<table>
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<tr>
<th>POLICY TITLE</th>
<th>Custody Medications Management</th>
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<tbody>
<tr>
<td>POLICY REFERENCE NUMBER</td>
<td>A127</td>
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<tr>
<td>Version</td>
<td>1.0</td>
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<th>POLICY OWNERSHIP</th>
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| POLICY IMPLEMENTATION DATE       | May 2016                      |
| NEXT REVIEW DATE:                | May 2018                      |
| RISK RATING                      | MEDIUM                        |
| EQUALITY ANALYSIS                | LOW                           |

Warwickshire Police and West Mercia Police welcome comments and suggestions from the public and staff about the contents and implementation of this policy. Please write to the Business Planning Manager, Strategic Service Improvement, at Hindlip Hall, PO Box 55, Worcester, WR3 8SP or e-mail contactus@westmercia.pnn.police.uk
1.0 POLICY OUTLINE

The Policy outlines the roles and responsibilities of custody staff and Health Care Professionals (HCP) in managing medicines in custody. The College of Policing provides some guidance in this area, how the Authorised Professional Practice (APP) states that forces must have local procedures in place.

2.0 PURPOSE OF POLICY

Detainees in police custody often require medication. This policy sets out the responsibilities of both HCP and Custody Staff to ensure that medication is provided to detainees in a safe and appropriate manner.

The College of Policing APP provides some guidance in this area, please follow the APP link, however an Alliance policy is required to provide clarity of roles and responsibilities.

The existing Alliance medications policy was recently challenged by medical professionals, due to the potential risk caused to detainees. This new policy attempts to mitigate the risks so far as possible.

The new policy makes two amendments to the previous policy as below:

1) A recent incident in another force highlighted the risk of withholding a detainee's own medication whilst waiting for a HCP to arrive. On that occasion the detainee entered custody with his own epilepsy medication, however the police refused to allow him to take it until a HCP had attended the custody suite. Whilst waiting for the HCP to arrive the detainee had a serious epileptic seizure as a direct result of not taking his pre-prescribed medication.

Under the proposed policy, when a detainee comes into custody with their own pre-prescribed time critical medication, the doctor will have the option of giving a telephone authorisation for the medication to be taken by the detainee. There are a number of safeguards written into the policy to ensure the HCP would only give this authorisation where it is safe to do so. Responsibility for decision making remains with the HCP at all times.

2) The proposed policy would also introduce an emergency supply of Salbutamol inhalers (asthma) and GTN sprays (angina) into custody suites. The doctor will again be able to authorise (by telephone if necessary) the issuing of the inhaler or spray to the detainee in certain circumstances. The risks presented by taking either medication are very low, and can prevent emergency situations.

The policy also sets out the various procedural and administrative requirements of managing medication in the custody environment. It complies with the College of Policing APP.

The policy was written by Primecare, and has been through extensive consultation with representatives from Police, NHS and Primecare.
• To provide a clear procedure for the handling and storing of medication
• To outline the responsibilities of HCPs and custody staff
• To clarify those situations where a HCPs authority to provide medication to a detainee can be obtained via telephone
• To balance the risk of unnecessarily withholding essential medication from a detainee, against the risk of providing incorrect medication to a detainee.

3.0 IMPLICATIONS of the POLICY

• Training will be provided to custody staff as part of the initial custody course, the detention officer course and refresher training days.

4.0 CONSULTATION

All Critical Friends members were consulted in respect of this policy.

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<thead>
<tr>
<th>Chief Officer/Business Lead Consulted</th>
<th>Date Authorisation Received</th>
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<tr>
<td>ACC Blakeman</td>
<td>May 2016</td>
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5.0 DOCUMENT HISTORY

The history and rationale for change to policy will be recorded using the below chart:

<table>
<thead>
<tr>
<th>Date</th>
<th>Author / Reviewer</th>
<th>Amendment(s) &amp; Rationale</th>
<th>Date of Approval / Adoption</th>
</tr>
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<tbody>
<tr>
<td>April 2016</td>
<td>CI Mike Smith</td>
<td>Harmonisation</td>
<td>18/05/2016</td>
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6.0 PROCEDURE

Medication
No police officer may administer or supervise the self-administration of medically prescribed ‘controlled drugs’ (of the types and forms listed in the Misuse of Drugs Regulations 2001, Schedule 2 or 3). A detainee may only self-administer such drugs under the personal supervision of the appropriate HCP authorising their use.

