

AIM FOR A SAFE REGIME

When non-medical police custodians are asked to administer medication it is particularly important to ensure that:

- the correct medication is given at the right dose; to the intended detained person (DP); and at the appropriate time;
- record keeping is accurate;
- instructions for administration are understood;
- unused medications are accounted for.

THE FP'S ROLE

The overriding consideration of the attending FP is the clinical safety and well being of the detained person (DP).

- The administration of medication is the responsibility of the prescribing doctor; therefore, the FP must be satisfied that it is safe for the police to perform this role.
- The standards of medical treatment should be as good for a detained person as for anyone else who is not detained.
- Prescribed medication regimes should be continued in custody when appropriate and possible. However, medication should not be given, or given at a higher dose, if this is considered unsuitable or bad practice.
- Careful consideration should be given to both risks and benefits prior to providing medication to any DPs who are under the influence of drugs, including alcohol.
- Medication should be prescribed, when possible and appropriate, for the duration of the time the DP is expected to spend in police custody (and where applicable, in court).
- All doctors must comply with the Misuse of Drugs Act 1971, the Misuse of Drugs Regulations 1985 and PACE Codes of Practice with respect to controlled drugs.
- Always remember to confirm that the DP does not have an allergy to the treatment proposed, including dressings and plasters.
- The FP should be confident that any medications dispensed are in date, in good condition and have a recordable batch number.
- The FP should keep their own record of each medication authorised, the batch number and expiry date.
- Drugs for the doctor's bag should be obtained from a pharmacist and ideally the same source should be used regularly.

HOW MEDICATION MAY BE SUPPLIED

Medication may be:

- provided by the police, held in a locked medical cupboard within the medical room;

- provided by FPs from their medical bag;
- collected by the police via a private prescription issued by the FP (on headed notepaper);
- brought in by DP, friend/relative or by police from an address (in these cases medication must be checked by FP before it is administered).

TABLET BAGS (e.g. Henley tablet bags supplied by the police)

- Ideally plastic self-closing small tablet bags with printed labels should be used when FPs leave medication
- Label each bag with name of DP, prescribing doctor, medication name and strength and quantity (number of tablets/capsules) required at stated times
- It is strongly advised that separate bags should be used for each different medication supplied to a DP, but it is permissible to combine all the drugs due at the same time in one bag if this is deemed to be in the best interests of the detainee. If different drugs are supplied in the same bag the FP *must* ensure that:
 - a) the bag is labelled with the *all* the information listed above for *each* of the drugs in the bag
 - b) consideration is given to any potential interaction between the products being supplied in the same bag to ensure that no degradation occurs
 - c) certain medications are not placed in the bags (e.g. the following should not be included - effervescent tablets, dispersible tablets, buccal tablets, sublingual tablets, significantly hygroscopic preparations and solid dose cytotoxic preparations)
 - d) clear instructions are left for the custody staff to seek guidance from the FP should the detainee indicate that he or she does not wish to take one of the drugs in the bag (e.g. a painkiller). Custody staff should not attempt to remove the unwanted drug themselves without seeking guidance
- Liquid medication should be clearly labelled and a measuring spoon or cup provided

INSTRUCTIONS TO CUSTODY STAFF

- Must be written, clear and unambiguous.
- The FP should confirm that instructions are understood.
- The FP should be informed if the DP refuses medication and this should be recorded in the custody record.
- Instructions should include:
 - a) name of DP, prescribing doctor, medication name and strength and quantity (number of tablets/capsules) required at stated times
 - b) special instructions e.g. with/without food;
 - c) disposal of medication if unused (DP released/ transferred or refuses to take medication).

CUSTODY STAFF

- Only after authorisation by the FP may the custody staff administer medication (but *not* Class A controlled drugs).
- Two police (or civilian) officers should administer medication, one as witness, to:
 - a) check that correct medication is given to the right DP at the appropriate time;
 - b) observe the DP taking the medication (to avoid hoarding);
 - c) record that medication has been given (or refused) on the custody record (medication form);
 - d) ensure compliance with the disposal of unused medication is also recorded on the medication form.
- The custody officer is responsible for the safekeeping of all medication, which should be held in a locked receptacle to prevent unauthorised access.
- The custody officer is also responsible for ensuring that the DP is given the opportunity to take or apply medication, which the FP has approved.
- Medication and instructions (via medication form) may need to travel with DP (via escort service) if transferred to court or another police station.
- In some Constabularies (unless there are exceptional circumstances) asthma inhalers and angina sprays are retained by the DP (after having been checked to exclude tampering or concealed other substances). The FP should be contacted and informed about this.
- Only on medical advice should other medication be left with the DP.
- Only on the advice of the FP should medication be given to DP to take home.

UNUSED MEDICATION

There will be times when medication is not used because the DP is to be released/transferred before dose is due or DP may refuse to take medication offered.

A 'pharmibin' should be provided for the safe disposal of unused prescribed medication; arrangements should be made for the providing company to collect and replace it on a regular basis.

For clarity and to avoid accusations of unauthorised use, the FP should advise, in each case, what should be done with this 'spare' medication and the police should record compliance on the custody record (medication form):

- a) to be given to DP on release;
- b) to be given to escort service (travel with DP);
- c) to be returned to FP or medical safe in the FP room;
- d) to be disposed of in a pharmibin.

THE SAFETY AND SECURITY OF ADMINISTRATION OF MEDICATION IN POLICE CUSTODY



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