



Northamptonshire Healthcare
NHS Foundation Trust

**MMPR020 MEDICINES RECONCILIATION AND RE-USE OF PATIENTS
OWN MEDICINES IN CUSTODY SUITES**

Table of Contents

| | |
|--|---|
| Why we need this Protocol..... | 3 |
| What the Protocol is trying to do..... | 3 |
| Which stakeholders have been involved in the creation of this Protocol | 3 |
| Any required definitions/explanations | 3 |
| Key duties..... | 3 |
| Chief Executive..... | 3 |
| Medical Director NHFT..... | 3 |
| Medicines Management Committee NHFT | 3 |
| NHFT Head of Speciality Services..... | 4 |
| NHFT Custody Healthcare Staff..... | 4 |
| Protocol detail..... | 4 |
| General Principles | 4 |
| Assessment of medicines..... | 5 |
| Repeat administration | 6 |
| Administration of Medications Prescribed in Custody | 7 |
| Training requirements associated with this Protocol..... | 7 |
| Mandatory Training | 7 |
| Specific Training not covered by Mandatory Training:..... | 7 |
| How this Protocol will be monitored for compliance and effectiveness..... | 7 |
| Equality considerations..... | 7 |
| Document control details | 8 |
| APPENDIX 1 – Flowchart for the assessment of PODS | 9 |

Why we need this Protocol

This protocol is used to support the Custody Healthcare Practitioner (CHP) in the administration of detainees own medications for which there were existing prescriptions prior to their arrest and detention.

This protocol is specific to the requirements of custody healthcare but is provided in conjunction with the NMC Standards for Medicines Management (2008) and the Northamptonshire Healthcare Foundation Trust MMPr034 Medicines on Reconciliation on Admission to Hospital' protocol .

What the Protocol is trying to do

The protocol allows for the CHP to authorise the continued administration of existing detainee treatments without the need for further prescribing or delay for the detainee or custody processes. The protocol outlines the processes that the CHP will need to follow to ensure safe and effective authorisation of medicines.

Which stakeholders have been involved in the creation of this Protocol

NHFT Medicines Management Committee

Any required definitions/explanations

CHP - Custody Healthcare Practitioner

NHFT - Northamptonshire Healthcare NHS Foundation Trust

NMC – Nursing and midwifery council

DP – Detained Person

NICHE – police IT system

Key duties

Chief Executive

Has overall accountability for the safe and secure handling of medicines.

Medical Director NHFT

Is the NHFT Board member with responsibility for the safe and secure handling of medicines and is the Accountable Officer for controlled drugs for NHFT.

Medicines Management Committee NHFT

Will approve and review these guidelines

NHFT Assistant Director Crisis Pathway, Criminal Justice Mental Health and Perinatal Mental Health

The Assistant Director Crisis Pathway, Criminal Justice Mental Health and Perinatal Mental Health is responsible for the dissemination of this guideline to all relevant NHFT staff. The Clinical Team Lead Custody and Police Liaison is responsible for the implementation and dissemination of this protocol.

NHFT Custody Healthcare Staff

Are responsible for following the procedures set out in this protocol in relation to the management of medicines within their working area.

Protocol detail

General Principles

- The authorisation process should be utilised by each individual CHP and medications authorised by them may only be administered by them.
- The CHP cannot authorise administration of medicines by another CHP or delegate the administration role to police officers or police staff.
- Before medicines may be authorised, the initial CHP contact must include the completion of the full custody assessment document, risk assessment and NICHE medical form.
- Physical observations must be completed in line with the National Early Warning Signs (NEWS) score and clearly documented within the assessment and NICHE
- The assessment will also include evidence of discussion regarding recent concordance with medications, timings of last doses and any current side effects.
- The CHP should also have evidenced discussion around use of other medications not covered by a prescription, over the counter medications and any substance or alcohol use.
- Current levels of intoxication will also be explored and medicines omitted if it is felt appropriate as a result.
- The CHP must enquire about any allergies and clearly document the responses to this question.
- If the CHP is in any doubt over the current prescription, timing of treatments or any possible contraindications they should discuss these with the Non-medical prescriber or Forensic Physician (FP) on call. If any uncertainty remains they may choose to omit the medications and refer to the FP for further review.

