:</b>		<b>Physical:</b>	
<b>Comments:</b>			
<b>Current Medical Problems Requiring Attention:</b>			
<b>Current Medications</b>		<b>Amount</b>	<b>Current Medications</b>
<b>Amount</b>			<b>Amount</b>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
<b>Pending Appointments, Prosthesis on order, etc.:</b>			
<b>Number of Medical Charts sent with offender:</b>			
<b>Name:</b>		<b>Signed:</b>	
<b>Title:</b>		<b>Facility:</b>	
<b>Phone Number &amp; Ext.:</b>			

# MEDICATION ADMINISTRATION TRAINING CHECKLIST

**Name of Corrections Officer** \_\_\_\_\_  
**Facility** \_\_\_\_\_  
**Date** \_\_\_\_\_

Officer has received training in:  
 Universal Precautions  
 Health Care Basics  
 Procedure/Administration of Medications  
 Preparation of Medications  
 Documentation of Medications and transfers  
 Medication Management

Post Test Score \_\_\_\_\_

Signature of Nurse \_\_\_\_\_  
 Signature of Training Officer \_\_\_\_\_

**Officer demonstration of medication administration**  
 Nurse Signature \_\_\_\_\_

### Annual Review and Demonstration

Date	Score	Nurse

Missed – 0	100%	Missed – 3	85%
Missed – 1	95%	Missed – 4	80%
Missed – 2	90%	Missed – More than 4	(review material and retest)

# MEDICATION ADMINISTRATION BY CORRECTIONS OFFICERS

## Academic Training Checklist

**Purpose:** To ensure that corrections officers who administer medications at DOC facilities without 24 hour nursing coverage have sufficient skills and knowledge to administer these medication in the absence of the nurse.

**Objectives:** Upon completion of this instruction:

Corrections officers will have the knowledge and skills to safely administer individual doses of medication in the absence of the nurse.

Corrections officers will be able to implement and practice all aspects of universal precautions.

Corrections officers will be aware of the importance of cleanliness.

Corrections officers will demonstrate an understanding of the offender's rights regarding medications, treatment decisions and confidentiality.

Corrections officers will recognize emergencies and other health threatening conditions and respond accordingly.

Corrections officers will be able to arrange for medical care/transport in the absence of the nurse.

Corrections officers will be able to correctly prepare, administer, document, transport, store, secure and return medications.

Corrections officers will be able to document all medical services provided including medication refusals.

Corrections officers will be able to identify medication terminology and abbreviations.

Corrections officers will be familiar with the Seven Rights of Medication Administration and the importance of reporting medication errors.



**Hours:** 4 hours

**Instructional Method:** Lecture, discussion, demonstration, handouts

**Materials Required:** Pens, Flip charts, Medication Forms, Medication Containers, Computer access

**References:** CDC  
Code of Virginia  
Operating Procedure 720.5 (Pharmacy Services)  
Operating Procedure 701.1 (Health Services Administration)  
Operating Procedure 720.1 (Access to Health Services)  
Sapphire User Manual; <https://sapphireemr.com>

**Prepared By:** Health Services Unit

**Date:** July 2016

**Reviewed By:** Stephanie Criss

**Date:** October 2017



# MEDICATION ADMINISTRATION TRAINING FOR CORRECTIONS OFFICERS

## Trainer Outline

### I. Introduction

This training guide is designed to assist corrections nurses and facility training officers prepare corrections officers to administer medications in facilities where there is not a nurse on duty 24 hours a day.

It is necessary that those facilities without 24-hour nursing ensure that officers who administer medications complete this training and perform each task acceptably.

The Drug Control Act in the Code of Virginia requires that persons who administer drugs in accordance with a prescriber's instructions receive training in a curriculum approved by the Board of Nursing. This guide and curriculum was approved \_\_\_\_\_.

In order to meet the requirements of the State Board of Nursing and the Virginia Department of Corrections Academy for Staff Development this program is to be presented to all corrections officers who will administer medications in facilities where there is not 24 hour nursing on duty. This training is a partnership between the facility nurse who will present the course content and a facility or regional training officer.

After presentation of the course material, the facility nurse will observe each corrections officer perform the designated tasks and complete the task list. After the officer has successfully completed the tasks and passed the post test with a grade of at least 80 %, the nurse and training officer sign the medication administration training checklist. The checklist is maintained in a file in the medical department. A copy is provided to the training officer to file.

