Faculty of Forensic and Legal Medicine

Recommendations

Safe and Secure Administration of Medication in Police Custody

Endorsed by The Royal Pharmaceutical Society of Great Britain

These guidelines apply to England, Scotland and Wales. Where requirements differ, details are given for each country.

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior persons from each of the three medical defence organisations on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

When non-medical police custodians are required to administer medication it is essential to ensure that:

- Instructions for administration are understood
- The correct medication is given to the intended detained person (DP) at the prescribed dose and at the appropriate time
- Accurate records of prescribing and administration are kept particularly with regards to date and time of administration

General Principles for the FP

- The overriding consideration of the attending forensic physician (FP) is the clinical safety and well-being of the DP.
- The standard of medical treatment provided should be the same as that given to any non-detained person.
- It is the professional responsibility of the FP to ensure that an adequate clinical assessment of the DP is carried out prior to prescribing and authorising the administration of medication.
- Sufficient medication should be prescribed, where appropriate and possible, to last until such time as the FP considers the DP requires further medical review or is due to leave police custody.
- The FP may consider it appropriate to provide medication for the DP to use at court, during transfer to prison or on release. Appropriate documentation of treatment etc. given must be provided for the medical practitioner taking over responsibility for care.
- Verbal orders to other healthcare professionals (HCPs) authorising the administration of medication to a DP who has not been clinically assessed by the FP are unsafe and should not normally be given.
- In exceptional circumstances, where the FP is confident in the clinical assessment and the interpretation of that assessment carried out by the HCP and the instruction is in the DP's best interests, the FP may give a verbal order. This should be followed immediately by written confirmation (e.g. by secure fax) to minimise the risk of error.

The Role and Responsibilities of the FP

- The administration of medication is the responsibility of the prescribing (authorising) doctor. The FP must be satisfied that it is safe for the police or custodians to perform this role with particular regard to ensuring:
    - that the correct instructions and labelling of medication has been undertaken;
    - that the persons carrying out the role of medicine administration have had adequate and appropriate training to correctly administer those medicines.
- Prescribed medication regimes prior to detention should be evaluated by the FP and continued in custody if appropriate. However, medication may be withheld or the dose adjusted where the FP considers that this is clinically appropriate. The FP can instruct that the DP's own medication, held whilst in custody, should not be returned to the DP if it is clinically unsafe to do so. Consent of the DP should be obtained if possible but it is not necessary to do so.
- Clinical assessment of the risks and benefits should be made prior to providing medication to any DPs who are under the influence of drugs, including alcohol.
- Allergy status of the DP must be checked with the prescribed treatment, including dressings and plasters, prior to supply.
- The prescribing FP should where possible satisfy his/herself that there are protocols and adequate storage facilities in place for medication that he/she has authorised or supplied in custody.

- The FP should where possible satisfy his/herself that systems are in place for the safe disposal of unused medication, sharps and other hazardous waste: using separate specialist bins for disposal.

How medication may be supplied

- Provided by the police, or outsourced provider, held in a locked medical cabinet within the medical room and dispensed on the instructions of the FP or via a Patient Group Direction (PGD – see Appendix)
- Provided by the FP from their medical bag
- As previously prescribed for the DP: from their property; brought in by a friend or relative; or by the police from an address. The FP must be confident that he/she has been able to identify medication and verify the regime (i.e. name, date, dose, and suitability for administration) prior to authorising the continuation of medication
- Collected by the police, via a private prescription issued by the FP (on headed notepaper) that must include the doctor's GMC number – for Prescription Only Medicines (POM) and Schedule 4 and 5 CDs.
- A private prescription for a Schedule 2 or 3 Controlled Drug must be ordered on a special form (see below)
  - The patient's identifier [England - NHS number], [Scotland – Community Health Index (CHI) number], should be included where possible
  - Any person collecting Schedule 2 or 3 CDs who is not the patient will need a note from the patient giving authorisation for the third party to collect the medication.
  - The form is available as personalised [(FP10PCDNC with prescriber's details pre-printed) and non-personalised (FP10PCDSS) in England] [PPCD91 in Scotland], [WP10PCD and WP10PCDSS in Wales]. Supplies of these prescriptions can be obtained by contacting the local Primary Care Trust (England), Local Health Board (Scotland, Wales).
  - The form must contain the prescriber identification number (supplied when the prescription forms are ordered from the relevant body).
- Provided by hospital staff when a detainee has been to hospital for treatment while in police detention. An appropriate HCP should be consulted to authorise use of this medication before it is administered by custody staff.

