Massachusetts Department of Correction **STANDARD OPERATING PROCEDURE**		Effective Date 10/21/2025 Annual Review Date 10/21/2025	Responsible Division Deputy Commissioner, Clinical Services and Reentry
Policy Name **STANDARD OPERATING PROCEDURE TO 103 DOC 630 MEDICAL SERIVCES** **COMMUNITY KIT PROCEDURE**		Regulation Reference: MGL c.124, §§1(c), (q); MGL c.127, §16A	
		DOC Policy Reference: 103 DOC 404; 103 DOC 630	
		ACA/PREA Standards: Click here to enter text.	
Attachments Yes ☒ No ☐	Library Yes ☒ No ☐	Applicability: Staff	
Public Access Yes ☒ No ☐		Location: Department's Central Policy File Each Institution's Policy Files	

PURPOSE:
This Standard Operating Procedure (SOP) establishes guidelines for the Department of Correction (Department) for storage, accountability, and distribution of Community Kits.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner, Clinical Services and Reentry
Assistant Deputy Commissioner, Reentry
Special Projects Manager, Health Services Division

CANCELLATION:
103 DOC 630 cancels all previous Departmental policy statements, bulletins, directives, orders, notices, rules and/or regulations governing controls which are inconsistent with this policy.

SEVERABILITY CLAUSE:
If any article, section, subsection, sentence, clause or phrase of 103 DOC 630 is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of 103 DOC 630.

TABLE OF CONTENTS

ATTACHMENTS

I. DEFINITIONS

Community Kit: A collection of items and information that support released individuals in minimizing the negative consequences of certain behaviors related to hygiene, transmissible illness, and substance use.

II. COMMUNITY KIT CONTENTS

A. Kit contents may be periodically updated but shall include, at minimum, two (2) doses of intranasal naloxone.

B. Each kit consists of a small (approx. 8.5”x 6.5”x 2”) canvas bag with a zipper closure. Kits contain the following:

1. Two (2) doses of intranasal naloxone (e.g., Narcan)
2. Information on use of intranasal naloxone
3. Miniature first aid kit
4. Hand sanitizer
5. Toothbrush and toothpaste
6. Safe sex supplies
7. Substance use services resources
8. Overdose education resources
9. Community health center resources

III. BULK STORAGE AND SUPPLY

A. All supplies will be purchased by Health Services Division (HSD) and/or sourced by HSD through no cost options.

B. Bulk supplies will be stored at Milford Headquarters in the HSD secured storage area. Bulk supplies will be stored in a locked room, closet, or cabinet in a temperature that is maintained between 36˚ - 77˚F, avoiding excessive heat above 104 ˚F.

C. An inventory of intranasal naloxone will be kept and reconciled each time inventory is received, kits are assembled, and kits are removed from bulk storage.

D. Intranasal naloxone expiration dates will be monitored monthly.

IV. ASSEMBLY AND DISTRIBUTION

A. Kits will be assembled by HSD personnel and stored at Milford Headquarters in the HSD secured storage area until issued for distribution to institutions.

B. A bulk supply of assembled kits will be delivered to the VitalCore Regional Office. Health Service Administrators or Directors of Nursing will retrieve required supplies during their regularly scheduled meetings.

C. The initial and restock par level shall be an amount sufficient to provide kits to all individuals scheduled to release from the institution within sixty (60) to ninety (90) days.

1. The institution's Deputy Superintendent of Reentry shall be responsible for informing the Health Service Administrator of the number of anticipated releases.

2. As the supply gets low, the Health Services Administrator will be responsible for contacting HSD Special Projects Manager to request additional kits.

3. The Health Services Administrator shall coordinate with the institution's Deputy Superintendent of Reentry to determine how many kits are needed.

D. An Authorization to Enter (A to E) form shall be approved in order to bring the kits into the institution.

V. INSTITUTION STORAGE

A. Each Superintendent or designee shall identify a storage location at the institution that is accessible to nursing staff.

B. Kits will be stored in a locked room, closet, or cabinet at a temperature that is maintained between 36˚ - 77˚F, avoiding excessive heat above 104 ˚F.

C. In the event that two (2) storage locations need to be identified, a bulk storage supply and an active storage supply location must be identified and be in accordance with (A) and (B) above.

1. The active supply storage area must maintain a thirty (30) day supply of kits.

VI. ACCOUNTABILITY OF KITS

A. Kits do not contain items that require strict accountability. Nursing staff shall maintain an inventory of kits which shall be reconciled each time inventory is received and removed. Expiration dates will be monitored monthly by nursing staff.

B. The Health Service Administrator or designee shall scan and forward inventory logs to the HSD Special Projects Manager each time a new supply of kits are received.

C. Inventory sheets shall be maintained on-site for a period of no less than three (3) years.

D. Expired intranasal naloxone shall be returned with expired/discontinued medications. Other expired items may be disposed of in the trash. The Health Service Administrator shall return the remainder of the kit and nonperishable items to the VitalCore Regional Office so HSD may refresh the kit.

VII. ISSUING KITS TO RELEASING INDIVIDUALS

A. The Health Service Administrator or designee shall inform nursing staff the number of individuals scheduled to release that day. Nursing staff shall make the kits available to the security staff member and Records Manager/Supervisor who will facilitate the release. Nursing shall remove the required number of kits from the active stock and deliver them to the designated area.

B. Any declined kits will be returned to nursing staff who will return the kits to active inventory.

C. Once a kit has been issued to the releasing individual, documentation of such shall be entered into IMS.

1. On the Release Preparation Screen, "Community Kit Arranged", defaults to "Yes".

2. The Release Final Clearance Screen shall be completed in its entirety consistent with 103 DOC 404. *Release Policy*, section 404.08 (E).

3. The disposition of the Community Kit shall be "Yes" indicating the individual released with it, "No" the individual declined it, or "NA" indicating the individual did not decline but could not be released with a Community Kit (e.g., released to another custodial setting).

VIII. COMMUNITY KIT AWARENESS

A. Community Kit flyers shall be posted in all units as well as made available on tablets.

B. Laminated hardcopies of the flyers will be referenced during reentry planning contacts and the nursing contacts during which discharge instructions are reviewed.

C. Links to intranasal naloxone administration educational videos will be made available via tablet.

1. Nursing staff reviewing discharge instructions will ask if the individual has viewed the video and offer to review the video.

Attachment #1

COMMUNITY KIT COUNT SHEET

Institution:	
Starting count of Community Kits:	
Earliest expiration date in this package of kits:	

Date	Subtracting	Adding	Total Count	Signature

Please email a copy of completed count sheet to the Special Projects Manager once all kits in package have been distributed.

Expired intranasal naloxone shall be returned with expired/discontinued medications. Other expired items may be disposed of.