Each year the corrections officer is required to pass the post test (grade of 80% or better) or repeat the training. This should also be documented on the original medication administration training checklist.

If the corrections officer transfers to another facility the course does not have to be repeated. The nurse should observe the officer administering medications and sign on the next annual review line.

This is not a pharmacology course. The instruction has been developed to assist corrections officers to administer oral medications safely, appropriately and adequately in the absence of a nurse.

Accuracy and professionalism is required.

## II Universal Precautions

“Universal Precautions, “as defined by Centers for Disease Control and Prevention (CDC), are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B (HBV), and other blood borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood borne pathogens. In addition to universal precautions, the following will decrease the transmission of blood borne pathogens:

### A. Protection

Always wear personal protective equipment such as gloves, masks, face shields, goggles or gowns when you think you may come in contact with any body fluid.

Body fluid includes:

1. blood
2. vaginal secretions
3. feces (stool)
4. urine
5. vomit
6. sputum
7. semen (sperm)

### B. Cleanliness

Always wash hands before and after all procedures. This should include hand washing before preparing or administering medication. If your skin is contaminated by a body fluid, wash immediately with soap and water. Wash your hands after removing gloves if you have used them.

## III. Health Care Basics

### A. Offender Rights

Offenders have the right to refuse medications and or treatment. An offender’s refusal to submit to recommended treatment shall be documented on the electronic Medication Administration Record (eMAR). Report all refusals to the nurse on next working day.

## B. Confidentiality

Corrections officers should not discuss with anyone any aspect of an offender's care unless it involves the direct care of offenders and the information is given to an appropriate health care person or for the security of the facility. Only the information needed for another individual to provide care to the offender should be given. Corrections officers should access charts only of patients who they are providing care for.

## C. Emergencies

Emergencies may result from injuries, illness, complications of illness and side effects of medications. You should react quickly and appropriately to any emergency situation. The following conditions are **ALWAYS AN EMERGENCY**:

1. Bleeding which you are unable to control with pressure.
2. Accidents involving severe pain, swelling or abnormal body position.
3. Choking or blockage of the airway or difficulty breathing.
4. Chest pain, no heart beat or no pulse.
5. Behavior which is a danger to self or others and is not controllable.
6. Loss of consciousness unrelated to predictable seizure activity or a seizure lasting more than 5 minutes.

Usually side effects of medications are not an emergency. Side effects may become an emergency if a patient has difficulty breathing or has a severe allergic reaction or life threatening problem.

**REPORT ANY OF THE ABOVE IMMEDIATELY** to the nurse on duty. If the nurse is not on duty notify Emergency Medical Services.

**NEVER LEAVE THE OFFENDER UNATTENDED.** When reporting an emergency, stay with the offender. Get the help of another officer if necessary. Follow facility guidelines for activating Emergency Medical Services.

Side effects or adverse effects of a medication are the undesired effects produced by a medication during therapy. There are numerous factors which may affect an individual's response to a medication. Age, gender, body weight, amount of food in the stomach, time of day medication is administered, tolerance, combination of medications given and psychological factors all can influence a person's reaction to any medication.

Emergencies should be handled as above. All other problems should be reported to the nurse when they return to the facility.

D. Medication Terminology and Abbreviations

The following are frequently seen medication administration terminology and abbreviations:

1. gm – gram
2. mg – milligram
3. kg – kilogram
4. ml - milliliter
5. mcg – microgram
6. NKA – No Known Allergies
7. NKDA - No Known Drug Allergies
8. sl – sublingual (under the tongue)
9. tsp – teaspoon (5 ml)
10. tbsp – tablespoon (15 ml)

C. The Seven Rights of Medication Administration

1. The Right Offender
2. The Right Medication
3. The Right Dose
4. The Right Time or Frequency
5. The Right Route or Technique
6. The Right Form
7. The Right Documentation

Positive ID should be made before administering any medication to an offender. Compare information on the offender's ID to information on the electronic Medication Administration Record (eMAR) to be certain the information corresponds appropriately. A Medication Administration Record (MAR) is the form or software used to document the administration of medications to offenders. If there is any discrepancy, hold medication until you are certain it is the right offender for the medication.

