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Faculty of Forensic & Legal Medicine

Safe and Secure Administration of Medication in Police Custody

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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 responsible for the care of detainees in police custody. The guidelines provide advice and are a reference for police personnel and other civilian staff involved in detainee care and management. Not all content will be directly relevant to each readership category. Sections relating to prescribing are relevant to non-medical prescribers and forensic physicians.

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- Angela Bussey (former National PGD Website Specialist Pharmacist, NHS Specialist Pharmacy Service)
- Anne Ryan (Prescribing and Better Regulation Policy Unit, MHRA and PGD Website Board Member)

Administration of medication to patients in police custody may be carried out by forensic physicians (FP); other healthcare professionals (HCP) predominantly registered nurses and paramedics; or by self-administration by the patient. The medication may be kept either in the detainee's own possession or the administration of doses can be supervised by a HCP or police custodian. The most appropriate means of administration to the patient will be dependent on a risk assessment which may include a range of factors such as the nature of the medication; the method of authorisation of the medication and relevant regulatory restraints; the clinical condition of the patient; and the availability of appropriate staff.

When non-clinical police custodians (those without healthcare training) are required to supervise the patient's self-administration of medication or supply it for use on leaving police custody it is essential 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 patient at the instructed time.
- Accurate records of prescribing and supply, administration or refusal of medication must be kept to include date and time. The reason for non-administration, non-supply or refusal of medication must be recorded.

General principles for the HCP

- Patient safety is the overriding consideration of the attending HCP. The clinical safety and well-being of the patient are the primary aims.
- Organisations responsible for delivering healthcare in police custody are advised to have a lead pharmacist who provides advice and leadership for developing the medicines' policies and procedures used by the healthcare team and custodial team.
- 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 appropriate and relevant clinical assessment of the patient is carried out prior to prescribing and prior to administration of medication.
- Sufficient medication should be prescribed, where appropriate and possible, to last until such time as the prescriber considers the patient 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 appropriate medication for the patient to use at court, during transfer to prison, or on release. This is particularly important for doses of critical medicines that may be needed during the following 24 hours (e.g. insulin, antiepileptics, medicines for substance use disorder). An appropriate record of treatment (name of drug, dose, administration time, by whom) and management must be provided for the medical practitioner or other HCP taking over responsibility for care. Police personnel must ensure that all appropriate information is provided on the Prisoner Escort Record (PER).
- Timely provision of medication by non-prescribing HCPs to patients with non-complex needs can be accomplished by the use of Administration Protocols (APs) and Patient Group Directions (PGDs). These may be used for urgent care and conditions appropriate for treatment under such AP/PGD, in accordance with clinical policy. HCPs who are not registered medical practitioners (doctors) must be competent to assess patients against defined criteria before being authorised to provide treatment according to the AP/PGD. The use of APs/PGDs reduces the need for verbal orders.
- FPs may give verbal orders for the administration of medication to patients, where such an instruction is in the patient's 'best interests' and there is minimal risk. There should be written procedures in place detailing the process. 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, and may be dependent on their professional knowledge of the

competence of the relevant HCP. (Non-medical prescribers should not prescribe for patients who they have not personally assessed, where this is stipulated in the advice/guidance of their professional or regulatory body).

- Relevant conversations with other healthcare or custody staff must be recorded in writing 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 is responsible for the safekeeping of any medication and for making sure that the patient 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 patient where they have significant concerns:

  i) that there are inadequate relevant policies in place covering the safe handling of medicines or;

  ii) 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, appropriately labelled containers, (as detailed within this guidance).

- Medication already prescribed prior to detention should be evaluated by the FP or appropriately skilled HCP and continued in custody unless clinically inappropriate. Such medication may be withheld or the dose adjusted where the HCP prescriber (following clinical assessment) considers this is clinically appropriate. The HCP prescriber can instruct that the patient's own medication, held whilst in custody, should not be returned to the patient if it is clinically unsafe to do so. Consent of the patient should be obtained if possible, but it is not necessary to do so.

- A clinical risk assessment of the harms and benefits should be made prior to providing medication to any patients who are under the influence of other drugs (prescribed and illicit), including alcohol.

- The allergy status of the patient must be checked with the prescribed treatment (including dressings, antiseptic solutions/wipes and plasters) prior to supply.

