State of Vermont Agency of Human Services Department of Corrections	INTERIM PROCEDURE Title: KEEP-ON-PERSON INMATE SELF-MEDICATION PROGRAM	Page 1 of 12
	NEW	

Attachments, Forms & Companion Documents:
1. Keep-on-Person Excluded Medications
2. Keep-on-Person Contract

Local Procedure(s) Required: No
Applicability: All Staff (including contractors and volunteers)
Security Level: "B"- Anyone may have access to this document.

Approved:

Andrew A. Pallito	July 27, 2010 Date Signed	July 27, 2010 Date Effective

PURPOSE

The purpose of this Interim Procedure is to provide guidelines for contracted medical staff and Department facility staff regarding the inmate self-medication program, or keep-on-person (KOP). Inmate self-medication is in alignment with a Department philosophy of inmate self-responsibility, and helps with preparation for life outside Corrections. The inmate self-medication or keep-on-person program is the process by which responsible inmates possess and self-administer identified prescription medications ordered by the Department's contracted health services provider's medical staff.

POLICY

DOC custody staff will collaborate with contracted medical staff to provide oversight of the keep-on-person medication program. Under the direct supervision of the Health Services Unit authority, selected prescribed medications may be given to eligible inmates to keep on person and self-administer according to established rules and procedures. The DOC contracted provider of comprehensive inmate health services has promulgated a policy and will provide all necessary oversight except as so stipulated in this DOC companion policy.

AUTHORITY

National Commission on Correctional Health Care Standards P-D-01 and P-D-02, Standards for Health Services in Prisons, 2008.

REFERENCE

Department Administrative Directives on Offender/Inmate Property, Inmate Transportation.

DEFINITIONS

Blister Pack/Blister Card: A method of dispensing medication for an individual.

Formulary: A written list of prescription and non-prescription medications that is ordinarily available to authorized prescribers, including consultants working for the facility.

Keep on Person (KOP): A program when an inmate maintains designated and approved medications under their control.

Health Services Administrator (HSA): The contracted Health Services managerial staff person who oversees the operational aspects of the Health Services Unit in a Department correctional facility.

Regional Medical Director (RMD): The physician responsible for statewide oversight of the contractor's clinical team.

Schedule 1-V Medications: These are known as controlled substances (under the oversight of the Drug Enforcement Agency (DEA)) and are defined as medications with ranges of abuse potential and can produce varying degrees of dependence.

Watch-take: When medication is taken by an inmate under direct observation of another person, either custody or health services staff.

PROCEDURAL GUIDELINES

The inmate self-medication program requires collaboration between the contracted health services providers and staff in a correctional facility, as well as inmate understanding of the keep-on-person (KOP) process The following guidelines cover included medications, admission to the program, compliance/non-compliance, grounds for termination, distribution, life-saving medications, documentation, storage, work release and off-site access, transfers, removal from general population, and responsibilities of contractors, staff, and inmates.

1. a. The Regional Medical Director (RMD) of the Department's Medical contractor and the Director of DOC Health Services, with the input of the Pharmacy and Therapeutics Committee, will approve which medications inmates may keep on person according to guidelines set forth in this Interim Procedure.

   b. Medications which are excluded from the KOP program are listed in *Attachment 1, Excluded Medications*. Excluded medications must be administered to the inmate on a "watch-take" basis.

   c. Medications (prescriptions and over-the-counter) will only be added to the KOP list with the approval of the Department's Director of Health Services Division, the Health Services Administrator, and the Regional Medical Director. Any exception requires prior written approval by the director of DOC Health Services and the Regional Medical Director.

2. Each institution will establish and post, via signs at the medication line, specific times and days for KOP medication to be reordered and/or picked up by inmates. All sites will have KOP scheduled distribution daily, when nursing is on-site.