IV. Procedure/Administration

Two important facts concerning medications to remember:

**All medications have the potential for adverse reactions.**  
**Symptoms of adverse reactions could indicate other problems.**

Before preparing medications, thoroughly wash hands and collect all necessary materials, eMAR, medication cups, etc. Below you will find an explanation of how to administer different forms of medication such as liquids, capsules, tablets etc. as well as situations dealing with medications outside of the medication room.

#### A. Liquid Medication

Read the labels on all liquid medications, some may require shaking prior to administration and some may require refrigeration after use. Liquid medications are poured by holding the measuring container at eye level. The desired quantity is attained when the lowest part of the concave surface is on the desired line of measurement.

#### B. Capsules and Solid Tablets

Capsules and tablets are poured into the cap of the container to measure out the correct amount before placing them in the medicine cup/container to administer. If blister packs are used instead of bottles, punch out the next highest numbered dose into the medicine cup/container to administer.

1. The Pharmacy may break tablets prior to filling prescriptions which is acceptable. Unless a tablet is scored, it should not be broken to adjust dosage at the facility. Breaking may cause incorrect dosage, gastrointestinal (GI) irritation, accelerated absorption or destruction of medication in a section of the digestive system where it was not designed to dissolve.
2. Some time released capsules and enteric tablets should not be tampered with in any way. Instruct the offender to swallow whole and not to chew unless there are other special instructions noted. Any special instructions will be attached or noted on the eMAR.
3. Sublingual tablets are to be placed under the tongue. Instruct the offender not to swallow or chew such tablets or to drink water, all of which will interfere with the effectiveness of the medication.
4. Buccal tablets should be placed between the gum and cheek (next to upper molar). Instruct the offender to avoid disturbing the tablet during absorption.

#### C. Eye Medications

The proper way to use an eye drop or eye ointment is:

1. Wash your hands

2. Shake the solution if directed (only applicable to suspensions)
3. Tilt the head back and have the offender look up
4. Gently pull the lower lid away from the eye, forming a pouch
5. Into the pouch place one drop or ¼ to ½ inch of ointment. Do not touch the eye or eyelid with the container or dropper
6. For drops: For five minutes, do one of these methods. Either have offender close eye, or with eye open press finger against the inner corner of the eyelid and the side of the nose. This prevents the medication from entering the tear duct and draining away.  
For ointment: Simply have offender close eye. Their vision may be blurred for several minutes.
7. Repeat with the other eye if ordered.
8. Replace the cap or dropper on the bottle or tube; tighten.

It takes five minutes for most of an eye drop to be absorbed into the eye. Wait at least five minutes before applying other eye medications.

#### D. Oral and Nasal Inhalers

To use an Oral Metered Dose Inhalers (MDI):

1. Shake the inhaler well before use (3 or 4 shakes)
2. Remove the cap
3. Breathe out, away from the inhaler
4. Bring the inhaler to the mouth. Place it in the mouth between the teeth and close the mouth around it
5. Start to breathe in slowly. Press the top of the inhaler once and keep breathing in slowly until a full breath has been taken
6. Remove the inhaler from the mouth, and instruct offender to hold breath for about 10 seconds, then breathe out. If a second puff is needed, wait at least 30 seconds (read instructions because some may have a longer waiting period), shake the inhaler again, and repeat steps 3- 6. After use of the MDI, instruct offender to rinse out mouth.

To use a nasal inhaler:

1. Before using the inhaler, have offender gently blow nose to clear the nasal passages.
2. Open the nasal adapter.

3. Shake the canister well before using.
4. Close one nostril with a finger and gently insert the tip of the nose piece into the other nostril.
5. Have offender hold breath and press down on the canister to deliver the prescribed number of sprays.
6. Repeat this for the other nostril.

#### E. Injectables

Corrections officers cannot administer injectable medications, with the exception of Epinephrine injectables. Officers receive training on epinephrine injectables, during their first aid classes.

#### F. Prescription Medications

Prescription medications are medications that require a written prescription/order from a prescriber. These medications should be given only as directed by the prescriber.

