

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 410.03

EFFECTIVE DATE: 01 October 2022

**SUBJECT: KEEP-ON-PERSON (KOP)
SELF-MEDICATION
PROGRAM**

POLICY DIRECTIVE

PURPOSE:

To provide guidelines for the administration of medication to inmates through a self-medication program.

REFERENCE:

National Commission on Correctional Healthcare (NCCHC) §§P-D-02 and J-D-02.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DOC Policy Directive 410.03, dated 01 January 2004 (and revision memo dated 25 June 2015).

APPLICABILITY:

All facilities within the Division of Corrections and Rehabilitation (DCR) that have custody of adult inmates. This Policy is available for general distribution and is to be made available for inmate review upon the effective date.

DEFINITIONS:

Healthcare Professional: Include physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

POLICY:

- I. Self-medication programs (also known as keep-on-person programs) permit responsible inmates to carry and administer their own medications.
 - A. Inmate participation in the keep-on-person (KOP) self-medication program is a privilege. The site Medical Director or Superintendent may revoke this privilege at any time.
 - B. Inmates assigned to segregation, medical, or mental health units will be prohibited from participating in the KOP program. All drugs administered to these inmates shall be administered in unit dosages under the direct supervision of a qualified healthcare professional.
 - C. No United States Drug Enforcement Administration (DEA) controlled medications, psychotropic, injected medications, or medication for the treatment of AIDS/HIV, preventative tuberculosis therapy, or any other medications directed by the DCR, shall be dispensed through the use of the KOP program.

- II. Prior to enrolling in the KOP program, each participating inmate must complete a program orientation conducted by a qualified healthcare professional (**Attachment #1**). Each participating inmate must also abide by the guidelines outlined in the program orientation, and this Policy Directive concerning the KOP program, and/or the instructions for each medication that is administered through the KOP program. Failure to do so shall be documented through a Violation Report charging the inmate with an appropriate rule violation.
 - A. When an inmate is issued medication under the KOP program, the following procedures will be in place:
 1. The inmate receiving KOP medication shall sign his/her name and OID number on his/her Medical Administration Record (MAR) to verify receipt of the medication.
 2. No more than a thirty (30) day supply of each prescribed medication will be issued to the inmate at one time.
 3. The participating inmate shall self-administer each medication consistent with the instructions provided for the medication(s) to be taken.
 4. The participating inmate shall not sell, trade, barter, or otherwise transfer medications to another person; and no inmate shall possess another inmate's medication for any reason.
 5. The participating inmate shall comply with all follow-up visits as directed by healthcare staff.

6. The participating inmate shall immediately return any medication to healthcare staff or correctional staff member upon being ordered to do so.
 7. Failure to comply with all requirements of the KOP program will result in the violating inmate's removal from the program and/or appropriate disciplinary action.
- B. Qualified healthcare professionals will monitor the participating inmate's MAR to check if medications are being properly reordered, refilled, etc. Healthcare staff may direct a medication check for any participating inmate at any time. When so ordered, the participating inmate will present his/her medication(s) to healthcare staff who will conduct a check of the medication. Any of the following incidents shall result in the participating inmate being removed from the KOP program:
1. The participating inmate uses the prescribed medication in a manner, other than as ordered.
 2. The participating inmate misses an appointment for a medical check or follow-up visit.
 3. Any prescribed medication is found loose in the participating inmate's assigned cell or living area, property, or on his/her person.
 4. The participating inmate shares or otherwise gives his/her medication to another person.
 5. The prescribed medication is stolen.
 6. The prescribed medication's container is altered or damaged in such a manner that instructions or descriptions of the medication contained within is not easily legible.
 7. Unused or unwanted medication is not turned in to healthcare staff, including improperly disposed of by throwing in the trash, given to another inmate, etc.
 8. Any other violation of this Policy Directive and/or instruction given by the prescribing medical practitioner.
- C. Any participating inmate who is removed from the KOP program for any of the reasons above, at the discretion of the site Medical Director or the Superintendent may:
1. On the first revocation of KOP privileges, be removed from the program for a period of not less than six (6) months (at which time the inmate may become eligible for the KOP program once again).

2. On the second revocation of the KOP privileges, be removed from the program for a period of not less than one (1) year. The Health Services Administrator (HSA) must approve, in writing, the inmate's reinstatement into the KOP program.
3. Guilty findings by a Correctional Hearing Officer (CHO) for rule violations involving medication(s) on the KOP program shall result in the revocation of KOP privileges for an indeterminate time in addition to any disciplinary action that is taken. Written approval to be reinstated into the KOP program from both the HSA and Superintendent is a mandatory requirement for reinstatement.

ATTACHMENT(S):

- #1 Orientation for the Keep-On-Person (KOP) Self-Medication Program (2 pages)

APPROVED SIGNATURE:



Brad Douglas, Acting Commissioner

9/15/22

Date

ORIENTATION FOR THE KEEP-ON-PERSON (KOP) SELF-MEDICATION PROGRAM

Inmate's Name & OID#: _____

Self-medication (KOP) packages will contain several days of non-controlled prescribed medication. As a participating inmate, you are to take this medication as discussed with you by the qualified healthcare professional who prescribed it for you, and as it is printed on the package label. The KOP program shall be as follows:

1. A qualified healthcare professional with prescribing privileges will write a prescription for your medication.
2. You will be directed as to what day and time you are to pick up your medication. Failure to report as directed may result in the cancellation of your prescription and the return of the medication to the pharmacy.
3. Each medication will be packaged separately. If you take three (3) different medications, you will have three (3) separate packages.
4. The label on the medication package will clearly indicate how you are to take your medication. If you have any questions, you are to ask an available healthcare staff.
5. If, for any reason, you are unable to take your medication, you must return it to healthcare staff. Failure to do so may result in disciplinary action and/or removal from the KOP program.
6. You are responsible for your medication. If you lose it, tamper with it, or deface it (e.g., remove the label), you shall be subject to disciplinary action and/or removal from the KOP program.
7. You will be issued a thirty (30) day supply of prescribed medication at a time.
8. All information regarding the prescription will be contained on the label:
 - a. Your name and OID#;
 - b. Number of pills contained in the package;
 - c. Name of the medication, strength, and directions for use;
 - d. Prescription number;

- e. Special precautions (e.g., take on empty stomach); and
 - f. Name of the prescribing healthcare professional.
9. You must present your inmate ID card in order to have your identity verified prior to receiving any medication.
10. You will be required to sign a document indicating receipt of your medication.
11. If you wish to refuse your medication, you may do so at any point, but you must sign a waiver and discuss with a qualified healthcare professional. If you keep your medication after your refusal, it will be considered contraband. Any medication in your possession after the prescription has expired will also be considered contraband.
12. The package will contain only regularly prescribed non-controlled medication. Controlled medication will continue to be administered under the direct observation and supervision of a qualified healthcare professional.

I acknowledge that I have read and understand the guidelines for the Keep-On-Person (KOP) Self-Medication Program.

Inmate's Signature and OID#

Date

Healthcare Staff Signature

Date