

Custodial Operations Policy and Procedures

6.8 Medications

Policy summary

Corrective Services NSW (CSNSW) works in conjunction with the Justice Health & Forensic Mental Health Network (JH&FMHN) to monitor the administration of medication to inmates in the most effective, safe and secure way possible.

Correctional staff are required to ensure inmates are not hoarding or trading medication, and should conduct regular searches of inmates and their environments to minimise incidences of hoarding and trading.

Management of Public Correctional Centres Service Specifications

Service specifications	Decency and respect Health services Safety and security
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Scope

This section applies to all correctional centres and other facilities administered by or on behalf of CSNSW.

It also applies to all CSNSW employees, and where relevant to other personnel such as JH&FMHN, contractors, subcontractors, and visitors.

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1 Administration of medications

1.1 Policy

CSNSW works with JH&FMHN to enable the monitoring and administration of medication to inmates in a safe, effective and secure manner.

According to JH&FMHN routine administration procedures, inmates will be provided with their supply of medication once daily. Unless supervision is required, the inmate is trusted to take their daily supply of medication at the appropriate intervals.

Exceptions to this include where:

- due to a transfer or being in transit to court/police cells, an inmate is issued with more than one day's supply of medication (this is packed in an envelope by nursing staff according to medication guidelines which may include a maximum of 2 lots of 3 days packed separately)
- inhalers such as those used by asthmatics which must be carried by the inmate at all times
- creams and ointments that are required for frequent application and cannot be decanted
- administration of emergency medications is required, such as with a nitrolingual pump spray
- the health team recommends the inmate's medication is to be provided for up to a maximum of 30 days (self-medication program or weekend medication packs)
- at smaller correctional centres and the nurse is not in attendance every day and medication is given to cover only the days the nurse is not in attendance.

In an emergency, an inmate who is on an external leave program may attend a doctor's surgery or a public hospital for treatment once permission is granted by the Officer in Charge (OIC)/Functional Manager (FM) of the inmate's accommodation area.

Any medication prescribed by a doctor or hospital must be presented to JH&FMHN nursing staff on the inmate's return to the centre for verification. The inmates own medication must not be administered unless the registered nurse and medical officer have deemed it essential for the patient in line with *JH&FMHN Medication Guidelines*.

Before being issued with more than one day's supply of medication in a medication envelope, the inmate should be assessed by the Nursing Unit Manager (NUM) or Nurse in Charge (NIC) of the Health Centre in relation to their:

- understanding of their medical regime
- compliance history
- general health status.

If the envelop contains an accountable medication, nursing staff are required to obtain a record of receipt when the security bag containing the medication envelope is handed to a correctional officer.

A correctional officer is responsible for correctly identifying the inmate, providing the correct medication envelope to the correct inmate, and recording the medication supply on the *Transit medication supply to patient record*. However, the correctional officer is not bound by the professional obligations applicable to registered health care professionals and is therefore not accountable for the issue or effect of the medication.

1.2 Procedures for general administration of medication

Inmates must present their identification card for verification of their identity prior to any medication being issued. For the purposes of administering accountable drugs in correctional centres, JH&FMHN requests the presence of:

- two Health Centre staff (including one registered nurse); or
- one registered nurse and a correctional officer acting as a witness.

The role of the correctional officer is to witness the full process of administration of the medication which includes:

- the removal of the accountable drug from the safe
- the preparation of the accountable drug for administration
- the transfer to the patient
- the administration of the accountable drug to the patient
- observing the patient consuming the accountable drug e.g. swallowing the tablet or liquid or being given an injection
- the recording in the appropriate drug register.

The CSNSW officer is only acting as a witness and is not responsible for confirming the correct dose of the medication being administered. In addition, in their role as witness the correctional officer is not bound by the professional obligations applicable to registered health care professionals and is therefore not accountable or responsible for the issue or effect of the administered medication.

Correctional officers are required to provide an inmate with necessary medication, if JH&FMHN staff are not on duty, or if JH&FMHN have prepared medications for transfers to court or police cells.

If there are no JH&FMHN staff on duty, the most senior officer on duty may contact the After Hours Nurse Manager (AHNM) by telephone to 1300 076 267 (13000 ROAMS) (24 hours per day), or on (02) 9311 2707 (24 hours per day) to obtain advice. A message should be left if not answered, which will be responded to by the AHNM at the first available opportunity (**refer to COPP section 6.1 JH&FMHN notifications**).

All advice provided must be recorded by the officer in an Offender Integrated Management System (OIMS) case note, including the name of the JH&FMHN personnel providing the advice.

