

**ARIZONA DEPARTMENT OF CORRECTIONS  
DIRECTOR'S OFFICE**

**MEMORANDUM**

**TO:** DISTRIBUTION

**FROM:** CHARLES L. RYAN

**DATE:** October 31, 2017

**SUBJECT:** Director's Instruction 361, Inmate Medication Transfer Process

This Director's Instruction is effective immediately and will remain in effect until incorporated into [Department Order 705, Inmate Transportation](#).

**PURPOSE:**

Regional Operations Directors, Correctional Staff, Health Services and Corizon have come together to modify the Inmate Medication Transfer Process. The new practice will ensure all inmates' Direct Observed Therapy (DOT) and Keep on Person (KOP) medications are accounted for when departure and arrival takes place as well as eliminating the issue of inmates' medication lapse.

**PROCEDURES:**

- 1.0 Wardens, Deputy Wardens and Bureau Administrators shall ensure a standard of work exists for the transfer of medication during the inmate transportation process.
- 2.0 Departure:
  - 2.1 Unit Count/Movement Staff shall review confirmed movement orders via the AIMS movement screen, and forward to shift personnel for completion of an inventory.
  - 2.2 Contract medical staff shall send a Keep on Person (KOP) roll-up list (Attachment A) via email to the unit Deputy Warden, Associate Deputy Warden, Chief of Security, and Accountability Officer.
    - 2.2.1 The Keep on Person (KOP) roll-up list shall be given to the Correctional Officer(s) assigned to conduct the property inventory.
    - 2.2.2 Assigned Correctional Officers shall utilize the Keep on Person (KOP) roll-up list to confirm prescribed medications are present.
  - 2.3 The officer completing the property inventory shall provide a plastic bag to the inmate for KOP medication placement, verbally instructing the inmate they must keep the bag on his/her person throughout the duration of transport.

- 2.3.1 If the property inventory occurs at night, the bag containing the KOP medication remains with the inmate.
- 2.4 At the time of transport, security staff shall escort the inmate to the Central Intake and Processing (CIP)/HUB holding area with the KOP plastic bag in the inmate's possession.
- 2.5 Upon preparation for departure, transportation staff shall escort the inmate with KOP medications to the contract medical staff for documentation and verification to confirm all medication(s) are accounted for.
  - 2.5.1 Contract medical staff shall identify and compare medications noted on the Transfer Medications Form, to the KOP medications currently in possession and ensure DOT medications are present.
    - 2.5.1.1 Contract medical staff shall inspect KOP medications for compliance and remove those that are expired or are in excess.
  - 2.5.2 Contract medical staff shall sign and attest to the presence of all medications prior to the inmate departing the area.
- 2.6 Once contract medical staff have verified all medications are present, the inmate shall sign and attest to receipt of the issued KOP medications and retain possession of the KOP medications for transport.
  - 2.6.1 If the inmate refuses to sign the document, a legible witness's signature from correctional staff is required on the Transfer Medication Form (Example C).
  - 2.6.2 If a discrepancy exists, an Information Report shall be completed by CIP/HUB staff that details the discrepancies identified by contract medical staff.
  - 2.6.3 Contract medical staff shall communicate with the receiving facility utilizing the Intersystem Transfer Contact Distribution List (Maintained on the ADC Shared Drive) via email and telephonically.
  - 2.6.4 If the medication is absent and/or the inmate admits to giving or throwing the medications away, the inmate shall be issued discipline for destruction of state property with the pursuit of restitution as outlined in [Department Order #803, Inmate Disciplinary Procedure](#).
  - 2.6.5 Contract medical staff shall ensure the completed Transfer Medication Forms (Example C) are attached and DOT medications are verified, and placed into the designated transportation bin.
    - 2.6.5.1 The transportation bin shall be secured with a numbered tamper evident Red Tag with the number recorded on the Discharge and Transfer Receipt, Form 705-6.