3. a. Inmates may be excluded from the KOP program for the following reasons:

   i. Failure to comply with the rules and regulations of the program;
   ii. Refusal to sign a KOP contract;
   iii. Determined to be at-risk for abuse of the program or deemed inappropriate for the program as determined by medical or mental health staff members; (Criterion includes known compromised medical or mental health status which impeded or substantially reduces the inmate's ability to comply with rules and regulations of the program).
   iv. Temporary or permanent housing arrangements which, where required, do not have an individual, lockable storage location within the inmate's living area to secure their medication.

   b. If an inmate is excluded from participating in the KOP program for reasons i. and ii. listed above, this will be documented in the comment section of the Medication Administration Record (MAR), and dated and signed by the medical or mental health staff. A progress note reflecting the patient's exclusion from the KOP program should be written. Documentation of the exclusion should also be entered on the Master Problem List.

4. a. Termination from the KOP program is under the authority of the Superintendent for rules and regulation infraction or under the authority of the site Medical Director or designee for non-compliance with the KOP program or other health care-related issues. It is advisable that a discussion between the Superintendent and site or Regional Medical Director occur prior to termination.

   b. The inmate must be notified at the time of termination and all medications returned to nursing staff.

5. Life-saving Medications

   a. The following life-saving medications (also known as "rescue medications") must remain on the inmate's person or within the inmate's reach at all times.
      i. Nitroglycerin sublingual tablets
      ii. Oral asthma inhalers
      iii. Oral glucose tablet

   b. A locked storage area or signed KOP agreement is not required for an inmate's prescribed life-saving medication alone.

   c. When an inmate who is on life-saving medications requires a mental health watch, a consultation must be secured by medical staff with mental health staff on the advisability of maintaining these medications on their persons.

6. Epi-pens for specific inmates in a minimum security, or work camp pre-release sites will be managed on a case-by-case basis according to site-specific policy to ensure immediate 24-hour a day availability to the inmate in event of an emergency. This includes any off-site work detail.

7. Site-specific policies regarding availability of lockable locations for KOP medications will be determined by the Superintendent on a site-by-site basis.

8. For an inmate to be in possession of a prescription medication, the following must occur:
   a. The prescribing practitioner, after careful review of the medical and mental health record to ensure the inmate's ability to comprehend and comply with the program, will write the original order for the medication and indicate Keep-On-Person (or KOP) on the order sheet.

   b. The prescriber or designee will instruct the inmate on how to take the medication.

   c. The KOP medication program will be explained to the inmate and must include benefits, risks (side effects), proper dosing – times and amounts.

   d. The KOP medication distribution program contract must be signed by the inmate at this time. The contract becomes part of the medical record.

   e. Upon release into the community, the inmate should sign a form documenting that it has been explained to them that the medications are being supplied to them in non-childproof containers.

PROCESS

1. All KOP medication orders will be designated as such ("KOP") by the prescriber on the MD order sheet.
   - The nurse transcribing KOP medication orders will verify the presence of the signed contract in the medical record.

2. The medication order will be transcribed on an inmate-specific MAR, including the start and stop dates in the left column, and nursing will order the medication from the pharmacy.

   a. The nurse transcribing the order will ensure that a current KOP contract has been signed by the inmate and placed in the record indicating understanding of the program.

   b. If the signed contract is *not* present, a notation will be placed on the medical record and the Medication Administration Record (MAR), and the contract will be obtained by the medication nurse prior to providing the medication.

   c. When the inmate presents for the first time to pick up the medication, the medication nurse will review the instructions for taking the medication and how to obtain refills if applicable with the inmate. The nurse will document on the MAR the number of doses given, the date and will initial it. The inmate will acknowledge receipt of the medication by signing the MAR.

   d. The nurse will clearly indicate on the MAR the date on which the supply will run out – either by drawing a box in the date column, to indicate the date the supply will end, or by indicating in the right column the date of the following month on which the supply will end.

3. When the prescription requires more than one (1) blister pack to fill a thirty (30) day order, only one (1) pack will be given to the inmate at a time. Subsequent packs will be given from the HSU medication room when the inmate turns in their current pack.

4. All prescription medications issued to inmates will be clearly labeled with *Name, Date, Medication, Method of Administration, Start Date, Stop Date* and *Expiration Date.* When the inmate picks up their medications, the nurse will adjust the stop date, if necessary, to coincide with the actual stop date.

5. Upon expiration of the stop date, the blister pack will be returned by the inmate via the medication line to establish a current stop date when indicated. The new stop date will be written by the nursing staff above the medication label, along with the nurse's initials.