1. Pull up the electronic medication administration record (eMAR) with appropriate offender name and number. Check for medications to be given at that time (click the blue clock icon next to patient's name and select "Launch MedPass" and the appropriate time) and prepare accordingly.
2. Administer medication listed on eMAR to offender. If medication is not listed on eMAR, do not administer. Notify the nurse of any problems with the eMAR when they return to the facility.
3. Record medication administered on eMAR by clicking the green arrow next to the appropriate medication for that date and time.
4. Use the following codes on the eMAR:
  - a. Green checkbox if given
  - b. Red refused button if not given (include reason why not given). Then click "Save." Reasons can include:
    - 1 - Refused by offender
    - 2 - Offender did not show
    - 3 - Offender not in cell
    - 4 - Security lockdown
    - 5 - Medication held (state reason)
    - 6 - Medication out of stock



5. If a PRN medication is administered, the results must also be recorded in the eMAR. Click on the "PRN" tab at the top of the MedPass. Click the medication line to open the entry. Click in the QTY text box and enter how much medication is being given to the patient (number of tablets, etc.) Click outside the text box. This will cause the Administered icon to appear and allow you to select it.

**NOTE:** Read instructions and do not give more frequently than ordered.

- a. Note time of last dose given and give only within time frame ordered.
6. Observe offender to ensure medications are swallowed.
  7. DO NOT document medications as having been given until they have actually been administered.
  8. Report all wasted medications to the nurse.
  9. Never:
    - a. Give medicine from an unlabeled container.
    - b. Give medicine from a container when label cannot be read.
    - c. Give prescription medicine other than times indicated on eMAR.
    - d. Give outdated or discolored medicines.
    - e. Return an unused dose of medicine to a bottle.
    - f. Insist offender take medicine if they say the medicine makes them sick, or it is not the right medication.
10. Always read the prescription label three times prior to giving medication.

**G. Controlled Drugs (Schedule II-V):**

1. Have a red II on Schedule II and a red "C" on Scheduled III – V medication containers when they arrive at the facility from the pharmacy.
2. Should be crushed and placed in water prior to being given to the offender, unless the medication falls into the category discussed earlier that should not be crushed. In this case, the medication should be floated (placed in water) and the

offender should take this medication directly in front of the person administering the medication.

3. Document time and amount of administration of each dose on The DOC Controlled Medication (CII-CV) Administration and Count Sheet to keep a perpetual inventory **and** on the eMAR.
4. These medications must be kept in a double locked container at all times except when in use. Controlled medications shall be counted and documented on The DOC Controlled Medication (CII-CV) Administration and Count Sheet at each shift change by the on-coming and off-going nurse or person responsible for medication administration.

**Note:** Psychotropic Medications should also be crushed and placed in water prior to being given to the offender, unless the medication falls into the category discussed earlier that should not be crushed. The offender should take this medication directly in front of the person administering the medication

#### H. PRN Prescriptions

PRN prescriptions are medications ordered by a prescriber and given when requested by the offender for a specific indication such as pain, headache or shortness of breath.

#### I. Non-Prescription Medications

These are medications which can be purchased at commissary without a prescriber's prescription. In addition, The Medical and Nursing Guidelines allow certain non-prescription medications to be administered by the nurse. However there are some non-prescription medications that require a prescriber's order within the Department of Corrections. No medication can be administered to an offender by a correctional officer without an order either from the nurse or prescriber, even over-the-counter medications.

#### J. Self-Medication Program

Certain offenders may be in the self-medication program. This is a program where offenders are given medications and are responsible for taking them as directed. Selection, signing of contract and instructions are handled by the nurse. Corrections officers should review this procedure but are not responsible for its implementation.

**TRAINER NOTE: Hand out copies of OP 720.5 IV. H and attachment 1(Self-Medication Policy) to participants.**

Every effort is made to place as many offenders as possible on the self-medication program. This decreases the amount of medications that require administration by officers. Offenders on a self-medication program are to return medication to the medical department when transferred. Self - medications are not to be transferred as personal property. Medication may be re-issued by the nurse at the receiving facility if the offender is approved for the program at the new facility.

**K. Work Crews/Long Day/Overnight Trips**

Offenders on work crews that require medications during the working day must be capable of managing their own medications on the self-medication program. The offender should carry the medication with him and be responsible for it.

No injectable medication will be administered to offenders on work crews. The offender requiring injectable medication is not appropriate for a work crew. (Exception: Epinephrine auto injectors) Operating Procedure 720.5 IV. H.C. vii. Corrections officers are not expected to administer injectable medications.