3.0 Arrival:

- 3.1 Upon arrival of the inmate at the receiving institution, CIP/HUB staff shall retrieve the intake medical bins from the vehicle and immediately deliver to the contract medical staff.
- 3.2 Security staff shall escort the inmate to the meet with contract medical staff with his/her KOP medications.
  - 3.2.1 Contract medical staff shall determine if the inmate is in possession of all prescribed KOP medications.
- 3.3 If the medication is absent and/or the inmate admits to giving or throwing the medications away during the transport, the inmate shall be issued discipline for destruction of state property with the pursuit of restitution as outlined in Department Order #803, Inmate Disciplinary Procedure.
- 3.4 Contract medical staff shall open the transportation bin and verify the presence of the DOT medications as noted on the enclosed Transfer Medications Form.
- 3.5 If the DOT medications are **not** present, contract medical staff shall take the necessary actions to ensure any missing medication is provided to the inmate on the same day through immediate communication with contract leadership to obtain the medications from the back-up pharmacy.
- 3.6 If the DOT medications are present, contract medical staff shall provide the required dosage of medication to the inmate prior to his/her movement to the receiving unit.
  - 3.6.1 Contract medical staff shall document medication issuance on the inmate's Transfer Medications Form (Example C).
- 3.7 If the DOT medications were **not** given, contract medical staff shall contact the receiving unit Deputy Warden, and unit medical staff advising a same day dose is required by no later than 23:59 hours (11:59 p.m.).
  - 3.7.1 Contract medical staff shall report any discrepancy for inclusion into an Information Report.
- 3.8 Once contract medical staff have verified all medications are present, the inmate shall sign and attest to receipt of the issued medications and retain possession of the KOP medications for transport.
  - 3.8.1 If the inmate refuses to sign the document, a legible witness's signature from correctional staff is required on the Transfer Medication Form (Example C).
- 3.9 Once the medication verification process is complete, the inmate shall be moved to the receiving unit.

4.0 Unscheduled/After Hours Transports/Delayed Arrival:

- 4.1 The above Departure/Arrival process outlined in Section 2.0 and 3.0 shall apply to transports that arrive or depart outside of normal CIP/HUB hours or do not have travel orders entered on the AIMS Movement screen.
- 4.1.1 Approval from the respective Warden or Regional Operations Director (ROD) is required for those inmates who are not part of scheduled movement. Comments shall be entered on the appropriate AIMS screen.
- 4.2 The unit Shift Commander shall be responsible for contacting contract medical staff for processing the departing inmate.
- 4.3 The Administrative Duty Officer or unit Shift Commander shall be responsible for completing the departure/arrival Information Report(s) in the absence of CIP/HUB staff.
- 4.4 Unscheduled/After Hours intake processing shall occur at the following locations for all Arizona State Prison Complex's:
- 4.4.1 Douglas Complex - Request nurse to report to unit by radio.
- 4.4.2 Eyman – SMU
- 4.4.3 Florence – Central Unit IPC
- 4.4.4 Lewis – Hub
- 4.4.5 Perryville – Complex ER
- 4.4.6 Phoenix – C Area Medical
- 4.4.7 Safford – Tonto Unit/Ft. Grant Medical
- 4.4.8 Tucson – Rincon West Medical
- 4.4.9 Winslow – Kaibab Medical
- 4.4.10 Yuma – Request nurse to report to unit by radio.
- 4.5 Unscheduled/After Hours movement of inmates shall simulate the normal statewide-centralized movement of inmates.
- 4.5.1 Example: Inmate A is transferred from Florence East Unit to Eyman Browning Unit. The Florence transportation team shall transport the inmate to Central Unit IPC pursuant the Departure instructions. The Florence transportation team shall then transfer the inmate to Eyman – SMU where the medication KOP/DOT verification occurs. Eyman complex shall be responsible for the movement of the inmate from SMU to Browning.**

5.0 Distribution Lists:

5.1 Wardens and Deputy Wardens of Operations shall ensure ADC and contract medical distribution lists are developed and updated by close of business each Friday.

