



INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: Adult Operation Only JUVENILE Operations Only DEPARTMENT-WIDE

IMPP #: 16-113A

PAGE #: 1 of 5

HEALTH CARE SERVICES: Medication Administration Keep-on-Person Medication Program

Original Date Issued: 09-26-22 Replaces IMPP Issued: N/A **CURRENT EFFECTIVE DATE: 09-26-22**

Approved By: , Secretary Next Scheduled Review: 10/2025

POLICY

The Regional Medical Director or designee shall be responsible for developing procedures and protocols to ensure that issuance of Keep-on-Person (KOP) medication is performed safely, in compliance with all Federal and State pharmaceutical guidelines, and in a manner consistent with the policy and procedures contained in this IMPP. All procedure and protocols shall be approved by the Director of Healthcare Compliance.

DEFINITIONS

Controlled Substances: Medication designated by the Drug Enforcement Administration as potential risk for abuse. These medicines are classified as schedule I-V and require a clinician to have a DEA-issued number to legally prescribe these medications.

Direct Observation Therapy: Observation of medication administration by a qualified health care or health trained professional, usually through standard pill line or restrictive housing pill line.

Director of Health Care Compliance: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Health Trained Personnel: Non-health care employees designated by the warden and trained by the Health Services Administrator or designee to perform certain admission screening functions at facilities or units.

Health Services Administrator ("H.S.A."): The individual responsible for ensuring the organization and delivery of all levels of quality accessible health services in the facility. The H.S.A. works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Keep on Person (KOP) Medication Program: A program where designated residents are allowed to keep prescription and non-prescription medications secured in their possession for self-administration.

Medication: Non-exclusionary medicine prescribed by qualified health care personnel that are allowed to be kept with the resident and self-administered by the resident.

Psychotropic Medications: Any medications prescribed by a psychiatrist to treat any behavioral illness.

Qualified Behavioral Health Personnel: Psychiatrists, physicians, behavioral health professionals and nurses who meet the educational and registration or licensure/certification criteria specified by their respective discipline to provide evaluation and care for the behavioral health needs of patients.

Qualified Health Care Personnel: Physicians, dentists, psychiatrists and other professional or technical workers who

by State law, engage in activities that support, complement, or supplement the functions of physicians, psychiatrists, and/or dentists, and who are licensed, registered, or certified as appropriate to their qualifications to practice; further, they practice only within their licenses, certification, or registration.

Regional Medical Director: The physician Medical Director of the contracted agency or organization responsible for the provision of health care services for the KDOC resident population. This position has full clinical autonomy and responsibility for the provision of clinical services within the KDOC.

Regional Psychiatric Director: Responsible for the clinical supervision of all facility psychiatrists. The Regional Psychiatrist is supervised clinically by the Regional Medical Director and administratively by the Regional Vice President and or his designee.

Site Medical Director: The physician at each site who serves as the facility clinical health authority and is responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative matters.

Transfer: A resident who is received at a KDOC facility directly from another KDOC facility.

Transfer Screening: A system of structured inquiry and observation of the general health and medical, dental, and behavioral health condition of residents upon their arrival at a receiving site as the result of a transfer from one site to another within the KDOC system.

Tri-Cyclic Anti-Depressants: A class of psychotropic medicines prescribed to treat depression and chronic pain.

Stop Date: The date when the medication is no longer allowed to be issued to a resident.

Unit Dose Packaging: The form in which KOP medications are stored and dispensed, in blister packs, from the pharmacy vendor to the resident for self-administration.

PROCEDURES

I. Keep on Person (KOP) Medication

- A. The issuance and recording of all KOP medication shall be completed by qualified health care personnel, in a uniform manner, and recorded on standardized forms and in the Electronic Health Record (EHR) Data Base in accordance with procedures established by the contracted health services provider and approved by the Director of Healthcare Compliance. (ACI 4-4378, 4-4379; NCCHC P-C-05, P-D-01, P-D-02, PC-04)
- B. All approved medications shall be issued as KOP to all residents that are qualified to receive KOP medications by order of the Healthcare Practitioner.
- C. Each medication shall be issued in an original container, such as a blister pack or pre-labeled tubes. KOP medications shall remain in the original container as issued by qualified health care personnel and shall not be kept in any other unauthorized container.
- D. Medications that shall not be issued as KOP include:
 1. Controlled/addictive substance (schedule I-V);
 2. Psychotropic medication, including non-traditional medications that are prescribed for psychiatric treatment or prescribed by a psychiatrist;
 3. Tri-cyclic antidepressant prescribed by a non-psychiatrist;
 4. Medications prescribed to treat tuberculosis including prophylaxis;
 5. Injectable medication;

