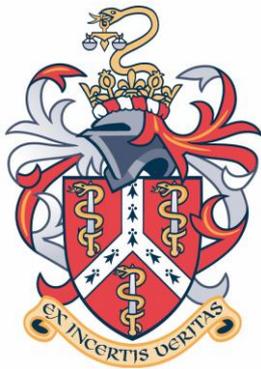


Safe and Secure Administration of Medication in Police Custody



The medico-legal guidelines and recommendations published by the FFLM are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The FFLM 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 FFLM has not been sought from any of the medical defence organisations.



These guidelines apply to England, Wales, Scotland and Northern Ireland. Differences in practice or legislation are given for each jurisdiction and health community where applicable. These guidelines are provided for forensic physicians, custody nurses, custody paramedics, pharmacists and other healthcare professionals involved in the care of detainees in police custody. They provide advice and will be a reference for police personnel and other civilian staff involved in detainee care and management. Not all content will be directly relevant to each audience category. Sections relating to prescribing are relevant to non-medical prescribers and forensic physicians.

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- Angela Bussey (Principal Pharmacist, London and South East Medicines Information Service, Guy's Hospital London and PGD Website Pharmacist Editor)
- Anne Ryan (Prescribing and Better Regulation Policy Unit, MHRA and PGD Website Board Member)

Administration of medication to detained persons (DP) in police custody may be carried out by forensic physicians (FP); other healthcare professionals (HCP) – who are predominantly nurses and paramedics; or by self-administration by the DP, either kept in their own possession or supervised by a HCP or police custodian. The most appropriate means of administration will be dependent on a range of factors which may include: the nature of the medication; the method of authorisation of the medication and relevant regulatory restraints; the clinical condition of the DP; and the availability of appropriate staff.

When non-clinical police custodians are required to supervise the DP's self-administration of medication it is essential to ensure that:

- Instructions for the administration of medications are communicated by means and in a manner that will be understood by the custody staff.
- The correct medication is offered to the intended DP at the appropriate time.
- Accurate records of prescribing and consumption and/or refusal are kept to include the date and time of consumption and/or refusal.

General principles for the HCP

- The overriding consideration of the attending HCP must be the clinical safety and well-being of the DP.
- The standard of clinical treatment is expected to be equivalent to that given to any person in a non-custodial setting.
- It is the professional responsibility of the prescriber to ensure that an adequate clinical assessment of the DP is carried out prior to prescribing and administration of medication.
- Sufficient medication should be prescribed, where appropriate and possible, to last until such time as the prescriber considers the DP requires further clinical review by a FP or other HCP or is due to leave police custody.
- The prescriber 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 and management must be provided for the medical practitioner or other HCP taking over responsibility for care. Police personnel should be advised to ensure that appropriate information is

provided on the Prisoner Escort Record (PER).

- When multi-professional teams are delivering care, timely provision of medication to DPs with non-complex needs can be accomplished by the use of Patient Group Directions (PGDs) for urgent care and conditions appropriate for treatment under PGD, in accordance with clinical policy. HCPs who are not registered medical practitioners (doctors) must, as good practice, be competent to assess DPs against defined criteria before being authorised to provide treatment according to the PGD. The use of PGDs reduces the need for verbal orders.
- FPs may choose to give verbal orders for the administration of medication to DPs, where such an instruction is in the DP's 'best interest' and there is minimal risk. The FP retains professional responsibility for prescribing and should be confident in the appropriateness of the clinical assessment and the interpretation of that assessment carried out by the HCP. (Non-medical prescribers should not prescribe for DPs who they have not personally assessed, in accordance with the advice of their professional body).
- Relevant conversations with other healthcare or custody staff should be recorded in line with good practice, and confirmation of any instruction to a HCP to administer medication on verbal order should be followed up by a written instruction (e.g. on NSPIS - or other software system, remotely, via scanned instruction/email/fax).

The Role and responsibilities of the prescriber

- The custody officer (generally a police sergeant) is responsible for the safekeeping of any medication and for making sure that the DP is given the opportunity to take or apply any medication prescribed while in detention, or prescribed prior to detention and approved by an appropriate HCP. The prescriber should not leave medication for self-administration by the DP where they have serious concerns that there are inadequate relevant policies in place covering the safe

handling of medicines or that staff are inadequately trained to supervise medicines administration in accordance with the instructions from the prescriber.

The prescriber must also ensure that prescribed medications are provided in suitable containers, appropriately labelled (as detailed within this guidance).