5.1.1 The lists will be accessible on an ADC shared drive. Each Warden shall be responsible for providing the name, e-mail address, and office/work cell phone numbers for the following:

5.1.1.1 Complex Staff

5.1.1.1.1 Deputy Warden of Operations (Corridor facilities only)

5.1.1.1.2 Major

5.1.1.1.3 Administrative Duty Officer (if applicable)

5.1.1.1.4 Complex Shift Commander (if no Administrative Duty Officer)

5.1.1.1.5 CIP/HUB Processing Sergeant

5.1.1.1.6 ADC Contract Medical Monitor

5.1.1.2 Unit

5.1.1.2.1 Deputy Warden

5.1.1.2.2 Associate Deputy Warden

5.1.1.2.3 Captain(s)

5.1.1.2.4 Accountability Officer

5.1.1.3 Contract Medical

5.1.1.3.1 Contract Regional Director of Nursing or designee shall be responsible for providing the name, e-mail address, and office/work cell phone numbers for each of the following positions at all Arizona State Prison Complexes:

5.1.1.3.1.1 Facility Health Administrator

5.1.1.3.1.2 Assistant Facility Health Administrator

5.1.1.3.1.3 Regional Director of Nursing

5.1.1.3.1.4 Director of Nursing

5.1.1.3.1.5 Senior Assistant Director of Nursing

5.1.1.3.1.6 Assistant Director of Nursing for each unit

5.1.1.3.1.7 Intake nurse

6.0 Documentation:

6.1 At any point in the medication transport process, CIP/HUB staff shall document all medication discrepancies on an Information Report and relative to either Departure or Arrival as shown in;

6.1.1 Example A: Sample Information Report template to document arrival discrepancies.

6.1.2 Example B: Sample Information Report template to document departure discrepancies.

6.2 CIP/HUB staff shall email the reports to distribution group that includes:

6.2.1 Complex Warden

6.2.2 Deputy Warden of Operations (If applicable)

6.2.3 Unit Deputy Warden

6.2.4 Complex Major

6.2.5 Administrative Duty Officer

6.2.6 Facility Health Administrator (FHA)

6.2.7 Assistant Facility Health Administrator (AFHA)

6.2.8 Director of Nursing (DON)

6.2.9 ADC Medical Contract Monitor

6.2.10 Regional Director of Nursing

6.2.11 Transportation Sergeant

6.2.12 Statewide Transportation Coordinator

6.3 Copies of all reports shall be maintained in a three-ring binder for record retention.

6.4 The CIP/HUB supervisor or designee shall track departure and arrival discrepancies daily utilizing the KOP/DOT Medication Discrepancy Report (Attachment B).

6.4.1 This data shall be provided to the Complex Warden and Facility Health Administrator who shall conduct an analysis.

6.5 The unit Deputy Warden and Administrative Duty Officer shall receive all discrepancy information reports and verify with contract medical staff that the inmate has been provided and being administered the medications in discrepancy by not later than 23:59 (11:59 p.m.) each day.

6.5.1 The Administrative Duty Officer and Deputy Warden shall confirm with contract medical staff that the appropriate notation has been entered in the electronic medical record or EOMIS.

## **DEFINITIONS:**

Discrepancy - Any currently prescribed medication(s) not present for transfer with the inmate.

Direct Observed Therapy (DOT) - DOT is a specific strategy, to improve adherence by requiring contract medical staff to observe and record patients taking each dose. For the purpose of this written instruction, these medications are maintained and transferred in a secure manner out of inmate access.

Keep on Person (KOP) Medication - For the purpose of this written instruction, medications prescribed to an inmate that are permissible to remain on their person at all times including transportation.

Medical Transport Bin – A specialized type of storage device used to transport DOT medications and property files capable of being secured with a tamper resistant seals.

Non-compliance – An interruption or lapse in the inmate receiving currently prescribed medication(s) as a result of the inmate transferring.

Unscheduled/Afterhours Transport - Any transfer of inmates not prescheduled by Central Office Movement. These inmates will not have a travel order entered in the MOVEMENT screen.

## **FORMS AND ATTACHMENTS:**

### **Attachments**

Attachment A: Keep on Person (KOP) roll-up list  
Attachment B: KOP/DOT Medication Discrepancy Report

### **Examples**

Example A: Sample Information Report template to document arrival discrepancies  
Example B: Sample Information Report template to document departure discrepancies  
Example C: Transfer Medications Form