**L. Transfer/Movement of Offenders**

Medication and Health Records are sent with the offender transferred to any other DOC facility. The offender's medications are removed from the place of storage, placed in a manila folder, sealed and labeled with the offender's name and number. The manila envelope is rubber banded to the Health Record. The amount of medication must be documented on the container and the pink transfer sheet. Attach a strip of tape at level on bottle for liquid medication.

Medication to be administered in route must be attached to the outside of the sealed envelope for transport. If an injectable medication must be given previous arrangements should be made with a nurse at a convenient location for a stop off to get the injection.

The facility nurse should complete the pink transfer sheet and count and seal medications in an envelope for transport.

If the nurse is not on duty the corrections officer should note on the pink transfer sheet:

1. Name and amount of medications transferred.
2. Any other available information such as appointments, etc. The corrections officer should sign their name and title on the pink transfer sheet. This information should be given to the nurse when they return. Each facility should maintain some kind of reporting log for this purpose.
3. Check eMAR and be sure all medications including controlled medications are transported with the offender.
4. The envelope containing medications and the Health Record is to remain sealed during transportation. The transporting officer is responsible for safe, secure transportation of medications and records. If the seal is broken on medication envelope during transport the transporting officer should document the reason.
5. The officer preparing medication for transfer should not be the transporting officer.
6. The transporting officer should take medications and Health Records directly to the medical department upon arrival at the facility. Medications and records must be given directly to the nurse, or officer in charge of administering medications in the absence of the nurse.
7. If the nurse is not on duty, the officer assigned to administer medication in the nurse's absence must count/measure the medications received and log amounts in appropriate records book and sign.

## M. Release

Generally, the nurse is responsible for providing medications for offenders being released, but officers should know how to do this if the nurse is absent.

1. Offenders are given their medications to take with them when they are released. Offenders maybe given a 30-day supply or as approved by a prescriber.
2. Name of medication, amount and time given to offender should be documented on eMAR.
3. Offender should receive instruction on how medications are to be taken and document that instruction was given on the eMAR.

## V. Documentation

### A. Medication Administration

All medications should be documented on the eMAR following the procedure outlined under section IV, C, 1-6 covering prescription medications.

### B. Medication Errors

Medication errors are reported immediately to the nurse or prescriber for evaluation of need for further treatment. The following procedure should be followed:

1. Medication Error Report and Assessment form is completed and given to the nurse.
2. Report is sent to the Regional Health Care Administrators and Chief Pharmacist.
3. Nurse counsels the officer and reports to the corrections officer's supervisor.

<b>Trainer Note: Hand out copies of the Medication Error Report and Assessment Form</b>
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### C. Refusal of Medications

The refusal of a medication should be documented. Refusal of medication should be documented on the eMAR and reported to nursing.

**Trainer Note: Hand out copies of OP 720.1 Att. #3 (Refusal to Consent to Treatment Form)**

## VI. Medication Management

### A. Storage

All medications will be stored in the medical department. All controlled drugs will be stored in a locked cabinet/storage area and will be inventoried as directed in the section IV, F.

### B. Returns

All unused/expired medications should be inventoried using appropriate forms and returned to the pharmacy within 30 days. This is done by the nurse. If an officer finds it necessary to discard medication (such as medications dropped on the floor), the medication should be placed in the designated area. The nurse will return the medication to the pharmacy for disposal. Medications should not be thrown in with regular trash. Any liquid medication that may have been left out over a period of time should also be returned for destruction.

## VII. Summary

The lesson plan covers the utilization of universal precautions and the preparation of medication. We have gone through the procedures for medication administration and the documentation of these medications. And finally the management of medications was reviewed.

## VIII. Testing

Upon completion of training each participant will be given a test to ensure understanding of policies and procedures involved in medication administration. Also, the corrections officer will complete a Medication Administration Checklist that will be signed by the Nurse and Training Officer.