- Prescribed medication regimens prior to detention should be evaluated by the FP or appropriately skilled HCP and continued in custody if clinically 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 risk assessment of the harms 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, antiseptic solutions/wipes and plasters) prior to supply.
- The prescriber should, where possible, satisfy him/herself that there are protocols and adequate storage facilities in place for medication that he/she has authorised or supplied in custody.
- The prescriber should, where possible, satisfy him/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 obtained for administration or supply

- How medication is obtained will depend on the local arrangements in place in each constabulary.

- HCPs should ensure that they are familiar with the procedures in place. Methods that can be used to obtain medication for supply or administration include:
 - Provided by the police, or outsourced provider; held in a locked medicine cabinet within the medical room and dispensed on the instructions of the prescriber, or administered or supplied via a Patient Group Direction (PGD – see separate section and Appendix A).
 - Provided via NHS Pharmacy in Scotland.
 - Provided by the FP from their own 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 HCP must be confident that he/she has been able to identify medication and verify the regimen (i.e. name, date, dose, and suitability for administration) prior to authorising the continuation of medication (see Appendix B).
 - Collected by the police, via a private prescription issued by the prescriber (on headed notepaper) that must include the non-medical prescriber's registration number or the doctor's GMC number – for Prescription Only Medicines (POM) and Schedule 4 and 5 Controlled Drugs (CD). A private prescription for a Schedule 2 or 3 CD must be ordered on a special form (see below).
 - The patient's identifier [England and Wales - NHS number], [Scotland – Community Health Index (CHI) number], [Northern Ireland – Health and Care 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], [PCD1 in Northern Ireland]. Supplies of these prescriptions can be obtained by contacting the local NHS England Area Team (England), Local Health Board (Scotland, Wales), or Business Services Organisation (Northern Ireland).
- The form must contain the prescriber identification number (supplied when the prescription forms are ordered from the relevant body).
- Collected by the police, via NHS prescription, where this is the agreed contractual method.
- Provided by hospital staff when a DP has been to hospital for treatment while in police detention. An appropriate HCP should be consulted to authorise use of this medication before self-administration is supervised by custody staff.
- Personal supervision of administration of Schedule 2 and 3 Controlled Drugs to a DP, or personal supervision of their self-administration by the DP, may be undertaken by the registered medical practitioner authorising their use or other appropriate HCP.

Medication containers

- A suitable opaque container with a printed label should be used when prescribers leave medication. The container should be of an adequate size to ensure that the label contains all necessary information. The use of opaque, single dose, tamper-evident bags/containers with a comprehensive label provides optimal safety and auditability and ensures that custody staff are not required to 'dispense' doses.
- Clear bags/containers may only be used providing medication is stored (as best practice requires) in a locked cabinet out of direct light.
- Each container must be labelled with:
 - name of DP;
 - prescribing HCP;

- date of supply;
- name, strength, form and quantity of tablets or capsules;
- dosage; frequency and timing of doses;
- the total quantity of medication enclosed.
- Separate, labelled containers must 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.
 - The DP will not be able to correctly identify each medicine.
 - If the DP refuses to take some or all of the contents, untrained staff may not be able to identify the unwanted drug for the purposes of making records.
- Liquid medication should be clearly labelled and a measuring spoon or oral syringe provided.
- The prescriber 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 supervising medication self-administration

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

prescriber if there are any queries regarding the medication, and how to make contact.

- The prescriber (or other HCP where unavailable) should be informed promptly if the DP refuses medication and this must be recorded in the custody record by the custody staff.
- Instructions should include:
 - name of DP;
 - name of the prescriber;
 - 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 (non-injectable) Prescription Only Medicines (POMs) may, under medicines legislation, be administered to a DP by non-clinical staff if they are acting in accordance with the instructions of an appropriate prescriber. The Police and Criminal Evidence Act 1984 (PACE) Code of Practice C (revised May 2014) (applicable in England and Wales) does not permit the administration of medication to DPs by custody staff, but does permit the supervision of self-administration.
- The prescriber may choose to supervise, or instruct an HCP to supervise, the DP's self-administration of a parenteral medicine, e.g. insulin, Epipen.
- Local prescribing policies may include the provision of medication under a PGD. Only specified 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 custody settings may not be able to supply under PGD in some circumstances, even if a PGD exists. **The HCP must be aware of their limitations and must inform the FP of the status of their authority to administer/supply 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 in the PGD and cannot be delegated. (See separate section on use of PGDs)

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/prescribed.
- The custody officer is responsible for the safekeeping of all medication, which must be held in a locked receptacle to prevent unauthorised access.
- The Police and Criminal Evidence Act 1984 (PACE) Code of Practice C (revised May 2014) (applicable in England and Wales) 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 or other appropriate HCP. These drugs include methadone,

buprenorphine (Subutex), Suboxone, methylphenidate (e.g. Ritalin, Concerta), tramadol and temazepam.