- The prescriber should, where possible, satisfy themselves that there are protocols and adequate storage facilities in place for medication that they have authorised or supplied in custody.

- The prescriber should, where possible, satisfy themselves 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 police service/region/country.

HCPs should ensure that they are familiar with the procedures in place. Methods that may be used to provide 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 an AP/PGD. (Provided via NHS Pharmacy in Scotland.)

- Provided by the FP from their own medical bag.

- As previously prescribed for the patient: from their property; brought in by a friend or relative; or by the police from an address. The HCP must be confident that they have been able to identify medication and verify the regimen (i.e. name, date, dose, evidence of concordance and suitability for administration) prior to authorising the continuation of medication (see Appendix A).

- Collected from the supervising pharmacy where the patient receives supervised doses of opioid substitute medication. (See Public Health England's advisory document – under Useful Resources).

- 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 General Medical Council 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 authorising the third party to collect the medication. The private prescription 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] and [PCD1 in Northern Ireland]. Supplies of these prescriptions can be obtained by contacting the local NHS England Regional Team (England), Local Health Board (Scotland, Wales), or Business Services Organisation (Northern Ireland).

  – The form must contain the prescriber identification number (supplied by the relevant body).

- Supplied from a pharmacy on receipt of a NHS prescription, where the prescription is issued from a service contracted by the NHS.

- Personal supervision of administration of Schedule 2 and 3 CDs to a patient, or personal supervision of their self-administration by the patient, may be undertaken by the registered medical practitioner or other appropriate HCP authorising their use.

Medical Containers

- A suitable 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, single dose, tamper-evident envelopes/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:
  - the name of patient;
  - identity of the prescribing HCP;
  - the date of supply;
  - the name, strength, form and quantity of tablets or capsules;
  - the dosage; frequency and timing of doses;
  - any required cautionary and advisory wording (see British National Formulary [BNF] entry and BNF Appendix 3);
  - the total quantity of medication enclosed.
- Separate, labelled containers must be used for each drug to prevent the following problems which 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 each medicine.
  - The patient will not be able to correctly identify each medicine.
  - If the patient refuses to take some or all of the contents, untrained staff may not be able to accurately identify the unwanted medicine for the purpose of making records.
- Liquid medication must be clearly labelled and a measuring spoon or oral syringe provided.
- The prescriber should be confident that any medications 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, using the computerised clinical record system as provided.
- 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 patient refuses medication and this must be recorded in the custody record by the custody staff.
- Instructions should include:
  - name of patient;
  - name of the supplying organisation;
  - 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. patient released/transferred or refusal);
  - Information about whether the medicines should be supplied to the patient on release/transfer.

General guidance on administration

- Non-parenteral (non-injectable) Prescription Only Medicines (POMs) may, under medicines legislation, be administered to a person 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 (last updated November 2020) (applicable in England and Wales) does not permit the administration of medication to detained persons by custody staff, but does permit the supervision of self-administration.
- The prescriber may supervise, or instruct an HCP to supervise, the patient's self-administration of a parenteral medicine, e.g. insulin, Epipen®.
- Local medicines 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 own practice 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.

Custody Staff

- The custody officer is responsible for ensuring that the patient 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 (updated November 2020) (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 detained person 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®), gabapentin, pregabalin, tramadol and temazepam.
- Where job descriptions of custody staff include responsibility for administration of medication to patients, and they have received appropriate training, and PACE Code C does not apply, consider whether two personnel should be involved in administration of medication, one as a witness, to double check that the medication is correctly given.
- Custody staff must keep appropriate records in the custody record of medicines self-administered.
- The patient 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 patient (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 patient only on the advice of an HCP following clinical assessment.
- Medication for the patient to take home or transferred with them to court or prison, should only be given on the advice of the prescriber.
- Medication and instructions (via the medication form) may need to travel with the patient (via escort service) if transferred to court or another police station to ensure continuity of care where on-going 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* June 2012.

Management of unused medication

- There will be occasions when medication is not used (e.g. because the patient is released or transferred) before a dose is due or a patient 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 from a registered provider.
- 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 patient on release – this should include instructions regarding dosage;
  - to be given to escort service (travel with patient) – this should include instructions, including information on the ePER, regarding dosage and the prescriber should ensure that appropriate instructions are included for the supervised self-administration of medication to patients 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 which must be supervised by an authorised witness (see below).

