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

Outcome	Safety and Security Decency and Respect Health Services

DRAFT

Scope

This section applies to all correctional centres and other facilities administered by or on behalf of Corrective Services NSW (CSNSW). It also applies to all CSNSW employees, and where relevant to other personnel such as Justice Health and Forensic Mental Health Network, contractors, subcontractors, and visitors.

Related Documents

Crimes (Administration of Sentences) Act 1999

Crimes (Administration of Sentences) Regulation 2014

Justice Health & Forensic Mental Health Network: Medication Guidelines 5.15.2. Supplying Transit Medication (Transfers, Police Cells and Court)

Justice Health & Forensic Mental Health Network: 5.10 Storage and Handling of Patients-Own Medication

Management of Public Correctional Centre Outcome Specifications

Poisons and Therapeutic Goods Act 1966

Poisons and Therapeutic Goods Regulation 2008

Related Custodial Operations Policy and Procedures

1.2 Reception Procedures

6.1 JH&FMHN Notifications

14 Inmate Misconduct and Discipline

16 Security

19 Escorts

Definitions

Accountable drugs	Include those classified under: • 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.
COPP	Custodial Operations Policy and Procedures
Medication	An envelope used to contain medication for inmates attending

envelope	police/court cells
MIN	Master Index Number
MOS	Manager of Security
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 *Poisons and Therapeutic Goods Regulation 2008*

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1 Administration of Medications

1.1 Policy

Corrective Services NSW (CSNSW) works in conjunction with the Justice Health & Forensic Mental Health Network (JH&FMHN) to enable the monitoring and administration of medication to inmates in an effective, safe and secure manner.

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

A current list of inmates in receipt of self-medication packs must be maintained for each area by the Manager of Security (MOS) or Senior Assistant Superintendent (SAS) and be accessible to staff who manage those inmates.

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 SAS or OIC 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 NUM/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/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 After Hours Nurse Manager 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 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	Authorised

	Procedure	Responsibility
	will determine the urgency of the request	officer
3.	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.	Inform MOS/SAS where nominated inmates do not receive essential medication. In these cases, the MOS/SAS should make alternative arrangements to ensure the inmates receive their medication	NUM/NIC/ MOS/SAS
5.	Ensure nursing staff have access to those nominated inmates. In consultation with the NUM/NIC, each centre should develop appropriate access arrangements. All clinical emergencies (during normal routine or a lock-down) must be given priority at all times. However, in cases of extreme danger to staff, access to inmates requiring essential medication should be deferred until the medication can be provided with adequate safety and security	Governor/OIC
6.	Liaise with the NUM/NIC to facilitate the issue of medication	MOS/SAS
7.	Act as a witness for the administration of medication if there are no other JH&FMHN personnel available.	Authorised officer

2 Storage and Recording of 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 *Disposal Report* in OIMS and provide a copy and the medication to the NUM on duty	Authorised officer
3.	Assume responsibility for medication management, including: • 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 *S4D or S8 drug registers* • ensuring daily balance check of accountable medications. 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.	NUM

3 Hoarding, Trading and Diversion of Medication

3.1 Policy

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. 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 (refer to clause 130 *Crimes (Administration of Sentences) Regulation 2014).*

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	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 MIN to the NUM/NIC	Discovering officer
4.	Advise the MOS/SAS if the medication was prescribed to the inmate and whether the quantity found indicates hoarding	NUM/NIC
5.	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. However, if the medication found is: • not prescribed to the inmate then action should be taken to charge the inmate ***(see COPP section 14 Inmate Misconduct and Discipline)*** • 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	MOS/SAS
6.	Record all advice of inmate hoarding/trading of medication in: • the *Inmate Accommodation* and the *Security Compliance* journal • OIMS case note • inmate's case management file	Authorised officer/SAS
7.	Ensure inmate is targeted for drug testing.	Authorised officer/SAS

4 Document Information

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