Management of Medication
The management of all medication given to an individual whilst in Police. Custody is the responsibility of the HCP.
Police Officers and Police Staff may supervise the self administration of medication by individuals while in Police custody, only when the HCP is satisfied that it is appropriate for them to exercise this function.

When satisfied that the self administration of medication to an individual whilst in Police custody can safely be supervised by either a Police Officer or a member of Police Staff, the HCP should confirm this in writing within the Medical Care Plan.

HCP’s must provide clear written instructions for custody staff. These should be recorded on the police computer system. The detained person’s medical record Instructions should include:

- the name of detainee
- the name of the prescribing healthcare professional
- medication strength and quantity number (number of tablets or capsules) required at stated times
- written instructions, e.g. to be taken with or without food
- disposal of unused medication, e.g. when released or transferred from custody.

**Medication Containers**

A suitable opaque container with a printed label should be used when the HCP leaves medication. Primecare Healthcare Service use tamper proof forensic bags which comply with all FFLM Guidelines.

Each bag must be labelled with:

- Name of Detained Person and custody number
- 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 bags should be used for EACH drug. If this is not followed, then the below 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 Detained Person (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 HCP should be confident that any medications that they have dispensed are within their expiry date; in good condition and have a recordable batch number.

Medication (detained persons own medication found in possession on arrest or brought in by relative) that is not required during the custody stay will be stored in a sealed property bag with the detainee’s other items of property and entered onto the Custody Property Register.

For medication which may require storage in a fridge, please, contact a HCP for telephone advice as to the necessity for this.

Administration

This section relates to the administration of prescribed medication by an HCP or the self administration by the detained person under the supervision of Custody Staff.

Instructions for Custody Staff

Administration of drugs by an HCP is governed by medical provider’s company policy (Primecare). This may be utilising PGDs (nurses) or by prescribing and administering medication, Force Medical Examiners (FMEs).

• All medication should be given to the detainee in a camera environment, e.g. at the desk or in a cell. (This is best practice but if custody circumstances dictate that this is not possible this should be fully documented in the custody log).

• The HCP must ensure that instructions are written in a style that is clearly understood by non-clinical custody staff.

• Instructions should include:
  o Name of DP and custody number
  o HCP authorising administration of medication.
  o Medication name, form, strength, dose, frequency and total quantity.
  o Any special instructions (e.g. before, with or after food; with plenty of water; swallowed whole).
  o Advice regarding potentially serious adverse effects of medication

• The detainee must be observed swallowing the tablet.

• The drug cupboard in the medical room should NOT be opened whilst a detainee is present in the medical room therefore please check before allowing a detainee to enter

• All records must be, clear and unambiguous without abbreviations. This may involve computerised medication records held on the police computer system.
• Custody staff must contact the HCP if there are any queries regarding the medication.
• The HCP should be informed if the DP refuses medication and this must be recorded in the custody record by the custody staff.

Unused medication
(Further information - PACE Code C paragraphs 9.9 to 9.12 and Note 9A)

When the detainee is released, custody staff should dispose of unused medication in accordance with the instructions provided, recording the method of disposal on either the custody record or medication form.

Medication prescribed during the period of detention might be:
• given to the detainee on release (only on the authority of the prescribing HCP)
• given to the escort service (to be taken with detainee, but only on authority of prescribing HCP)
• returned to an appropriate HCP
• Disposed of in a suitable receptacle (these must be kept secure to prevent detainees from gaining access to them).

Responsibility for Medication in Custody
The Healthcare provider is responsible for the safe storage of medication. However once it has been placed in the appropriate container ready for an individual DP’s use; clearly labeled and handed over to the custody officer, it then becomes the responsibility of the Custody Officer.

