

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.27	Page 1 of 4
	Original Effective Date: 04/20/16	New Effective Date: 05/14/18
	Supersedes: 500.80.27	Dated: 04/20/16
	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: Non-Controlled Medication Program for Self-Medication		

POLICY

Division of Adult Institution facilities shall recognize that medication self-administration allows inmate patients a sense of responsibility, preparing individuals for reentry into the community. Responsible inmate patients are allowed to possess prescribed non-controlled medications for self-administration.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018 -- P-D-02 – Medication Services

Wisconsin Administrative Code Ch. 303 – Discipline

DAI Policy 500.80.04 – Over the Counter Medications

DAI Policy 500.80.05 – Formulary – Approved Medications for Use

DAI Policy 500.80.07 – Labeling of Medications

DAI Policy 500.80.26 – Medication Non-Adherence

DEFINITIONS, ACRONYMS, AND FORMS

Advanced Care Provider (ACP) – A provider with prescriptive authority.

Controlled medication – Medications maintained under staff control until an individual dose is provided to a patient.

DOC-9 – Adult Conduct Report

DOC-3021 – Progress Notes

DOC-3035C – Medication/Medical Supply Refill Request

HSU – Health Services Unit

KOP – Keep on person

Non-controlled medication – Medications allowed to be in a patient's possession for self-administration. These are often referred to as KOP medications.

P&T – Pharmacy and Therapeutics

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PROCEDURE

I. Inmate Patient Responsibilities for Non-Controlled Medications

- A. Take medication as ordered or directed by HSU.
- B. Request medication refill utilizing DOC-3035C – Medication/Medical Supply Refill Request no sooner than 7 days prior to end of supply.
- C. Keep medications secure and in own possession.
- D. Keep medication in original packaging and labeling.
- E. Return any discontinued or expired medication to HSU.
- F. Refer any questions or concerns to health services staff.
- G. Do not abuse, misuse or share medication.

II. Health Staff Responsibilities for Non-Controlled Medications

- A. Ensure the inmate patient understands the purpose and side effects of their medications.
- B. Assess the inmate patient for their ability and cooperation with taking self-controlled medications.
- C. If the inmate patient is unable or unwilling, do not place the inmate patient on KOP medication. Communicate this to the ACP.
- D. Establish periodic monitoring for compliance.
- E. Document inmate patient education and ability to comply.

III. Non-Controlled Medication Monitoring

- A. Non-controlled medications in the patient possession may be monitored at any time.
- B. A patient who is found to be non-adherent to non-controlled medications shall be counseled/educated and future assessed to evaluate rationale for non-adherence by licensed health service staff according to DAI Policy 500.80.26. Follow-up and check non-adherence policy/workflow.
- C. Non-controlled medication concerns shall be documented in the health record and:
 1. Reviewed with an ACP.
 2. Reviewed as needed with the multi-disciplinary team.
 3. Ensure that there is a plan for medication management.

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- D. A patient may be removed from the non-controlled medication program, to allow for greater health services intervention. Removal decisions shall be documented in the health record.

- E. Patients may be assessed for reinstatement to the self-medication program.

- F. Periodic compliance checks of non-controlled medications shall be completed.

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

_____ **Date Signed:** _____
Paul Bekx, 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: 00/00/00	DAI Policy Number: 500.80.27	Page 4 of 4
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Chapter: 500 Health Services		
Subject: Non-Controlled Medication Program for Self-Medication		
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.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other