# MEDICATION ADMINISTRATION BY CORRECTIONS OFFICERS

## Participant Outline

- I. Introduction
- II. Universal Precautions
  - A. Protection
  - B. Cleanliness
- III. Health Care Basics
  - A. Offender Rights
  - B. Confidentiality
  - C. Emergencies
  - D. Medication Terminology and Abbreviations
  - E. Seven Rights of Medication Administration
- IV. Procedure/Administration
  - A. Liquid Medications
  - B. Capsules and Solid Tablets
  - C. Eye Medications
  - D. Oral and Nasal Inhalers
  - E. Injectables
  - F. Prescription Medications
  - G. Controlled Drugs
  - H. PRN Prescriptions
  - I. Non Prescription Medications
  - J. Self-Medication Program
  - K. Work Crews/Long Day/Overnight Trips
  - L. Transfer/Movement of Offenders
  - M. Release
- V. Documentation
  - A. Medication Administration
  - B. Medication Errors
  - C. Refusal of Medication
- VI. Medication Management
  - A. Storage
  - B. Returns
- VII. Summary
- VIII. Testing

## Corrections Officer Medications Training Test

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Read all questions carefully before answering. You will need to pass this test with 80%.

Circle the correct answer.

1. The medications for transfer should be prepared by:
  - a. The nurse after being called in from home.
  - b. The transporting officer.
  - c. An officer other than the transporting officer.
  
2. If the offender requires an injection:
  - a. It should be given by the officer while in route.
  - b. Prior arrangement should be made to stop at a convenient facility in route to be given by nurse there.
  - c. It should be prepared and given to the offender for self administration.
  
3. Officers may discuss an offender's medical information with the following:
  - a. Other offenders
  - b. Anyone who wants to know.
  - c. Other corrections officer at shift change if nurse not on duty.
  - d. Appropriate healthcare person.
  - e. c & d
  
4. When offender is transferred, the medication(s) should be:
  - a. Left behind, nurse next day will mail it to other facility.
  - b. Placed in the same envelope with Health Record.
  - c. Placed in the offender's property.
  - d. Placed in separate sealed envelope.
  
5. The information on the pink transfer sheet should include:
  - a. Name and amount of medication(s) transferred.
  - b. Any schedule appointments
  - c. Name and number of offender
  - d. Date the transfer sheet
  - e. All of above
  
6. Who is responsible for documenting medication administration?
  - a. The person (officer) who administers the medication
  - b. The nurse whose shift starts next
  - c. Both the officer and the nurse
  
7. The abbreviation "tsp" means:
  - a. tablespoon (15 mL).
  - b. teaspoon (15 mL)
  - c. tablespoon (5 mL)
  - d. teaspoon (5 mL)



Corrections Officer Medications Training Test

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

8. The following are ALWAYS considered an emergency:
- a. Choking or blocked airway or breathing
  - b. Bleeding which you are unable to control with pressure
  - c. When offender's leg or arm is bent in direction that is not normal
  - d. All of above
9. The following should always accompany an offender upon transferring:
- a. Pink transfer sheet
  - b. Health Record
  - c. Medications
  - d. All of above
10. While conducting pill line, you drop a medication on floor. What should you do next?
- a. Leave it on floor to be swept up during cleaning
  - b. Pick it up and throw it in the trash.
  - c. Pick it up and give it because of 3 second rule
  - d. At an appropriate time, retrieve medication and place in designated container.

TRUE AND FALSE --- PLEASE CIRCLE CORRECT ANSWER.

- |   |   |   |
|---|---|---|
| 1. ASA is the medical abbreviation for Advil.   | T | F |
| 2. If an offender refuses to take a medication, the nurse should be notified the next day and the refusal should be documented on the eMAR.   | T | F |
| 3. Medications (non-controlled) do not need to be in a locked cabinet if the door to medical is secured.  | T | F |
| 4. Hands should be washed before and after all procedures.  | T | F |
| 5. Gloves are required when handling body fluids.   | T | F |
| 6. Offenders should blow their noses gently before using a nasal inhaler.   | T | F |
| 7. An offender has the right to refuse their medication.  | T | F |
| 8. Universal precautions are steps taken to reduce the chance of spreading infection.   | T | F |
| 9. If a medication error occurs, the officer should complete an error report form, and notify the nurse or prescriber.  | T | F |
| 10. The Seven Rights of Medication Administration are: the right offender, the right medication, the right dosage, the right time or frequency, the right route or technique, the right form and the right documentation. | T | F |

Corrections Officer Medications Training Test (*Answer Key*)

You will need to pass this test with 80%.

Circle the correct answer.