The Custody Officer is responsible for:
• safekeeping of the medication by storing it in a locked receptacle to prevent unauthorised access
• appropriate storage of medication, e.g. some insulin (the cartridge which is in use can be stored at room temperature) and other drugs must be stored in a fridge
• providing the detainee with the opportunity to self-administer the medication at the prescribed intervals
• ensuring that the correct medication at the right dosage is available to the detainee
• recording information in the custody record (including a record of all consultations with healthcare professionals.

**Guidance on the Supervised Self Administration of Medication**

Oral Prescription Only Medicines (POMs) may be made available for supervised self administration to a DP by custody staff if they are acting in accordance with the instructions of an HCP and have received training on medicines administration. Supervised self administration includes the selection of the appropriate doses required by the DP from a pack of medicine/sealed single dose bags left by the FME. This can include some patient own medication where the ingestion is time sensitive and essential to their condition. This will only be possible after discussion with the FME and where certain criteria are met with regard to the medication and packaging of the medication.

Medical Conditions where medications may be essential/time sensitive are:

- Angina
- Asthma
- Epilepsy
- HIV
- Medications post transplant
- Medication for Parkinson’s Disease

The above list is not exhaustive. To ensure that all medications which the DP considers to be necessary to their condition are discussed with the FME the officer should ask the DP if they take any medication which is essential to their condition.

**Physical assessment of medication criteria**

**Label**

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

**Container**

- Clean and dry
- Loose tablets/capsules must be in the container in which they were dispensed.

**Contents**

- Clean and undamaged
- Identifiable – do not use if unsure of identity
- Strength and form correspond to label
• Blister strips – check strip for manufacturer's expiry date and do not use if date has passed

All requests for advice from the FME regarding the need and suitability of allowing the DP access to his/her medication before a medical assessment takes place MUST be via a recorded line. This can be achieved by speaking to the FME via the call centre.

When making such a request you must have physically assessed the medication as above and be able to give the following information:

• Name of the DP and custody number
• Name of custody suite
• Confirmation that you have carried out the criteria above and are happy that all is in order
• What condition the DP says the medication is for
• Reason for arrest and any adverse history associated with drugs or diversion of drugs

The FME will then make a decision on whether it is safe to allow the DP access to his/her medication prior to a full medical assessment having been made.

All instructions given by the FME MUST be recorded in the DP’s police computer record in the free text box and should include:

• Date and time of conversation
• Name of the FME
• Instructions given by the FME and
• The actions taken by the officer i.e. medication given as per FME’s instructions and time of request for medical assessment.

The Prescriber may choose to supervise, or instruct a HCP to supervise, the DP’s self administration of an injectable POM e.g. insulin.

Self-administration of injectable POMs such as Insulin must be supervised by an HCP and must not be given by custody staff.

**Guidance for Custody Staff on the supervision of Self Administered Medication**

The Custody Officer is responsible for ensuring that the DP is given the opportunity to take or apply medication that the HCP has approved.

Custody staff may only administer medication after authorisation by the HCP. The Police and Criminal Evidence Act 1984 (PACE) Codes of Practice C (revised May 2014) states that no police officer may administer or supervise the self administration of Schedule 2 and 3 Controlled Drugs (Misuse of Drugs Regulations 2001).

Custody staff must check that the correct medication is given in the correct dosage to the right detainee at the appropriate time; two custody staff should undertake this task where practicable. This should be recorded on the custody record and medication...
form. (Where possible, this should be completed in a camera environment at the custody desk).

Note: Both staff to witness the medication going from the store through to being swallowed by the detainee.

Sealed individual medication bags (tablets) should be given to the detainee one at a time to ensure each tablet is swallowed to prevent hoarding of medication. It is the PIC’s responsibility to open the bags and confirm that he/she has the correct medication and decide if they wish to take it.

Custody staff must update custody records of any medicines administered together with names or identification numbers of those staff administering medication. If multiple medications are to be administered, and there are any concerns, advice should be sought from the HCP.

The HCP may advise that some medications (e.g. asthma inhalers, angina sprays and creams) are to be retained by the DP. The HCP must consider the possible risk of self harm and ensure that anything to be retained by the prisoner hasn’t been tampered with or has items concealed within.

Medication for the DP to take home should only be given on the advice of the HCP.

