GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Name of Individual Certifying this Document/Proposed Document

James Greer

Director, Bureau of Health Services

Signature

Digitally signed by: James Greer
Date: 2019.08.25 12:26:24 -05'00'

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)
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
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.
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
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