6. Medication requiring refrigeration;
 7. Stock medication not in blister pack form or in manufacturers packaging, and;
 8. Any other medication deemed by the Regional Medical Director as inappropriate for the KOP program.
- E. Residents unable to take their KOP medication as ordered shall be required to return the unused portion to qualified health care personnel during designated routine sick call times.
- F. Any tampering or defacing the KOP original packaging, keeping the KOP medication beyond the stop date, or giving and receiving other residents' medications shall be considered a violation of K.A.R. 44-12-312 (Use of Stimulants), a class I disciplinary violation.
- G. Residents shall be required to:
1. Present all medications for inspection upon directive from KDOC and health care staff; and
 2. Report any missing, lost, or damaged medication to qualified health care professionals immediately.

II. Resident Participation in KOP program

- A. Residents prohibited from participating in the KOP program include:
1. Residents in formal behavioral health treatment program beds.
 2. Those residents who have demonstrated issues of non-compliance including missing medications, hoarding, or abuse of medication administration instructions, and;
 3. Residents deemed inappropriate for the KOP program by the Site Medical Director, Warden, or designee.
 - a. In cases of exclusions from the KOP program, the Site Medical Director or designee shall document in the resident's Health Record the directive to provide Direct Observation Therapy.
- B. Administration of KOP medications shall not exceed a 30-day supply.
- C. Transfer of KOP medications:
1. Residents shall be allowed to keep the authorized KOP medication in their possession during intra-facility transfers.
 2. Residents transferred to a restrictive housing unit shall be allowed to possess KOP medications as approved by the Warden or designee. The KOP medication shall be noted on the Resident Personal Property Inventory form, Part II including name of the medication, number of pills remaining, and the stop date.
 3. When residents are transferred to another facility KOP medication shall be secured on the transport vehicle in a designated secure container.
 - a. Residents shall not be allowed to carry their KOP medication.
 - b. KOP medication shall be collected from the resident prior to departure and returned upon arrival.

- c. Only KOP medications that are properly labeled and packaged will be transferred with the resident; any other medications shall be returned to the medical staff for disposition.
 - d. Upon arrival the receiving facility security staff shall verify resident identity before returning KOP medication to the resident.
- E. Procedures and protocols developed by the Health Services Administrator and Site Medical Director shall identify plans for implementation of services as outlined in this IMPP and shall also include procedures on:
 - 1. Medication access for residents with offsite work assignments;
 - 2. Chronic medication refill procedures;
 - 3. KOP Program specific medication administration records;
 - 4. Medication labeling information;
 - 5. Procedures on lost, missing and damaged medications;
 - 6. Access procedures for residents with medication questions;
 - 7. Transfer and receiving of KOP medications to and from other KDOC facilities;
 - 8. Collection and recovery of medication for restrictive housing placements;
 - 9. Collection and recovery of medications for loss of KOP privileges, and;
 - 10. Training of health care professionals and security staff on the KOP program.

III. Resident Education

- A. Qualified Health Care Personnel shall provide verbal and written instruction to all residents receiving KOP medications. Instructions shall be provided during orientation to the facility, and any time a resident is placed on KOP medication status for the first time at that facility. Instructions shall include:
 - 1. How to access clinic staff for questions regarding medication;
 - 2. How to obtain KOP medications initially and ongoing;
 - 3. Reporting of missing or damaged medications to the health care staff;
 - 4. Actions that can cause exclusions from the KOP program;
 - 5. Labeling information;
 - 6. Rules regarding medication exclusions and direct observation therapy, and;
 - 7. Reporting of side effects.
- B. Qualified healthcare personnel shall provide written information sheets describing drug information and side effects of the medication to the resident for each new prescription issued.
- C. Qualified Health Care Personnel shall provide follow up verbal education on KOP procedures to each resident every time a medication is issued.

IV. Training

- A. Training on KOP medications shall be provided in accordance with IMPP 03-104D.

V. General Orders

- A. Each warden shall issue one (1) or more General Orders outlining the procedures necessary to implement a program of Keep-On-Person (KOP) medication that conforms to the procedures set forth in this document. General Orders shall contain procedures covering all pertinent aspects of the implementation including, but not limited to training, control, and security.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

K.A.R. 44-12-312
IMPP 03-104D
ACI 4-4378, 4-4379
NCCHC P-C-04, P-C-05, P-D-01, P-D-02

HISTORY

09-26-22 Original

ATTACHMENTS

None.