Medication containers

- A suitable opaque recloseable container with a printed label should be used when FPs leave medication. The container should be of an adequate size to ensure that the label contains all necessary information
- Each container must be labelled with:
  - name of DP;
  - prescribing doctor;
  - date of supply;
  - name, strength, form and quantity of tablets or capsules;
  - dosage; frequency and timing of doses;
  - inclusion of the total quantity of medication enclosed; this ensures that it is possible to quantify how many dosage units have been used/taken
- Separate, labelled containers should be used for each drug. If this is not followed then the following problems can occur:
  - There is potential for interaction and degradation between the products in the same container
  - There will not be room on the label for clearly including all necessary details of the drugs
  - If the DP refuses to take some of the contents, untrained staff may not be able to identify the unwanted drug
- Liquid medication should be clearly labelled and a measuring spoon or oral syringe provided
- The FP should be confident that any medications that they have dispensed are within their expiry date, in good condition and have a recordable batch number.

Instructions for Custody Staff on medication administration

- Must be written, clear and unambiguous without abbreviations. This may involve computerised medication records as in the NSPIS system
- The FP should ensure that instructions are written in a style that is clearly understood by non-clinical custody staff
- The FP should confirm that instructions are understood before leaving the custody suite

- Custody staff should be told to contact the FP if there are any queries regarding the medication and how to make contact
- The FP should be informed if the DP refuses medication and this must be recorded in the custody record by the custody staff
- Instructions should include:
    - Name of DP
    - Prescribing doctor
    - Medication name, form, strength, dose, frequency and total quantity
    - Any special instructions (e.g. before, with or after food; with plenty of water; swallowed whole)
    - Advice regarding potentially serious adverse effects of medication
    - Disposal of any unused medication (e.g. DP released/transferred or refusal)

General guidance on administration

- Non-parenteral Prescription Only Medicines (POMs) may be administered to a DP by non-clinical staff if they are acting in accordance with the instructions of an appropriate prescriber.
- The FP may choose to supervise, or instruct a Health Care Professional (HCP) to supervise, the DP's self administration of a parenteral POM e.g. insulin.
- Self-administration of parenteral POMs such as Epipen or insulin may be authorised following advice and/or assessment by the FP
- Local prescribing policies may include the provision of medication under a Patient Group Direction (PGD). Only certain categories of HCP can supply or administer medication under a PGD - police officers and custodians are unable to do so. Categories of HCPs commonly working in the custodial setting who may be authorised to provide medication under PGD are 'Registered nurses' and 'Registered paramedics or individuals who hold a certificate of proficiency in ambulance paramedic skills issued by, or with approval of, the Secretary of State'. It is important to be aware that the HCPs can only supply/administer under a PGD as named individuals specifically authorised for each PGD drawn up by the organisation, and thus HCPs in some police custodial settings may not be able to supply under PGD in some circumstances, even if a PGD is in existence. The HCP needs to be aware of their limitations and must inform the FP of the status of their authority to supply/administer under any relevant PGDs. The FP should confirm with the HCP that they are authorised to administer/supply any medication required.
- Administration/supply under PGD must be carried out by the HCP named as the person to administer in the PGD and cannot be delegated. Supply of a pack containing several doses of medication cannot be supplied for administration by custody staff, any supply must be directly to the patient.

Custody Staff

- The custody officer is responsible for ensuring that the DP is given the opportunity to take or apply medication that the FP or HCP (acting within their competence) has approved
- The custody officer is responsible for the safekeeping of all medication, which must be held in a locked receptacle to prevent unauthorised access
- Custody staff may only administer medication after authorisation by the FP or HCP (acting within their competence)
- The Police and Criminal Evidence Act 1984 (PACE) Code of Practice C (revised Feb 2008) states that no police officer may administer or supervise the self administration of Schedule 2 and 3 Controlled Drugs (Misuse of Drugs Regulations 2001). A DP may only self administer such drugs under the personal supervision of the registered medical practitioner authorising their use. These drugs include methadone, buprenorphine (Subutex), Suboxone, methylpenidate (e.g. Ritalin, Concerta) and temazepam.
- Two police officers or civilians must administer medication, one as a witness, to check that the medication is correctly given
- Custody staff must keep appropriate records in the custody record of medicines administered
- The DP must be observed taking the medication to minimise the risk of hoarding
- The FP may advise that some medications (e.g. asthma inhalers, angina sprays and topical creams) are retained by the DP (after checking to exclude tampering or concealed substances) within their cells. The FP should consider the possible risk of self-harm with some devices
- Other medication should be left with the DP only on medical advice