{Original Signature on File}





## KOP-DOT DAILY MEDICATION DISCREPANCIES REPORT

### DEPARTURE/ARRIVAL FROM TUCSON COMPLEX

Date	Inmate Name AND #	Arrival	Departing	Rec Unit	Meds Missing	DOT Meds	Status/followup	Totals
10/2/2017	Last Name # 123456		Rincon Transitory	Yuma	Simvastatin			
10/2/2017	Last Name # 123456		Cim	Yuma		Fluconazole		
10/2/2017	Last Name # 123456		Rincon Transitory	Douglas	Albuteral			Total KOP=3
					Ibuprofen			Total DOT=1
10/2/2017	Last Name # 123456		Rincon Transitory	Douglas	Tramcinolone			
10/2/2017	Last Name # 123456		Dakota	Winchester	Ibuprofen	Loratadine		Total KOP=3
					Amlodipine			Total DOT=1
10/3/2017	Last Name # 123456			Whetstone		Venlafaxine		
						Oxcarbaepine		Total DOT=3
						Buspirone		Total KOP=0
10/4/2017	Last Name # 123456		Dakota	Cim		Lantus		Total KOP=0
10/4/2017	Last Name # 123456		Rynning East	Santa Rita		Haldol		Total DOT=2
10/5/2017	Last Name # 123456		Yuma CDU	Whetstone		Pantoprazole		Total KOP=0
								Total DOT=1
10/6/2017	Last Name # 123456		Rynning west	Santa Rita	Zyrtec			Total KOP=2
10/6/2017	Last Name # 123456		Lewis	Winchester	Ibuprofen			Total DOT=0
10/11/2017	Last Name # 123456		Yuma	Whetstone	Zocor			Total KOP=2
10/11/2017	Last Name # 123456		Yuma	Whetstone	Bentyl			Total DOT=0

10/12/2017	Last Name # 123456	Lewis	Rincon/Douglas	Lactulose				Total KOP=2
10/12/2017	Last Name # 123456	Safford	Whetstone	Omeprazole				Total DOT=0
10/17/2017	Last Name # 123456	North unit	Whetstone	Ibuprofen				
10/17/2017	Last Name # 123456	Central	Cimarron		Oxcarbazepine			Total KOP=1
10/17/2017	Last Name # 123456	Kingman (CDU)	Whetstone		Olazapine			Total DOT=2
10/20/2017	Last Name # 123456	Lewis	Rincon	Indometahcin				
10/20/2017	Last Name # 123456	Lewis	Cimarron	Capsaicin				
				Clotrimazazole				
				Naphazoline				Total KOP=5
				Vitamin B				Total DOT=0



Information Report

To		Title		Unit	
From		Title		Unit	
Subject					
CIP Arrival Medical Discrepancies					
<b>Staff Involved</b>					
Employee Name <i>(Last, First M.I.)</i>		Title		Badge Number	
Employee Name <i>(Last, First M.I.)</i>		Title		Badge Number	
<b>Intel</b>					
Intelligence Category 1			Intelligence Category 2		
Source Type		Source's Last Name		Source's ADC Number	
<b>Inmates Involved</b>					
Inmate Name <i>(Last, First M.I.)</i>		ADC Number	Unit	HU/BED	Involved As
Inmate Name <i>(Last, First M.I.)</i>		ADC Number	Unit	HU/BED	Involved As
Time	Date	Location			
<b>Summary</b>					
<p><b>Summary</b></p> <p>On the above date and approximate time (Complex Location HUB/CIP) verified all arriving Inmates Medical files, KOP, and DOT's with (number of discrepancies).</p> <p>Inmate (name ADC #) was missing the following DOT/KOP medication (listed) . This Inmate is scheduled to go to (Unit locator) and arrived from (Unit locator).</p> <p>Intake nurse (name) notified (receiving unit medical staff) of the discrepancy. Receiving unit medical staff (name) ordered missing KOP/DOT.</p>					
Employee's Signature			Title		
<b>Action Taken</b>					
<p><b>Comments/Action Taken</b></p> <p>Notifications made to Warden, DWOP, DW, Complex Major, ADO, FHA, AFHA, DON, Complex medical monitor, Regional Director of Nursing, Transportation Sergeant, Statewide Transportation Coordinator.</p>					
Employee's Signature			Title		
<b>Distribution</b> <i>(Check all that apply)</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			<b>Entered into Database</b> By _____ Date _____		

