



<p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE</p>		POLICY NUMBER	PAGE NUMBER
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		DISTRIBUTION:	Public
		SUBJECT:	Keep on Person (KOP) Medication Program
RELATED STANDARDS:	None	EFFECTIVE DATE:	December 15, 2025
		SUPERSESION:	New policy
DESCRIPTION: Clinical Services	REVIEW MONTH: December	 <u>Nick Lamb (Nov 24, 2025 08:29:37 CST)</u> NICK LAMB SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to allow offenders to keep certain formulary medications in their possession in a safe and secure manner unless a contraindication is documented by a healthcare practitioner.

II. PURPOSE

The purpose of this policy is to establish uniform guidelines for allowing offenders incarcerated in South Dakota Department of Corrections (SDDOC) facilities to keep certain medications in their possession in a safe and secure manner. This program instills responsibility upon the offender for managing their medications, which have a lower incidence of abuse and misuse.

III. DEFINITIONS

Administration of Medication:

The act in which a single dose of an identified drug is given to a patient.

Blister Pack:

A heat-sealed, multi-dose medication card designed to dispense single doses of the medication without contamination of the remaining doses.

DEA-Controlled Substances:

The medications that come under the jurisdiction of the Federal Controlled Substances Act. These medications and preparations are not included in the KOP program.

Formulary:

A written list of prescription and nonprescription medications that are ordinarily available to authorized prescribers, including contract healthcare practitioners, working for the facility.

Keep on Person (KOP):

A program that allows certain medications, excluding controlled substances, psychotropics, prescription pain medications, TB medications, and other medications that have a high incidence of abuse or misuse, to be kept on-person by the offender for self-administration.

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Over the Counter (OTC) Medication:

Medications or preparations that do not require a written prescription and are available for offender purchase in facility commissaries in limited scope and quantity.

IV. PROCEDURES

1. Keep on Person (KOP) Program:

- A. This policy establishes the parameters for the SD DOC KOP self-medication program. Only those offenders actively participating in the KOP program may self-administer medications.
 1. Offenders will be permitted to carry medications necessary for the urgent or emergent management of a condition when it is ordered by a healthcare practitioner and meets the SD DOC correctional facility's parameters established by the chief medical officer.
 2. Offenders may be authorized for participation in the program unless a contraindication to having KOP medications is documented by the healthcare practitioner.
 3. Only those medications approved by the medical director, as listed on the formulary, will be available for KOP use.
 4. Prescribed medications, even if available as an OTC medication, will be provided through the pharmacy and treated as prescribed medications for purposes of this policy.

- B. Dispensing KOP Medication:
 1. All prescription medication will be packaged and prepared by the pharmacy and labeled with the following:
 - a. Offender's Name and DOC Number.
 - b. Medication name and strength.
 - c. Prescribing healthcare practitioner.
 - d. Directions for use.
 - e. Issue and expiration date.
 - f. Prescription number, and
 - g. KOP designation status.
 2. Approved medication may be issued in quantities of up to a thirty (30) day supply to offenders.
 3. Medication not suitable for blister packaging (e.g., inhaler, ointments, eye drops) will be dispensed in appropriate alternative packaging as determined by the pharmacy.
 4. Offenders who have been prescribed medication for a chronic condition may have more than a thirty (30) day supply reordered, but it will be dispensed in no more than thirty (30) day increments.
 5. The director of clinical and correctional services and the chief medical officer will approve a list of nonprescription (over the counter (OTC)) medications that are available on the commissary.

- C. Administration of KOP Medication:
 1. Thirty (30) day supplies of approved formulary prescription medications will be delivered by qualified health care staff only.
 2. Offenders must present their DOC identification card to verify identity at the time of KOP issuance.
 3. Offenders are required to sign for receipt of each KOP medication using the facility's electronic medication administration record (eMAR) or the designated *Keep on Person (KOP) Receipt of Medication Form* (attachment #1).

- D. Monitoring:
 1. Offenders will request prescription medication and/or refills by turning in the refill sticker off the unit dose package of medications on the appropriate health service request form, one (1) week prior to the prescription expiring.
 2. Offenders are required to turn in their empty or expired blister cards when receiving their next refill. Clinical services staff will not issue refills until the old or empty card is returned. All returned cards and expired medications will be forwarded to the pharmacy or destroyed in accordance with DOC policy and Board of Pharmacy regulations.

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3. Offenders will be monitored for compliance with the KOP program on a random basis as determined by the facility warden and health services administrator (HSA). Offenders who are found to be in possession of KOP medications that are not prescribed for them, outdated, not properly labeled or not used in the ordered manner will be subject to removal from the KOP program and be reported to the appropriate custody/control staff.
4. Offenders who are found to be in possession of OTC medications in excess will be reported to the appropriate custody/control staff.

E. Documentation:

1. All prescription medication will be ordered by a healthcare practitioner in the offender's electronic health record (EHR).
2. All offenders participating in the KOP program will receive individualized instructions for taking the medication, verifying they understand the program and instructions, as well as agreeing to abide by the criteria for the KOP program.
3. All medication is to remain in the original packaging until the time of use. Unused portions of medications will be returned to the nurse. Medications that are not in the original blister pack or container will be deemed contraband and reported to the appropriate custody/control staff.
4. All medications that are delivered under the KOP program will have the number of doses administered documented by authorized medical staff on the offender's medication administration record (MAR).

F. Penalties for KOP Abuse or Misuse:

1. Offenders will be responsible for ensuring their KOP medication is not lost, stolen or used for any purpose other than for what it was prescribed.
2. Participation in the KOP program is a privilege, and any misuse of this privilege will result in the following action:
 - a. Immediate re-evaluation by the healthcare practitioner.
 - b. Revocation of self-administration privileges, and
 - c. Possible disciplinary action.

G. Facility Specific KOP Procedures:

1. Each SD DOC facility has unique needs related to KOP medication management. When offenders are off grounds for work or training, it is permissible for offenders to take KOP medications for doses due while away from the facility.
 - a. Offenders who are taking medications off-site will notify the work supervisor and SD DOC custody/control staff that they have medications in their possession.

V. RESPONSIBILITY

The director of Clinical and Correctional Services is responsible for the annual review and maintenance of this policy.

VI. AUTHORITY

None.

VII. HISTORY

December 2025 – New policy

ATTACHMENTS

1. Keep on Person (KOP) Receipt of Medication
2. DOC Policy Implementation / Adjustments



KEEP ON PERSON (KOP) RECEIPT OF MEDICATION

Offender Name: _____ **DOC #:** _____

Facility: _____ **Date:** _____

Medication Information

Medication Name	Strength	Quantity Issued	Prescription Number	Issue Date	Expiration Date

Offender Acknowledgement

I acknowledge that I have received the above-listed medication(s) as part of the Keep on Person (KOP) Medication Program. I have been instructed and educated on:

- The dosage, timing, and route of each medication.
- Potential side effects and when these to clinical services staff or return to the sick call clinic.
- My responsibility to store medication securely, use only as prescribed, and not share or trade medication.
- The requirement to return empty or expired blister cards when obtaining refills, and
- The understanding that misuse, diversion, or failure to follow KOP program rules may result in removal from the program and disciplinary action.

Offender Signature: _____

Date: _____

Staff Verification

I have verified the offender’s identity and issued the listed KOP medication(s).

Issued By (Print Name): _____

Title: _____

Staff Signature: _____

Date: _____

Refill/Return Verification (If Applicable)

Returned blister cards verified by staff: Yes No

Number of cards returned: _____ Staff Initials: _____ Date: _____