1.3 Procedures during lock-down or strikes

	Procedure	Responsibility
1.	Inform NUM/NIC of lockdown/strike.	Governor/OIC
2.	Refer all inmate cell call requests for medication or medical assistance during a lock-down to the NUM/NIC or AHNM who will determine the urgency of the request.	Authorised officer
3.	Should provide the Governor or OIC with a list of inmates who will require essential or supervised medication during the lock-down/strike period.	NUM/NIC
4.	Should ensure nursing staff have access to those nominated inmates. In consultation with the NUM/NIC, each centre should develop appropriate access arrangements Note: All clinical emergencies (during normal routine or a lock-down) must be given priority at all times. In cases of extreme danger to staff, access to inmates requiring essential medication should be deferred until the medication can be given with adequate safety and security.	Governor/OIC
5.	Liaise with the NUM/NIC to facilitate the issue of medication.	MOS/FM
6.	Inform OIC/MOS/FM if nominated inmates do not receive essential medication. In these cases, alternative arrangements must be made to ensure the inmates receive their medication.	NUM/NIC
7.	Act as a witness for the administration of medication if there are no other JH&FMHN personnel available.	Authorised officer

1.4 Epipen

An inmate is permitted to be in possession of, and carry an Epipen for medication purposes if it has been approved by the JH&FMHN NUM or NIC.

A medical certificate must be issued by JH&FMHN and provided to the Governor:

- confirming that the inmate requires an Epipen, and
- the medical reasons for its use.

If an Epipen is issued to an inmate, it must be stored in a sealed valuables bag, registered, and recorded. This may occur during reception, or by Health Centre staff. All records will be stored in the Health Centre and maintained by JH&FMHN staff.

Inmates must report on a daily basis (once daily in minimum security centres and twice daily in maximum security centres) to the accommodation officer, or OIC for the work area, confirming that they are still in possession of the issued Epipen. The valuables bag must be checked to ensure that it has not been tampered with, and that it still contains the issued Epipen.

In the event that an Epipen has been used, lost or stolen this must be reported immediately to the FM who will notify JH&FMHN staff in the Health Centre. JH&FMHN are responsible for checking an Epipen if it has been tampered with, damaged, lost or has expired.

Any tampering with or inappropriate use of an Epipen must be immediately reported to the Governor who will assess future management in consultation with JH&MFHN to ensure that this does not pose a threat to the safety and security of the centre. For example, if an inmate threatens a staff member or inmate with an Epipen, this must be referred to the Governor who will implement a management plan for this inmate.

1.5 Procedures for epipens

	Procedure	Responsibility
1.	Issue a medical certificate to the Governor notifying them of the inmate's requirement to have an Epipen.	NUM/NIC/ JH&MFHN staff
2.	Ensure the Epipen is contained in a sealed valuables bag and registered. JH&FMHN will maintain all registration details and maintain a record in the Health Centre.	Reception staff/JH&FMHN staff
3.	Issue the Epipen to the inmate, if approved.	Reception staff/JH&FMHN staff
4.	Check that the inmate is still in possession of the issued Epipen during daily reporting requirements. Report any signs of tampering, damage or if it has been lost/stolen to the FM.	Authorised officer
5.	Record result in <i>Inmate Accommodation Journal</i> .	Authorised officer
6.	Ensure that NUM/NIC of the Health Centre is notified if an inmate's Epipen has been used, damaged, tampered with, or lost/stolen.	FM
7.	Reissue an Epipen to the inmate once the NUM/NIC has been notified and if it has been approved.	JH&FMHN staff

2 Storing and recording medication

2.1 Policy

Accountable drugs listed under Schedule 4D (S4D) or Schedule 8 (S8) must be stored and locked in the Schedule S4D or Schedule 8 safe in the Health Centre.

A correctional officer may be required to witness or undertake duties in relation to accountable drugs for safety and security reasons in situations where only one registered nurse is rostered on duty (such as in a police/court cells), including:

- acting as a witness to the daily check of accountable drugs
- delivering accountable drugs to be placed in the Health Centre safe with the registered nurse.

All accountable drugs must be recorded in the *S8 Drug Register* or the *S4D Drug Register* in the Health Centre. All entries in the registers must be signed by both a JH&FMHN staff member (registered nurse administering the medication) and countersigned by a witnessing nurse or correctional officer to verify any administration or checks.

Inmates must surrender all medication in their possession on reception, which may include prescribed accountable medication that must be managed according to *JH&FMHN Medication Guidelines*. Medication surrendered should not be the responsibility of the reception room officer, or stored within the correctional centre (unless on an interim basis).

Accountable medication surrendered must be stored in the S4D or S8 safe in the Health Centre until destroyed by a JH&FMHN pharmacist, Cluster or Site Nurse Manager 3 (NM3), Nurse Manager 5 (NM5) or police officer in the presence of a Registered Nurse. Inmates' Schedule s4D or S8 medications must be subject to a daily balance check and must not be sent out from the correctional centre.