- Where job descriptions of custody staff include responsibility for administration of medication to DPs, they have received appropriate training, and PACE Code C does not apply, **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 self-administered.
- The DP must be observed taking the medication to minimise the risk of hoarding.
- The HCP may advise that some medications (e.g. asthma inhalers, angina sprays and topical creams) are retained by the DP (after checking to exclude tampering, concealed substances or other items capable of causing harm) within their cells. The HCP should consider the possible risk of self-harm with some devices.
- Other medication should be left with the DP only on the advice of an FP.
- Medication for the DP to take home should only be given on the advice of the prescriber.
- 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 to ensure continuity of care where ongoing treatment is considered necessary. Good practice guidance can be found in the Royal Pharmaceutical Society's 'Keeping patients safe when they transfer between care providers – getting the medicines right. Good practice guidance for healthcare professions' July 2011 <http://www.rpharms.com/current-campaigns-pdfs/1303---rps---transfer-of-care-10pp-professional-guidance---final-final.pdf>

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 prescriber should advise in each case what action is to be taken with the 'spare' medication. The police must record compliance on the custody record (medication form). Options are:
 - 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 prescriber should ensure that appropriate instructions are included for the supervised self-administration of medication to DPs while in both the escort service and any future custodial service (e.g. courts, immigration centres);
 - to be disposed of in a specialist pharmaceutical waste bin. Disposal of waste medicines is a licensable activity. They should only be transported and disposed of through a licensed specialist contractor. Controlled Drugs must be denatured before disposal and destruction must be witnessed by a police officer.

Record keeping and storage – the HCP

The FP or non-medical prescriber must comply with the requirements of the Human Medicines Regulations 2012, the Misuse of Drugs Regulations 2001, the Controlled Drugs (Supervision of Management and Use) Regulations 2006 and PACE Codes of Practice (PACE in England and Wales only).

- The FP or non-medical prescriber must make contemporaneous records of any medicines taken from the medicine stock cabinet in accordance with local policy and any regulatory requirements.

- HCPs administering or supplying medicines under PGD must make contemporaneous records as detailed within the PGD and in accordance with local policy.
- Stocks of Schedule 2 and 3 CDs must be stored in an appropriate secure cabinet. 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.
- Where local arrangements allow FPs to operate a doctor's bag, the following applies:
 - 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 where used 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 for the doctor's bag should be obtained using a standardised requisition form [England FP10CDF] [Scotland CDRF] [Wales WP10CDF] from the 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.
- A CD register must be kept for a doctor's bag. It is the responsibility of the HCP to check that appropriate systems are in place to prevent unauthorised access to medication under their control. Medicine cabinets must not be left open, medication has been removed from FPs' medical bags and from open cabinets by DPs.
- CD destruction must be entered in an appropriate register and witnessed by either: a police officer; by the provider company's Home Office Licence authorised responsible person, where applicable, or the authorised deputy of the accountable officer of the relevant NHS Area Team (England), Health Board (Scotland), Health Board (Wales).

Administration and supply of medication by PGD

Note: The guidance in this section SOLELY relates to the operation of PGDs, and not to the management of medication prescribed by a doctor or other prescriber, the administration of which can be delegated to another person. Provision of medication by PGD is NOT prescribing and the requirements of the PGD must be strictly adhered to.

