

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.23	Page 1 of 4
	Original Effective Date: 10/01/08	New Effective Date: 10/24/16
	Supersedes: BHS800:23	Dated: 10/01/08
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Drug Enforcement Administration, Controlled Substance Registration and Power of Attorney		

POLICY

The Bureau of Health Services shall register, license, and renew all Department of Corrections Institutions, Facilities, and Correctional Center Health Service Units and BHS Central Pharmacy Services with the Drug Enforcement Administration. The Director of the Bureau of Health Services shall be the applicant for the license. The Division Administrator shall verify the fee waiver due to being a government agency.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-D-01, Pharmaceutical Operations
Code of Federal Regulations, 21, Part 1300 to End – Food and Drugs, Office of the Federal Register, National Archives and Records Administration, Revised as of April 12015

DEFINITIONS, ACRONYMS AND FORMS

BHS – Bureau of Health Services

CPS – Central Pharmacy Services

CSOS – Controlled Substance Ordering System

DEA – Drug Enforcement Administration

DEA-222 – Official Order Form for Schedule I and II Medications

DEA-223 – Controlled Substance Registration Certificate

DOC – Department of Corrections

DOC-3656 – Power of Attorney (POA) for Drug Enforcement Agency (DEA) Forms 222 and Electronic Orders

HSU – Health Services Unit

Power of Attorney (POA) for DEA Order Forms – Form which allows the applicant, the BHS Director, to give written permission to execute controlled substance orders, using the DEA-222 or the electronic equivalent thereof, CSOS, to the appointed party.

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PROCEDURES

I. Registration

- A. All facilities and BHS CPS shall be registered with the DEA. Registration and renewal shall be completed with the DEA online.
- B. The applicant for the license shall be the BHS Director.
- C. The DAI Administrator shall verify the HSU, CPS or Center meets the requirements for the waiver of the fee to DEA.
- D. The license registration and renewal process shall be completed by a designated employee of BHS or the BHS CPS Director.
- E. The Health Services Manager or Center Nursing Clinician 4 is responsible for notifying the BHS designee of their facility's registration expiration. The BHS CPS Director shall renew the DEA license for CPS.
- F. Copies of the registration or renewal shall be made by BHS and distributed in the following manner:
 1. HSU/CPS/Center for their DEA file.
 2. Posting in the medication room of the HSU, CPS or Center.
 3. BHS designee.

II. POA

- A. A separate DOC-3656 – Power of Attorney (POA) for DEA-222 and Electronic Orders, executed by the applicant, shall be issued to grant the appointee the authority to execute the DEA-222 form manually or via CSOS, on the applicant's behalf. Privileges shall be revoked should the appointee no longer be permitted to execute orders.
- B. Appointees shall include the CPS Director, DOC Pharmacists, and other designated CPS office staff.
- C. The form shall be signed by the applicant and then signed by the appointed POA with two witnesses.
- D. The executed POA shall be filed and retained at CPS. The POA shall be available for inspection.
- E. Upon resignation, revocation, termination, or retirement of the appointed POA, the original POA, retained by CPS, shall be sent to the applicant for completion of the revocation section of the form, in the presence of two witnesses.
- F. The original revoked POA form shall be returned to CPS for maintenance in the DEA file after signature by the applicant and witnesses.

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G. A copy of the completed revocation shall be kept in the BHS employee file.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.80.23	Page 4 of 4
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Chapter: 500 Health Services		
Subject: Drug Enforcement Administration, Controlled Substance Registration and Power of Attorney		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

I.

- A.
 - 1.
 - a.
- B.
- C.

II.

- A.
- B.
- C.