Any medication and instructions (police computer medical record) that has been pre-authorised by the HCP for transfer with the DP (e.g. under escort service) MUST be recorded on the PER form. (Where appropriate the Medical Record could also additionally be securely attached)

Any near misses, errors or adverse events must be documented on the DP’s Custody Record and brought to the attention of the duty PACE Inspector. The duty PACE Inspector will ensure that a Health and Safety report is completed to ensure there is a clear auditable record. The Criminal Justice \ Custody Management should also be made aware so any relevant liaison with the service provider can be undertaken.

**Access to emergency supplies of Salbutamol Inhalers and GTN Spray**

A small supply of the above medication will be available for use where a DP has advised he/she suffers from Asthma or Angina/Chest Pain but has not brought either their Salbutamol inhaler or GTN spray into custody with them.

Custody staff may only make available Salbutamol inhalers or GTN spray after authorisation by the FME.

All instructions given by the FME MUST be recorded in the DP’s police computer record in the free text box and should include:

- Date and time of conversation
- Name of the FME
- Instructions given by the FME and
• The actions taken by the officer i.e. medication given as per FME’s instructions and time of request for medical assessment.

These medications will be in a separate locked cabinet within the medical room for which custody staff will hold a set of keys.

The stock will be supplied by Primecare and will remain their stock until the point of issue.

Issued stock must never be return to the cupboard after use. If not taken by the detainee upon release the item must be placed in the pharmi bin for up lift and destruction.

When issuing any of this stock the relevant stock control sheet needs to be completed to ensure there is an audit trail of the time date and name of person to whom the medication was supplied and who supplied it. The stock balance should then be adjusted to show the amount of stock remaining.

Re-ordering of stock will be via the nurse on a separate stock request sheet after he/she has checked the stock balance corresponds to the stock control sheet. Any discrepancies will require investigation.

Methods by which medication may have been brought into custody

These include provision by:

• a detainee, friend, relative or by the police when detaining the person, see note below,

• the police in accordance with directions from the healthcare professional

• a healthcare professional

• the police after collection via a private prescription

• Hospital staff when a detainee has been to hospital for treatment while in police detention.

Note: the medication may not be what the detainee, friends or family say it is, or what is recorded on the packaging, and it can be used to conceal other items. The medication should never be distributed to the detainee for self-administration prior to it being approved by an appropriate healthcare professional.

Medical Documentation

Medical notes are not part of the custody record. They must not be disclosed to solicitors and independent custody visitors while they are examining a custody record.
Healthcare professionals should endorse the medical management form (using their log in) as required clearly and bring the content and detail of their report to the attention of the Custody Officer before leaving the police station. Any requests made by the HCP (such as collection of prescribed drugs) should be recorded on the Custody Record. Custody Officers should record subsequent actions or decisions taken as a result of the request on the Custody Record.

Primecare will set up an account with appropriate pharmacies in respect of any emergency prescriptions required.

Additionally, the purpose of the detained person’s medical form is to highlight areas of medical concern to custody staff, and to provide, where necessary, a chronological medical report relating to a detainee’s period of detention. The information contained in the form is required for the detained person’s welfare. It will be disclosed to hospital and ambulance staff only.

Consent either verbal or written is obtained during first and any subsequent assessment by the HCP. The detained person is advised that relevant information may be shared to ensure their care is able to be continued.

Detained persons are not obliged to submit to an examination and assessment or to supply information. However, if the DP chooses not to cooperate fully, or there is any suspicion that they are not being truthful in their responses to questioning, this should be recorded on the medical management form on the police computer system and brought to the attention of the Custody Officer. This applies particularly to assessment, which is when the DP may wish to conceal potential injuries (e.g. self-harm) and/or may be at risk of suicide.

An HCP should also record the overall assessment of the fitness of the DP to be detained and interviewed and where they are not, provide an estimate of when such fitness may be expected. Primecare will also routinely complete a screening health check for learning disabilities and mental health, recommending the requirement for an appropriate adult where relevant.

7.0 ASSESSMENT AND ANALYSIS

The Equality Analysis (EA) and Health & Safety Assessment (HAS) and Risk Assessment (RA) associated with this document are available on request.