- Healthcare professionals (HCPs) who supply or administer medicines under a PGD can only do so if they belong to one of the approved classes of HCP designated in writing by or on behalf of the authorising person (Human Medicines Regulations 2012) and identified as named individuals. It follows that delegation to another person of all or part of the process stipulated in a PGD (in effect, deputising for another HCP to carry out part of the practice), from the assessment of the patient through to the act of supply or administration, is not allowed.
- In the police custody setting, it is commonplace for prescribed medication to be left with the custody officer for administration to the DP, even though not authorised under PACE Code C where this legislation applies. As delegation of administration of a medicine is not allowed under PGD, these explanatory notes give guidance on the particular circumstances in which the custody officer could legally look after supplied medication on behalf of the DP.
- If the medicine supplied under the PGD is a take-away pack for a non-parenteral (non-injectable) medicine, it is within the law for another person to administer this medicine as necessary.
- As supply has already been made according to the PGD, this is not delegation. The person administering the medicine should have consent from the patient (in the police custodial setting, the DP) or have legal responsibility for the patient (such as the parent or legal guardian of a child). However, PACE Code C does not explicitly permit custody staff to administer medication to DPs, just to supervise its self-administration. In regions where PACE does not apply and custody staff are required to administer medication, they should only do so where it is explicitly included in their job description and they have received appropriate training.
- To ensure that the HCP is working within the law in the police custody setting, the following information should also be noted:
 - As delegation is not permitted under a PGD, the HCP must ensure there is none.
 - The DP must give consent for supply to be left with the custody officer and the DP will request the medicine for self-administration at a later time. Consent to this by the DP should be recorded in contemporaneous notes to prevent later challenge to any arrangement made.
 - The custody officer could offer the medicine at the designated time when they know the medicine is due, but cannot make the decision about whether the DP requires that medicine. This could apply, for example, to simple analgesia such as paracetamol where the DP can personally assess that they require the medicine.
 - If the DP does not give consent for the custody officer to hold their supply, then either the supply must be left with the DP where considered appropriate, (for example, an inhaler for use when there is clinical need) or no supply is left at all (where there is an associated risk with leaving the pack with the DP, such as where there is risk of intentional or unintentional overdose, or 'street value' to certain medicines).
 - There may be circumstances where the DP may not be able to make a decision about whether they need a repeat dose, and/or observation and monitoring of the DP may be required to assess the need for a repeat dose (for example, benzodiazepines for anxiety or

drug/alcohol withdrawal). In such cases, the DP must be re-assessed by the HCP before a repeat dose is given. The custody officer may not carry out this assessment. To do so would be delegation.

- Repeat assessment under PGD cannot be remote (for example a conversation between a HCP and the custody officer). This is delegation.

Medicines for supply (but not administration)

Any medicine that is supplied to the DP is subject to the requirements for labelling stipulated under the EU Labelling and Leaflet Directive 92/27. If the medicine is a Prescription Only Medicine, then it must be supplied in an appropriately labelled pack (i.e. with full directions and other legally required information) from a unit that holds an appropriate assembly licence, with a patient information leaflet made available to the patient.

Police custody officer as 'carer'

Medicines legislation does not define the term 'carer'. In national guidance on the use of PGDs, the term 'carer' is used to describe a person who is overseeing the care of another person, with no particular reference to any legal definition.

The Care Quality Commission's (CQC) definition of 'carer' in the context of health and social care is as follows.

*'Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. Carers include young carers. The term does **not** include paid care workers or people who undertake voluntary work.'*

Although police custody officers have a 'duty of care' for DPs for whom they are responsible, the CQC definition of 'carer' would exclude them from this role. **It will be necessary for police services and organisations (e.g. ACPO, Police Federation) to**

determine whether they recognise the CQC definition of 'carer' in this setting, and how this impacts on the roles of the various personnel working in the custody setting who may be involved in the supervision of medication on behalf of DPs.

Consideration must also be given to what is permissible as detailed in PACE Code C.

If it is considered that custody staff can administer medication to DPs as carer, there will be a need to define this role within the context of custodial care and for the determination of training requirements to ensure that staff understand the role and have the necessary skills to perform it safely. Any activity regularly performed should be listed in the staff member's job description to ensure they are covered by the employer's vicarious liability provision.

Useful Resources

- PGD Website – England only (a community of the NHS Medicines Resources Website)
<http://goo.gl/VSOkNL>
- MHRA – PGDs in the private, prison and police sectors
<http://goo.gl/7ChYJP>
- National Prescribing Centre – PGD guidance
<http://goo.gl/faHHhk>
- NICE Medicines Practice Guideline MPG2 August 2013
<http://goo.gl/Cqlokp>

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Glossary of Terms Applied to this Guidance

Administer

To give a medicine, by either introduction into the body, whether by direct contact with the body or not, (e.g. orally or by injection) or by external application (e.g. application of a cream).

Carer

The health and social care definition of 'carers' defined by the Care Quality Commission is:

*'Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. Carers include young carers. The term does **not** include paid care workers or people who undertake voluntary work.'*

Delegation

The assignment of authority and responsibility to another person to carry out specific activities, the person delegating the work remaining accountable for the outcome of that delegated work.

Dispense

To make up or give out a clinically appropriate medicine to a patient for self-administration or administration by another, usually a professional. In the case of prescription-only medicines, dispensing must be in response to a legally valid prescription. The act of dispensing is combined with advice about safe and effective use.

General sales list (GSL) medicine

A medicinal product that can be sold or supplied direct to the public in an unopened manufacturer's pack from any lockable business premises. Such products are listed in the Medicines Order 1984.