Assessment of medicines

- Before administration the CHP must obtain confirmation that the current prescription is valid from at least two sources including SystmOne, GP surgeries and Pharmacies along with evidence found on medications provided by the DP.
- When using the DP's own medication in solid dosage form the CHP must ensure that the following is evident on the packaging or container. For other dosage forms see below
 - The detainee's name
 - The name of the issuing pharmacy
 - Date of issue (this should be within the last 3 months)
 - Dose for administration
 - Frequency of administration
 - Number of tablets issued

The CHP should also examine the medications to ensure that:

- All medications in the container appear the same
 - There is no evidence of tampering
 - If there are loose strips of tablets or capsules these can only be used if the drug can be confirmed by the medicines reconciliation process as being current and a missed dose is likely to occur if it is not reused.
-
- If the required medications are not in custody, the HCP should liaise with the custody sergeant in charge of the detainee and arrangements be made for collection of these medications.
 - Once the CHP has confirmation of all of the above, they should authorise the required medications on the medical form within NICHE and make an entry in SystmOne
 - They will document the name of the medication, dose and the origin of the prescription.
 - The CHP will administer the medication to the DP with an awareness that some DPs may be liable to secreting medications.
 - The CHP will then mark the medication as 'given' on NICHE and make an entry in SystmOne. The CHP will not make reference to medications administered within the detention log or any other area of NICHE to prevent possible duplication.
 - If further doses will be required within the DP's stay in custody, the CHP should mark the requirement for a review on the medical form when completing this, leaving a clear record of what is required.

- The CHP should also ensure that the validity of the prescription and its origin are evidenced within the medical form to allow any following CHP to continue authorisation as appropriate.

Liquid dosage forms

Bottled liquid medicines may only be reused if they have been dispensed within the last 6 months and the expiry date has not been exceeded. N.B. Take care with products which have a shorter shelf life once opened.

Check manufacturer's expiry date, opened on date, or dispensed expiry date in the case of a reconstituted powder

Insulin pens

- May be used if they appear clean and in good working order.
- Attach an addressograph label to the insulin pen if there is no pharmacy label attached.
- Unused insulin needs to be stored in the refrigerator.
- 'In use' insulin should be stored at room temperature, with a shortened expiry of one month from first use.

For all other dosage forms refer to MMPr014 Procedure for handling Patient's Own Medicines.

Controlled Drugs

- Patient's controlled drugs should be assessed following the patient's own drugs assessment criteria (appendix) and the relevant Trust CD Procedure and should be stored in the patient lockers under Custody Staff surveillance.
- They should be stored in a separate area to the stock CD medication.
- They should be recorded in an allocated section of the existing CD Register, i.e. starting from page 100 of the CD Register or alternatively some ward areas may choose to use a separate patients own CD Register

Repeat administration

- At each point of repeat administration the CHP will ensure that they are familiar with the original SystmOne assessment which will remain relevant during each period of detention
- They will review the NICHE medical form and detention logs to clarify any changes in presentation and may choose to discuss the DP with the custody sergeant to ensure that they have no concerns
- The CHP will complete another set of observations in line with the NEWS sheet and document within the NICHE medical form
- The CHP will be content that the above processes have been followed and will meet all of the above standards in their own administration and documentation.

Administration of Medications Prescribed in Custody

- The CHP may, within their own clinical experience, administer medications prescribed by the FP in custody. This practice must conform to the Nursing and Midwifery Councils (NMC) Guidelines for Administration of Medication

Training requirements associated with this Protocol

Mandatory Training

Training required to fulfil this protocol will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Statutory and Mandatory Training Policy'

Specific Training not covered by Mandatory Training:

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

How this Protocol will be monitored for compliance and effectiveness

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

| Aspect of compliance or effectiveness being monitored | Method of monitoring | Individual responsible for the monitoring | Monitoring frequency | Group or committee who receive the findings or report | Group or committee or individual responsible for completing any actions |
|--|---|---|----------------------|---|---|
| Duties | To be addressed by the monitoring activities below. | | | | |
| <i>No monitoring required</i> | | | | | |
| Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed. | | | | | |

Equality considerations

See MMP001 Control of Medicines Policy.

Document control details

| | |
|-----------------------------------|--|
| Author: | Russell Parsons, Acting Chief Pharmacist Adam Smith, Clinical Lead for Custody Nursing |
| Approved by and date: | July 2019 |
| Responsible committee: | Medicines Management Committee |
| Any other linked Policies: | MMP001 Control Of Medicines Policy MMP034 Medicines Reconciliation on Admission to Hospital protocol MMP019 Custody Healthcare Medicines Management Policy MMP014 Procedure for handling patients own medicines |
| Protocol number: | MMP020 |
| Version control: | 2.0 |

| Version No. | Date Ratified/ Amended | Date of Implementation | Next Review Date | Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.) |
|-------------|------------------------|------------------------|------------------|---|
| 1 | 11.07.17 | 11.07.17 | 31.07.19 | Review |
| 2 | 16.07.19 | 16.07.19 | 31.07.22 | Review |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

APPENDIX 1 – Flowchart for the assessment of PODS