- Medication for the DP to take home should only be given on the advice of the FP
- Medication and instructions (via the medication form) may need to travel with the DP (via escort service) if transferred to court or another police station

Management of unused medication

- There will be occasions when medication is not used (e.g. because the DP is released or transferred) before a dose is due or a DP may refuse to take medication offered
- Arrangements should be in place for the disposal of pharmaceutical waste through a service contract for the supply, regular collection and replacement of a specialist bin e.g. Pharmibin
- For clarity, and to avoid accusations of unauthorised use, the FP should advise in each case what action to take with the 'spare' medication. The police must record compliance on the custody record (medication form)
    - To be given to DP on release – this should include instructions regarding dosage
    - To be given to escort service (travel with DP) – this should include instructions regarding dosage and the FP should ensure that appropriate instructions are included for the administration of medication to DPs while in both the escort service and any future custodial service (e.g. courts, immigration centres)
    - To be returned to FP or medical safe in the FP room (returned 'dispensed' medication must be stored separately from stock medicines)
    - To be disposed of in a specialist pharmaceutical waste bin

Record keeping and storage – the FP

The FP must comply with the requirements of the Medicines Act 1968, the Misuse of Drugs Regulations 2001, the Controlled Drugs (Supervision of Management and Use) Regulations 2006 and PACE Codes of Practice.

- The FP should keep their own record of each medication supplied or authorised, the batch number and the expiry date
- Drugs for the doctor's bag should be obtained from a pharmacy, ideally using the same source regularly. A written record of drugs obtained should be kept a minimum of 2 years for CDs.
- Schedule 2 and 3 Controlled Drugs should be obtained using a standardised requisition form [England FP10CDF] [Scotland CDRF] [Wales WP10CDF] from relevant primary care organisation
- Schedule 2 CDs and buprenorphine must be kept in a locked receptacle, which can be a doctor's bag with a lock; if transported in a car – locked in a locked boot
- It is the responsibility of the FP to check that appropriate systems are in place to prevent unauthorised access to medication under their control – medication has been removed from FPs medical bags by detainees
- Records for Schedule 2 CDs must be kept in a CD register. It is not a legal requirement for other Schedule CDs but is good practice
- A separate CD register should be kept for the doctor's bag
- CD destruction must be entered in the appropriate register and witnessed by the authorised deputy of the accountable officer of the relevant Primary Care Trust (England), Health Board (Scotland), Health Board (Wales).

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APPENDIX

Patient Group Directions (PGDs)

What are PGDs?

PGDs are '….. *Written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.*'

Patient Group Directions (England only) HSC 2000/026

When can PGDs be used?

- Reserved for those limited situations where there is an advantage for patient care without compromising patient safety
- The majority of clinical care should still be provided on an individual patient specific basis

Who can supply or administer via PGDs?

- Paramedics
- Chiropodists
- Dieticians
- Health visitors
- Midwives
- Nurses
- Occupational therapists
- Ophthalmic opticians
- Orthoptists
- Optometrists
- Pharmacists
- Physiotherapists
- Radiographers
- Speech and language therapists

But…

- A practitioner may only supply or administer under a PGD as a named individual
- The PGD is specific to the organisation which writes it
- It must be drawn up by a multidisciplinary group and be signed by a senior doctor/dentist and a senior pharmacist

What is included?

- To be valid the PGD must contain specified information which gives clear criteria for deciding inclusions, exclusions, when to seek further advice etc.
- It provides a framework for the protection of the patient and the healthcare professional
- It must be followed

Is training needed?

- No specific training is legally required but practitioners should ensure they are competent to supply or administer under individual PGDs and organisations may require assessment of competence for particular PGDs or practitioners

What can be supplied/administered by PGD?

- POM, P and GSL medicines (with UK marketing authorisation)
- Antimicrobials – with microbiologist input
- CDs in certain circumstances
- Some categories in exceptional circumstances
  - Drugs outside their product licence
  - Black triangle drugs

Audit trail

- A record must be made of medicine use under PGD
- An entry must be made in the patient's medical record (by practitioners with access) with full details
  - Dose
  - Route
  - 'Supply/admin under PGD'
  - Batch number and expiry date (injections)
  - 'Patient Information Leaflet' given
  - Name of practitioner

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