Report Number \_\_\_\_\_

Report Date \_\_\_\_\_

Page \_\_\_\_\_

**Information Report**

To		Title		Unit	
From		Title		Unit	
Subject (Complex) CIP Departure medical discrepancies					
<b>Staff Involved</b>					
Employee Name <i>(Last, First M.I.)</i>		Title		Badge Number	
Employee Name <i>(Last, First M.I.)</i>		Title		Badge Number	
<b>Intel</b>					
Intelligence Category 1			Intelligence Category 2		
Source Type		Source's Last Name		Source's ADC Number	
<b>Inmates Involved</b>					
Inmate Name <i>(Last, First M.I.)</i>		ADC Number	Unit	HU/BED	Involved As
Inmate Name <i>(Last, First M.I.)</i>		ADC Number	Unit	HU/BED	Involved As
Time	Date	Location			
<b>Summary</b>					
<p><b>Summary</b></p> <p>On the above date and approximate time (Complex Location ) Hub / CIP verified all Departing inmates medical files, KOP's and DOT's with (number of) Discrepancy.</p> <p>Inmate (name and #) departed (complex location with locator code) and will arrive to (complex location with unit locator code) without his prescribed KOP Medication (medication name).</p> <p>(Complex) Intake Nurse (name) notified (Complex) (Medical staff name) about the missing prescribed KOP/DOT's Medication (name of meds).</p>					
Employee's Signature			Title		
<b>Action Taken</b>					
<p><b>Comments/Action Taken</b></p> <p>Notifications made to Warden, DWOP, DW, Complex Major, ADO, FHA, AFHA, DON, Complex medical monitor, Regional Director of Nursing, Transportation Sergeant, Statewide Transportation Coordinator.</p>					
Employee's Signature			Title		
Distribution <i>(Check all that apply)</i> <input checked="" type="checkbox"/> OIU _____ <input checked="" type="checkbox"/> Corizon Smith _____ <input checked="" type="checkbox"/> Sgt. Winfrey _____			Entered into Database By _____ Date _____		

Example C  
Transfer Medication Form

ADC:

Patient:

1 of 1

CH55037A

Drug Prescription Orders

Wednesday July 19, 2017 02:19:18 AM

Show Active Medication Only:

[View MAR Summary](#)

Drug Prescription Orders (1 of 4)

Ordered Date	Effective Date	Prescription/Medication	National NIE Code(s)	Dosage	Frequency	Expiration Date	Status
07/07/2017	07/07/2017	BUSPIRONE HCL TABS/7.5 Mg ↓	RxNorm: B66111 - busPIRone HCl 7.5 MG Oral Tablet;	1	THREE TIMES DAILY	10/04/2017	Received from Pharmacy
07/07/2017	07/07/2017	CETIRIZINE HCL TABS/10 Mg ↓	RxNorm: 1014678 - cetirizine HCl 10 MG Oral Tablet;	1	EVERY MORNING	08/05/2017	Received from Pharmacy
06/23/2017	06/23/2017	ZIPRASIDONE HCL CAPS/20 Mg ↓	RxNorm: 314286 - ziprasidone (as ziprasidone hydrochloride monohydrate) 20 MG Oral Capsule; &nb...	1	EVERY EVENING	07/22/2017	Received from Pharmacy
05/24/2017	05/24/2017	FLUOXETINE (UD) CAPS/20 Mg ↓	RxNorm: 310385 - FLUoxetine 20 MG (as FLUoxetine hydrochloride 22.4 MG) Oral Capsule; &nb...	1	EVERY EVENING	11/19/2017	Received from Pharmacy

Print this Screen

Inmate refuses KOP

\_\_\_\_\_  
Correctional Staff Signature

\_\_\_\_\_  
Nurse Signature

KOP

DOT

DEPARTURE:

I attest to having the above KOPs:

DEPARTURE:

I attest to the above DOTs:

\_\_\_\_\_  
Inmate Name, ADC#      Signature      Date

\_\_\_\_\_  
Nurse Name      Signature      Date

Nurse Verification:

\_\_\_\_\_  
Name      Signature      Date

ARRIVAL:

Arrived with above KOPs:

ARRIVAL:

Arrived with above DOTs:

\_\_\_\_\_  
Inmate Name, ADC#      Signature      Date

\_\_\_\_\_  
Inmate Name, ADC#      Signature      Date

Nurse Verification:

\_\_\_\_\_  
Name      Signature      Date