6. All oral tablets and capsules will be issued in blister cards, except certain medications such as nitroglycerin sublingual tablets and glucose tablets.

7. Disposition of blister cards by the inmate:
   - Once a prescription expires, the blister card or container is considered contraband.
   - Empty blister packs for medications which cannot be refilled, must be returned to the Health Services Unit.
   - Empty blister packs for medications which may be refilled, must be returned to the HSU in exchange for a filled blister pack.
   - Medication cards/containers will be brought to the HSU to arrange for authorized refills within the time frame directed by the doctor or nurse, but no later than three (3) business days prior to their medication running out.
   - The inmate assumes the responsibility for returning all unused medication to nursing staff when the prescription expires.
   - The inmate should bring all medication cards to chronic care clinic appointments for review by the provider.

8. a. An inmate is allowed to possess only one (1) prescription container of each ordered medication at any given time (e.g., one (1) blister pack, one (1) tube of container of a topical preparation, one (1) container (not glass) of ophthalmic (eye) or otic (ear) drops, one (1) of each prescribed asthma inhaler.

   b. The Director of DOC Health Services, the Regional Medical Director, and the site Superintendent must approve any exceptions to this policy.

9. Under the following circumstances, medical staff may impose consequences for non-compliance which may include counseling, revocation of KOP privileges (temporarily or permanently) and confiscation of medications.
   - An inmate who is found with more than one (1) prescription container of any ordered medication in his possession;
   - An inmate who is found with prescription medication in their possession which is not labeled according to standard with name on the prescription label, or any OTC medication provided through the HSU and verified by medical staff for which there is no valid Physician order;
   - An inmate who fails to secure their KOP medication in the designated locked location, where required;
   - An inmate who maintains medication past the expiration of the prescription order;

- An inmate who fails to properly obtain refills/renewals in accordance with this procedure.

10. Selected over-the-counter medications approved by the RMD and the Director of DOC Health Services may be possessed by inmates in accordance with established dispensing protocols.
    - Bulk over-the-counter medications, such as creams, ointments, and artificial tears are issued in original packaging with the manufacturer's label attached.

11. Most medications are issued in blister packs. All medications must be maintained by the inmate in the container as dispensed and stored according to established protocols for the Keep-On-Person program.

12. All documentation of KOP medication administration and distribution will be maintained on inmate-specific Medication Administration Records.

13. Daily Medication Compliance Verification: Nursing staff will review MARs daily to identify inmates who 1) have not ordered refills, or have not returned to pick up KOP medications, and 2) inmates who have had KOP medications discontinued, who may have unused medication in their possession.

    a. These inmates will be listed on the Medication Non-Compliance Log for follow-up action the following day.

    b. Inmates who have discontinued medication will be asked to return to the medication line at which time the inmate will return the unused medication. Failure to return unused doses of discontinued medication will be reported to the Health Service Administrator for follow-up with institutional security.

MONTHLY KOP COMPLIANCE VERIFICATION

1. Nursing staff will make a monthly check of dosing compliance of at least ten percent (10%) of the inmate population on KOP medications.
   a. Nursing staff will randomly select the required number of inmates, visit the housing units escorted by security staff, and check for compliance.

   b. A report will be completed by nursing which will include:
      - Name of nurse completing compliance check
      - Name of security staff
      - Name of inmate checked
      - Designation of "Compliant" or "Non-compliant" for each inmate named - (*Names of medication should not be listed.*)
      - Date and time of compliance check
      - Action taken for non-compliance, if applicable

   c. The report will be forwarded to the Health Service Administrator with a copy sent to the Superintendent or a designee.

2. a. Inmates who are found to be non-compliant with the KOP program will be counseled initially by nursing staff, and the provider will be notified. Further incidents of non-compliance will require an appointment with the provider to

discuss the problem. Ultimately, non-compliance can be addressed through suspension of privileges or permanent removal from the program.

b. Loss of Privileges

i. When an inmate loses the privilege to participate in the program for any reason, this information will be documented on the Problem List in the Progress Notes and on the Medication Administration Record.

ii. When the program privileges are suspended, the minimum duration of time for suspension will be a three (3) month period.

