

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.58</u>
SUBJECT: KEEP-ON-PERSON MEDICATIONS PROPONENT: <u>Helen Hanks, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/15/14</u> REVIEW DATE <u>06/15/15</u> SUPERCEDES PPD# <u>6.58</u> DATED <u>11/30/12</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATED: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. PURPOSE:
 To establish a process for management of keep-on-person/self-administration medication within our correctional facilities.

- II. APPLICABILITY:
 To all staff and residents involved in the management of keep-on-person medications.

- III. POLICY:
 It is the policy of the NH Department of Corrections (NHDOC) that selected prescribed medications as determined by the NHDOC Health Authority, Chief Medical Officer and Chief Psychiatric Officer may be distributed to eligible inmates as keep-on-person (KOP) and self-administered according to established rules and procedures.

- IV. PROCEDURE:
 - A. The Administrative Director of Medical/Forensic Services, Chief Medical Officer; Chief Psychiatric Officer, with input from the Pharmacy and Therapeutics Committee will approve medications inmates may KOP according to guidelines set forth in this policy. Medications which are included on the KOP program are designated in the DOC Formulary. Medications (prescriptions and over-the-counter) will be added, deleted or modified to this list with the approval of the Pharmacy and Therapeutic

Committee. Any circumstance that requires a non-KOP medication to be delivered as a KOP requires prior written approval by the Administrative Director of Medical/Forensic Services and the Chief Medical/Psychiatric Officers.

- B. Each facility will have its KOP medications delivered to the Health Services Center (HSC) Concord by the pharmacy staff, delivered to the Health Services Centers in NCF and Goffstown via courier in the locked pharmacy bags. In Concord, the security housing unit staff picks up medication baskets for transport to the housing units. In NCF and Goffstown nursing staff open the locked bags for distribution at medication calls. Concord and Goffstown will have KOP distribution Monday through Friday. NCF will have KOP distribution Tuesday through Saturday.
- C. Inmates are excluded from the KOP program for the following reasons:
 1. Failure to comply with the rules and regulations of the program;
 2. Determined to be at-risk for abuse of the program or inability to comprehend the rules and regulations as determined by medical or mental health staff members (criteria include known health status, behavioral or clinical concerns, and institution drug history); Inmates determined to be ineligible for the KOP program will have the reasons documented in a progress note and the provider order sections in the inmate's medical record.
 3. Temporary or permanent housing arrangements that do not have an individual, lockable storage location within the inmate's living area to secure his/her medication;
 4. If an inmate is excluded from participating in the KOP program for reason (1) and/or (2), this will be documented on the Problem List consistent with the date of the progress note/provider order in the inmate's medical record.
- D. Termination from the KOP program is under the authority of the Wardens, [for security rules] in collaboration with the Director of Medical & Forensic Services, and regulation infractions or under the authority of the Chief Medical/Psychiatric Officers for non-compliance with the KOP program or other health care related issues.
- E. The following life-saving medications must remain on the inmate's person or within the inmate's reach at all times. A lockable storage location is not required for prescribed life-saving medications. When an inmate who is on life-saving medications requires a mental health watch in a HSC, a consultation will be obtained from mental health staff on the advisability of maintaining these medications as KOP:
 1. Nitroglycerin sublingual tablets; and/or
 2. Acute oral asthma inhalers (excludes maintenance inhalers).
- F. Epi-pens ordered for specific inmates at Minimum Security and Pre-Release sites will be managed on a case-by-case basis according to site-specific policy to assure immediate 24-hour a day availability to the inmate in event of an emergency. This includes any off-site work detail.