1. The medications for transfer should be prepared by:
  - a. The nurse after being called in from home.
  - b. The transporting officer.
  - c. ***An officer other than the transporting officer.***
  
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  - d. Appropriate healthcare person.
  - e. ***c & d***
  
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  - c. Placed in the offender's property.
  - d. ***Placed in separate sealed envelope.***
  
5. The information on the pink transfer sheet should include:
  - a. Name and amount of medication(s) transferred.
  - b. Any schedule appointments
  - c. Name and number of offender
  - d. Date the transfer sheet
  - e. ***All of above***
  
6. Who is responsible for documenting medication administration?
  - a. ***The person (officer) who administers the medication***
  - b. The nurse whose shift starts next
  - c. Both the officer and the nurse
  
  
  
  
  
  
  
  
  
  
7. The abbreviation "tsp" means:
  - a. tablespoon (15 mL).
  - b. teaspoon (15 mL)
  - c. tablespoon (5 mL)
  - d. ***teaspoon (5 mL)***

8. The following are ALWAYS considered an emergency:
  - a. Choking or blocked airway or breathing
  - b. Bleeding which you are unable to control with pressure
  - c. When offender's leg or arm is bent in direction that is not normal
  - d. *All of above*
  
9. The following should always accompany an offender upon transferring:
  - a. Pink transfer sheet
  - b. Health Record
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10. While conducting medication line, you drop a pill on floor. What should you do next?
  - a. Leave it on floor to be swept up during cleaning
  - b. Pick it up and throw it in the trash.
  - c. Pick it and give it because of 3 second rule
  - d. *At an appropriate time, retrieve medication and place in designated container.*

TRUE AND FALSE --- PLEASE CIRCLE CORRECT ANSWER (*Answer Key*)

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|---|----------|----------|
| 1. ASA is the medical abbreviation for Advil.   | T        | <i>F</i> |
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| 3. Medications (non-controlled) do not need to be in a locked cabinet if the door to medical is secure.   | <i>T</i> | F        |
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| 5. Gloves are required when handling body fluids.   | <i>T</i> | F        |
| 6. Offenders should blow their noses gently before using a nasal inhaler.   | <i>T</i> | F        |
| 7. An offender has the right to refuse their medication.  | <i>T</i> | F        |
| 8. Universal precautions are steps taken to reduce the chance of spreading infection.   | <i>T</i> | F        |
| 9. If a medication error occurs, the officer should complete an error report form, and notify the nurse or prescriber.  | <i>T</i> | F        |
| 10. The 7 Rights of Medication Administration are: the right offender, the right medication, the right dosage, the right time or frequency, the right route or technique, the right form and the right documentation. | <i>T</i> | F        |

# VIRGINIA DEPARTMENT OF CORRECTIONS

## Confidential

### Medication Error Report and Assessment

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Medication: \_\_\_\_\_

#### Type of Error

(Check one)

- Missed dose
- Wrong dose
- Wrong drug
- Known allergy
- Wrong time
- Wrong frequency
- Wrong route
- Drug-drug interaction
- Extra dose
- Wrong patient
- Inadequate monitoring
- Preparation error
- Contaminated/outdated drug
- Unknown allergy
- Other

#### Probable Cause

(Check one)

- Lack of knowledge about drug
- Lack of information about inmate
- Lack of knowledge of procedure
- Slip or memory lapses
- Transcription error
- Faulty drug identity check
- Faulty dose checking
- Inadequate monitoring
- Stocking/delivery problems
- Preparation errors
- Faulty patient identity checking
- Other

#### Outcome

(Check one)

- Increase monitoring needed?
- Vital sign changes?
- Additional Lab work ordered?
- Additional procedures ordered?
- Treatment needed?
- Transfer to local hospital?

Location: \_\_\_\_\_

Medical Division: \_\_\_\_\_

MD: \_\_\_\_\_

Date: \_\_\_\_\_

Assigned Cause# \_\_\_\_\_

Severity Ranking \_\_\_\_\_

#### Stage of Medication Use Process

- Physician ordering
- Transcription verification
- Pharmacy dispensing/delivery
- Nurse administration
- Monitoring of effects

#### Severity

- Fatal
- Life threatening
- Serious
- Significant
- Clinically insignificant

#### System Failure

- Dose and identity checking
- Patient information availability
- Order transcription
- Medication order tracking
- Device used
- Standardization of doses and frequencies
- Preparation of IV medication by nurses
- Transfer/transition procedures
- Staffing work assignments
- Standardization of procedures
- Standardization of drug distribution
- Feedback about adverse drug events

#### Comments of Nurse

#### Comments of Supervisor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Action Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_