3. The Nurse Manager at each site will provide to the Superintendent or designee a monthly updated list of all inmates on the KOP program, along with the number of medications the inmate is currently receiving by KOP. The list **must not** include the names of medications.

INMATE TRANSFER OR REMOVAL FROM POPULATION

1. When an inmate is transferred, (i.e., either within Vermont or out-of-state):

a. Their medication blister packs must be returned by security to the Health Services Unit for transfer to the new institution.

b. Blister packs will be placed inside the Medical Record with the MAR, Health Status Report, and Documentation Log for transfer. Schedule I-V medications are **never** removed from the site. All will be placed in a sealed "Confidential Medical Record" envelope labeled appropriately for transfer to the receiving institution.

c. Inmates must carry asthma inhalers, oral glucose tablets, and nitroglycerin sublingual tablets on their person during transfers. The HSU staff at the receiving institution will verify that the inmate has one or all of these medications on their person.

d. When an inmate is transferred to another DOC facility, the medication nurse at the receiving facility will review the existing KOP agreement (*Attachment 2*) with the inmate. The nurse will document the name of the facility. The nurse and the inmate will sign and date the document to indicate that the review has taken place. If a KOP agreement is not in place, a new agreement must be created with the inmate.

2. If an inmate is temporarily removed from general population to a restricted area (e.g., close custody), security will return KOP medications to the Health Services Unit for watch-take administration. The nurse will note the suspension of KOP on the MAR and indicate the amount of medication received on the MAR. The inmate may return to KOP when returned to general population, if not contraindicated.

WORK RELEASE AND OFF-SITE TRIPS

For inmates on work release or who go off-site on trips, every effort will be made to provide a dosing schedule while at the site. If this cannot be accomplished, the situation will be managed on a case-by-case basis in one of the following ways:

1. The inmate may be allowed to carry necessary doses of the medication on their person while away from the site to cover the period of time away;
2. The medication may be delivered via self-administration;
3. Work release may be temporarily discontinued.

DOC CUSTODY STAFF PROCEDURES

Custody staff procedures pursuant to this Interim Procedure will be issued in the form of Post Orders.

TRAINING

It is the responsibility of the Medical Contractor to train their staff regarding this Procedure.
The Department will ensure that all facility staff are trained in the procedures relevant to their role.

QUALITY ASSURANCE

The DOC Quality Assurance Unit will monitor compliance with this Procedure on a quarterly basis as part of the Health Services Division's audit process and schedule. Results of the audit and corrective action where needed shall be the joint responsibility of the Health Services Director and the Director of Facility Audits and Security.

KEEP-ON-PERSON EXCLUDED MEDICATIONS

DRUGS ON THIS FORMULARY ARE **NOT** INCLUDED IN THE KEEP-ON-PERSON PROGRAM. LISTS BELOW EACH CATEGORY ARE NOT MEANT TO BE ALL-INCLUSIVE, BUT SIMPLY TO SHOW COMMON EXAMPLES OF EACH DRUG CLASS.

ALL Opioid Analgesics - Examples:

GENERIC NAME	BRAND NAME
Percocet	Oxycodone w/APAP, Roxicet
Morphine	MS-Contin
Acetaminophen w/Codeine	Tylenol #3
Propoxphene	Darvon, Darvocet-N 100
Oxycotin	
Clonazepam	Klonopin
Lorazepam	Ativan
Diazepam	Valium
Methadone	
Methyphenidate	Ritalin
Pemoline	Cylert
Diphenozylate	Lomotil
Tramadol	Ultram, Ultracet

Injectable Medications - Examples:

GENERIC NAME	BRAND NAME
Ceftriaxone	Rocephin
Penicillin G Benzathine	Bicillin-LA Tubex
Penicillin G Procaine	Wycillin
Insulin	Humulin
Epinephrine	Epi-Pen
Vaccines	Fluogen, Pneumovax

Anticonvulsants - Examples:

GENERIC NAME	BRAND NAME
Carbamazepine	Tegretol
Phenobarbital	
Phenytoin	Dilantin
Valproic Acid	Depakene, Depakote

Antidepressants - Examples:

GENERIC NAME	BRAND NAME
Amitriptyline HCL	Elavil
Desipramine	Norpramin
Doxepin HCL	Sinequan
Imipramine	Tofranil
Clomipramine	Anafranil
Trazodone	Desyrel
Fluoxetine	Prozac

Paroxetine	Paxil
Sertraline	Zoloft
Buproprion	Wellbutrin
Nefazadone	Serzone
Fluvoxamine	Luvox
Mirtazapine	Remeron

Anti-gout Agents - Examples:

GENERIC NAME	BRAND NAME
Colchicine	

Blood-related Drugs - Examples:

GENERIC NAME	BRAND NAME
Warfarin Sodium	Coumadin

Tranquilizers and Psychotherapeutics - Examples:

GENERIC NAME	BRAND NAME
Alprazolam	Xanax
Chlordiazepoxide HCL	Librium
Chlorpromazine HCL	Thorazine
Clonazepam	Klonopin
Clozapine	Clozaril
Diazepam	Valium
Diphenhydramine	Benadryl
Fluphenazine	Prolixin
Haloperidal	Haldol
Lithium Carbonate	Lithonate
Lithium Citrate	Lithonate-S
Lorazepam	Ativan
Loxapine Succinate	Loxitane
Olanzapine	Zyprexa
Risperidone	Risperdal
Hydroxyzine hydrochloride	Atarax, Vistaril
Thiroidazine HCL	Mellaril
Thiothixene	Navane
Trifluoperazine	Sterlazine

Anti-tuberculosis Drugs - Examples:

GENERIC NAME	BRAND NAME
Isoniazid	INH
Ethambutol	Myambutol
Pyrazinamide	
Rifampin	Rifadin
Rifabutin	

Oral Corticosteroid Anti-Inflammatory Drugs - Examples:

GENERIC NAME	BRAND NAME
Dexamethasone	Decadron

Prednisone	Orasone, Deltasone

ALL Anti-retroviral (HIV) Drugs - Examples:

GENERIC NAME	BRAND NAME
Zidovudine	Retrovir, AZT
Darunavir	Prezista

ALL Muscle Relaxants - Examples:

GENERIC NAME	BRAND NAME
Cyclobenzaprine	Flexeril
Baclofen	Lioresal, Kemstro

Sedating Antihistamines - Examples:

GENERIC NAME	BRAND NAME
Diphenhydramine	Benadryl
Hydroxyzine hydrochloride	Atarax, Vistaril

Stimulant Medications - Examples:

GENERIC NAME	BRAND NAME
Methylphenidate	Ritalin
Dextroamphetamine	Adderall

ATTACHMENT 2 – SAMPLE

KOP (KEEP ON PERSON) CONTRACT

I, _____, understand that I have the privilege of participating in the KOP (Keep on Person) medication program. I will also continue to be monitored by a health care provider. The medication(s) that I am provided will be given to me in the form of a non-childproof blister pack with my name, identification number, medication name, the dose, instructions for its use, start date, stop date, and expiration date clearly printed on the blister pack. The medication(s) that I receive have no street value or potential for abuse.

As part of the program, I will:

1. Keep my medication(s) secured;
2. Not share my medication(s) with anyone;
3. Keep my medication(s) in its original package;
4. Sign the MAR each time I receive a new blister pack of medication;
5. Return the old package when I receive the new one;
6. Take my medication(s) as prescribed;
7. Not attempt to sell or trade for personal gains;
8. Notify the nurse no more than 3 business days prior to the medication(s) running out to request a refill;
9. Provide all KOP medication(s) upon request of staff;
10. Report any lost, stolen, missing, or damaged medication(s) to the medical staff immediately;
11. **NOT** receive replacement to take as KOP of any lost or stolen medication(s). My medication will continue, but I will have to come to med-line for the remainder of the prescription. If I violate this, it will be reviewed by security and medical staff.
12. Notify the health care staff of any adverse reaction(s) that I may experience.

The above information has been explained to me, and I understand that violation of any of the above responsibilities will result in the loss of this privilege.

Signature _____ Inmate #: _____ Date_____

Witness _____ Date _____

Cc: Inmate, inmate file, facility Caseworker