2.2 Procedures

	Procedure	Responsibility
1.	Record any medication surrendered or removed from an inmate on reception in the valuables section in OIMS.	Authorised officer
2.	Generate a <i>Disposal Report</i> in OIMS and provide a copy and the medication to the NUM on duty.	Authorised officer
3.	<p>Assume responsibility for medication management, including:</p> <ul style="list-style-type: none"> • administration of medication to the inmate if urgently required for continuity of care according to guidelines • interim storage of non-accountable medications until medication is disposed • interim storage of patient's own S8 or S4D medications in a health centre safe until its destruction is arranged • recording inmates own medication in the <i>S4D or S8 drug registers</i> • ensuring daily balance check of accountable medications. <p>The decision reached by Health Centre staff regarding disposal or surrender of medication should be communicated to the inmate and recorded against the entry by the authorised officer on OIMS.</p>	NUM

3 Hoarding, trading and diversion of medication

3.1 Policy

The Manager of Security (MOS) or relevant Functional Manager (FM) should ensure that a current and accessible list of inmates with self-medication packs is maintained for each accommodation area within the centre.

Correctional staff must ensure inmates are not hoarding or trading medication. Searches of inmates and their accommodation and common areas must be carried out on a regular basis to minimise the incidence of hoarding and trading of medication (**refer to COPP section 17.2 Searching correctional centres**). Hoarding and trading of medication has resulted in some deaths in custody due to accidental overdose or suicidal intent.

If an inmate retains or diverts medication (that should be ingested immediately) for no legitimate reason they may be charged with disobeying a direction. Failure to comply with such a direction is a correctional centre offence (clause 130 under the *Crimes (Administration of Sentences) Regulation 2014*) (**refer to COPP section 14.1 Inmate discipline**).

3.2 Procedures

To ensure that hoarding or trading of medication is minimised, the following procedures must be implemented:

	Procedure	Responsibility
1.	Conduct regular searches of inmates and their accommodation and common areas for hoarded or traded medication (refer to COPP section 17.2 Searching correctional centres).	Authorised officer
2.	Confiscate any medication found in an inmate's cell that appears to be in excess of the quantity advised by the JH&FMHN.	Discovering officer
3.	Forward the medication and the inmates name and Master Index Number (MIN) to the NUM/NIC.	Discovering officer
4.	Advise the FM if the medication was prescribed to the inmate and whether the quantity found indicates hoarding	NUM/NIC

	Procedure	Responsibility
5.	<p>Return medication to the inmate if it is confirmed to be prescribed to the inmate and the NUM/NIC considers the quantity of medication to be consistent with the prescribed dosage and that it is in the possession of the correct inmate.</p> <p>However, if the medication found is:</p> <ul style="list-style-type: none"> not prescribed to the inmate then action should be taken to charge the inmate prescribed to the inmate but the quantity of medication confiscated indicates that the inmate has been abusing or hoarding the medication, it may be necessary to supervise taking of medication for a period of time, until reviewed. The inmate should also be referred to a Services and Programs Officer (SAPO) for counselling and assessment. 	FM
6.	<p>Record all advice of inmate hoarding/trading of medication in:</p> <ul style="list-style-type: none"> the <i>Inmate accommodation</i> and the <i>Security compliance</i> journals OIMS case note inmate's case management file (CMF). 	Authorised officer/FM
7.	Ensure inmate is targeted for drug testing.	Authorised officer/FM

4 Quick links

- [Related COPP](#)
- [Forms and annexures](#)
- [Related documents](#)

5 Definitions

Accountable drugs	<p>Include those classified under:</p> <ul style="list-style-type: none"> Schedule 8 drugs (i.e. drugs of addiction, such as methadone or morphine), Schedule 4 Appendix D drugs (i.e. prescribed restricted substances, such as Panadeine Forte, Valium)
AHNM	After Hours Nurse Manager
Authorised Officer	The officer authorised by the Governor to perform the functions set out in this part of the Custodial Operations Policy and Procedures.
CMF	Case Management File
COPP	Custodial Operations Policy and Procedures
FM	Functional Manager

MOS	Manager of Security
Medication envelope	An envelope used to contain medication for inmates attending police/court cells.
JH&FMHN	Justice Health & Forensic Mental Health Network
LOPs	Local Operating Procedures
MIN	Master Index Number
NIC	Nurse In Charge
NUM	Nursing Unit Manager
OIC	Officer In Charge of the correctional centre, in the absence of the Governor.
OIMS	Offender Integrated Management System
SAPO	Services and Programs Officer
S8 Drug Register	Stored in the Health Centre to record the administration of medications that are accountable schedule 8 drugs
S4D Drug Register	Stored in the Health Centre to record the administration of medications that are accountable schedule 4 appendix D drugs
Syringe Bulk Store	A safe within the Health Centre where all unused syringes in stock are stored.
Witness	A correctional officer authorised by the nurse in charge may act as a witness to the administration of a drug of addiction, for the purposes of this policy and in complying with clause 117 of the <i>Poisons and Therapeutic Goods Regulation 2008</i> .

6 Document information

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