- G. Site-specific policies regarding availability of lockable locations for KOP medications will be determined by the Unit Managers/Captains/designee on a site-by-site basis in consultation with the pharmacy.
- H. For an inmate to be eligible for the KOP Program, the prescribing practitioner, after careful review of the inmate's medical record, will ensure the inmate's ability to comprehend and comply with the program. The prescribing practitioner will write the original order for the medication on the order sheet. The prescriber will instruct the inmate on how to take the medication.
- I. The Keep-On-Person Medication Program will be explained to the inmate by the prescriber.
- J. All prescription medications issued to inmates will be packaged in prescription vials clearly labeled with Name, ID Number, Housing Unit/Facility, Medication, Directions, Method of Administration, National Drug Code #, Manufacturer, filling Pharmacist/tech initials, prescribing provider, date order written, date filled, expiration date of prescription, Pharmacy ID Information including DEA # and any relevant auxiliary labels.
- K. Disposition of expired/discontinued prescriptions by the inmate:
1. Once a prescription expires, the vial or container is considered contraband;
 2. Empty vials may be discarded by the inmate as they cannot be reused per NH Board of Pharmacy;
 3. Inmates must submit blue inmate refill request slip for KOP medications eligible for refills within four business days prior to its running out; and
 4. The inmate assumes responsibility for destroying or returning all unused medication to the pharmacy when the prescription order expires or is discontinued.
- L. An inmate is allowed to possess only one prescription container of each ordered medication at any given time (e.g., one vial, one tube or container of a topical preparation, one container [not glass] of ophthalmic or otic drops, one of each prescribed asthma inhaler). Any exceptions to this policy must be approved by the Chief Pharmacist.
- M. Under the following circumstances, medical staff may impose consequences for non-compliance including counseling, revocation of KOP privileges and confiscation of medications.
1. An inmate who is found with more than one prescription container of any ordered medication in his/her possession unless an exception has been granted;
 2. An inmate who is found with prescription medication in his/her possession which is not labeled according to standard with his/her name on the prescription label;
 3. An inmate who fails to secure KOP medications in the designated locked location; exceptions include nitroglycerin and inhalers provided for acute asthma;

4. An inmate who maintains medication past the expiration of the prescription order; and/or
 5. An inmate who is found with medication not prescribed to him/her in their possession.
- N. Selected over-the-counter medications approved by the Pharmacy and Therapeutics Committee may be possessed by inmates in accordance with established nursing procedures.
1. Canteen purchased over-the-counter medications, such as Ibuprofen, Acetaminophen, creams, ointments, artificial tears, etc. are issued in original packaging, with manufacturer's label and instructions for self-administration attached;
- O. Most KOP medications are issued in vials. All medications must be maintained by the inmate in the container as dispensed and stored according to established protocols for the Keep-On-Person policy.
- P. All documentation of KOP medication distribution will be maintained on the Pharmacy Corrections Institutional Pharmaceutical Software (CIPS) and on the inmate Self Medication Receipt.
- Q. Monthly KOP Compliance Verification
1. When the pharmacy processes a refill, if there is a pattern of non-compliance with a specific prescription, the pharmacy notifies the prescribing practitioner on a Physician Pharmacy Communication Form. Non-compliance of medications for conditions such as HIV, TB, and HCV may result in a phone call to the provider as well.
 2. If the pharmacy receives an order to change the dosage of a KOP medication and review of the existing prescription demonstrates a pattern of non-compliance, the pharmacy notifies the prescribing practitioner on a Physician Pharmacy Communication Form.
 3. Inmates who are found to be non-compliant with the KOP policy will be counseled. Any further incidents of non-compliance may result in the inmate's suspension or removal from the KOP status.
- R. When an inmate is transferred, (i.e., transfers to/from NHDOC facilities or within a facility):
1. KOP medications will be maintained by the inmate on their person during transfer. This ensures continuity of medication self-administration.
 2. When inmates are discharged from inpatient Health Services in Concord or Berlin the KOP medications are returned to the pharmacy. The pharmacy checks the medications against the discharge medication order to ensure medications have not been discontinued, changed or added. Once medications are verified they are forwarded to the inmate (see B above).
- S. If an inmate is temporarily removed from general population to a restricted area (e.g., Special Housing, Infirmary, Secure Psychiatric Unit etc.), security will confiscate all KOP medications and turn them over to nursing for nurse administration pending review by the pharmacy. The

inmate may return to KOP medications when returned to general population if is not contraindicated.

- T. For inmates who are on C-1, C-2 or armed work crew status, KOP medications are permitted.
 - 1. The inmate will be allowed to carry KOP medication on their person in labeled prescription vials with safety caps.
 - 2. The medication will be self-administered.

REFERENCES:

Standards for the Administration of Correctional Agencies

Second Edition Standards

Standards for Adult Correctional Institutions

Fourth Edition Standards

Standards for Adult Community Residential Services

Fourth Edition Standards

Standards for Adult Probation and Parole Field Services

Third Edition Standards

Other

HANKS/clr