Pharmacy (P) medicine

Any medicinal product other than those designated as GSL or POM products. Pharmacy medicines can be sold or supplied only from a registered pharmacy by or under the supervision of a pharmacist, subject to certain exceptions.

Prescription only (POM) medicine

A medicinal product which may only be sold or supplied against the signed prescription of an appropriate practitioner, i.e. doctor, dentist, qualified and registered nurse, pharmacist, optometrist or allied health professional prescriber specified in the Prescription Only Medicines (Human Use) Order 1997.

Prescribe

To authorise in writing the supply of a medicine (usually but not necessarily a prescription-only medicine) for a named patient.

Supply

To provide a medicine to a patient/carer for administration.*

*There is no legal distinction between 'dispense' and 'supply' although there are considerable differences in practice. The act of dispensing includes supply and also encompasses a number of other cognitive functions (e.g. checking the validity of the prescription, the appropriateness of the medicine for an individual patient, assembly of the product). In common usage, 'dispense' is usually reserved to the activity of pharmacists and 'supply' can be used for nurses, pharmacists and other healthcare professionals.

Appendix A – Patient Group Directions

What is a PGD?

'A written instruction for the supply and/or administration of a licensed medicine (or medicines) in an identified clinical situation, signed by a doctor or dentist and a pharmacist. It applies to groups of patients who may not be individually identified before presenting for treatment.'

But...

'The majority of clinical care should be provided on an individual, patient-specific basis. The supply and administration of medicines under PGDs should be reserved for those limited situations where this offers an advantage for patient care without compromising patient safety, and where it is consistent with appropriate relationships and accountability.'

Who can use PGDs? ... an increasing range of healthcare professionals including:

- Nurses
- Pharmacists
- Ambulance paramedics
- Health visitors
- Occupational therapists
- Physiotherapists
- Optometrists
- Radiographers
- Midwives
- Orthoptists
- Prosthetists
- Orthotists
- Chiropodists
- Speech & language therapists
- Dieticians
- Dental hygienists
- Dental therapists

Information legally required in a PGD

- Name of the body to which the direction applies
- Date direction comes into force and the date it expires
- Description of the medicines to which the direction applies
- Clinical conditions covered
- Description of those patients excluded from treatment
- Description of the circumstances under which further advice should be sought from doctor/dentist and arrangements for referral
- Appropriate dosage and maximum total dosage
- Quantity
- Pharmaceutical form and strength
- Route and frequency of administration
- Minimum and maximum period over which the medicine should be administered
- Relevant warnings including potential adverse reactions
- Details of any follow-up action and the circumstances
- Statement of the records to be kept for audit purposes

What categories of drug can be included?

- Must be licensed medicine
- Prescription Only Medicines
- Pharmacy medicines if to be supplied
- P (admin) and GSL – no legal requirement but PGD can be used
- Licensed medicine used off-licence
- CDs in certain circumstances
- Antibiotics – with microbiologist input
- Black triangle drugs – if supported by best clinical practice

Key factors relating to PGD use

- Any eligible HCP using a PGD must be named and assessed as competent to do so before they can use one
- The HCP continues to be accountable for their professional practice
- The PGD can only be used for the explicit clinical conditions listed in the PGD
- The PGD must be followed exactly including whether the medicine may be administered and/or supplied
- PGDs provide one option for delivery of care following clinical assessment

Record keeping

- Clinical assessment
- Diagnosis
- Decision to administer medication under PGD (inclusion criteria must be clearly demonstrated)
- Legally required data for PGDs
- If excluded – document reason and follow referral process
- Bottom line – document all decision-making, interventions and discussions with peers/ HCPs

Appendix B – Assessment of detainee’s own medication

Where a detainee’s previously prescribed medication is to be used it must be authorised by an *appropriate HCP. In addition to clinical assessment of appropriateness as part of the authorisation process the medication should also be assessed for physical quality. The following criteria provide guidance.

* as defined in The Police and Criminal Evidence Act 1984 (PACE) Code of Practice C (revised May 2014) (applicable in England and Wales)

Assessment criteria

1. Label

- a. Medicine is clearly labelled with patient’s name
- b. Medicine name and strength are clearly visible on the container and correspond with the contents
- c. Form of the medicine (capsule, tablet etc.) stated on the label corresponds with the contents
- d. Date of dispensing should be within the previous 3 months

2. Container

- a. Clean and dry
- b. Loose tablets/capsules must be in the container in which they were dispensed (**but see 3b below**)

3. Contents

- a. Clean and undamaged
- b. Identifiable – **do not use if unsure of identity**
- c. Strength and form correspond to label
- d. Blister strips – check strip for manufacturer’s expiry date and do not use if date has passed