Record keeping and storage – HCP perspective

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 AP/PGD must make contemporaneous records as detailed within the AP/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 CDs 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 FP/HCP to check that appropriate systems are in place to prevent unauthorised access to medication under their control. Medicine cabinets must not be left unsecured, there have been instances of medication being removed from FPs' medical bags and from open cabinets by patients.
- 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 CD Accountable Officer of the relevant NHS Regional 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.

- 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 patient, 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 patient.
- 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 detained person) 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 patients, just to supervise its self-administration. In jurisdictions 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 patient must give consent for supply to be left with the custody officer and the patient will request the medicine for self-administration at a later time. Consent to this by the patient 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 patient requires that medicine. This could apply, for example, to simple analgesia such as paracetamol where the patient can personally assess that they require the medicine.
  - If the patient does not give consent for the custody officer to hold their supply, then either the supply must be left with the patient 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 patient, such as where there is risk of intentional or unintentional overdose, or 'street value' to certain medicines). Consideration needs to be given by the patient and the clinician about the clinical risk of omitted doses.
  - There may be circumstances where the patient may not be able to make a decision about whether they need a repeat dose, and/or observation and monitoring of the patient may be required to assess the need for a repeat dose (for example, benzodiazepines for anxiety or drug/alcohol withdrawal). In such cases, the patient 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 patient using a PGD 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), with a patient information leaflet made available to the patient. These are usually sourced from a unit that holds an appropriate assembly licence. However, there may be some medicines with variable small quantities and doses needed for the supply, where sourcing these from a licenced unit impractical or creates new risks. Providers can work with their pharmacist to use the PGD and medicines legislation to safely supply medicines via PGD for these exceptional needs of police custody detainees.

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 patients for whom they are responsible, the CQC definition of 'carer' would exclude them from this role. It is necessary for police services and organisations (e.g. NPCC, 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 patients.

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 patients as carers, 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

An introduction to PGDs - England only
(hosted by Specialist Pharmacy Service)

MHRA – PGDs in the private, prison and police sectors

Public Health England
Access to supervised doses of opioid substitution in police custody
September 2015

NICE
Patient Group Directions MPG2
August 2013 updated March 2017

Royal Pharmaceutical Society:
Keeping patients safe when they transfer between care providers – getting the medicines right
June 2012

Royal Pharmaceutical Society
Safe and Secure Handling of Medicines
December 2018

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).

Administration Protocol

This is a protocol to support the administration of GSL and P medicines that do not legally require prescribing or PGD for administration to an individual by a nurse (also referred to as 'homely remedy protocol'). Protocols may also cover medicinal products for parenteral administration in an emergency included in Schedule 19 of The Human Medicines Regulations 2012.

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 – Assessment of patient's own medication

Where a patient'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* (updated November 2020) (applicable in England and Wales)

Where a patient's own medication has been provided in a Multi-compartment Compliance Aid (also known as dosette box/blister pack) then this will be appropriate to use providing:

1. It has been professionally dispensed by a pharmacy/dispensing doctor.
2. The assessment criteria listed below are met.
3. All remaining filled blisters are sealed
4. The date of dispensing should be within the previous month (MCAs should not be produced more than one month in advance of use because of the risk of deterioration of the contents. An older dated pack could indicate that the patient may not be concordant with the recommended dosage regimen.)
5. No tablets or capsules snipped from a manufacturer's blister strip and retaining the portion of packaging are sealed in a blister of the Multi-compartment Compliance Aid. This constitutes a significant risk to patients who may inadvertently attempt to swallow the tablet/capsule without removing the sharp packaging.

Assessment criteria

1. Label

a. Medicine is clearly labelled with patient's name (this may not always be present for items where it is usual for the dispensing pharmacy to label the outer packaging e.g. insulin pens, inhalers. In this case it will be necessary to assess the risk of allowing or not allowing the patient to use the medicine).

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 – do not assume**

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

Produced by Mrs Cathy Cooke and Prof Jason Payne-James
on behalf of the Faculty of Forensic & Legal Medicine

Send any feedback and comments to forensic.medicine@fflm.ac.uk