Continuation of Community Prescribed Treatment (Opioid Substitution Treatment) in Surrey Police Custody Policy

Supporting Documents
Police and Criminal Evidence Act 1984
Code C

Policy

1. Introduction

1.1 Persons detained by the police are entitled to the same standard of medical care as any other member of the public and should not suffer any detriment as a consequence of their detention.

1.2 Please refer to the Police and Criminal Evidence Act 1984 and Code C para 9.9: Revised Code of Practice for the detention, treatment and questioning of persons by Police Officers.

2. Statement

2.1 Surrey Police will treat all persons detained in police custody according to their own individual needs in order to promote their health, safety, welfare and dignity.

2.2 Accordingly, Surrey Police will support persons detained in custody that are subject of a community prescribed opiate substitution treatment (OST) by facilitating their continued treatment, as they would receive in the community, whilst they remain in detention; subject to satisfactory validation checks and the consent of the detained person.

2.3 As a controlled drug, OST will only be collected from the detained person's nominated pharmacy where they receive their prescribed medication by a uniformed police officer and immediately conveyed to the appropriate custody centre.

2.4 The self-administration by a detainee of their OST prescribed medication within custody will take place as soon as practicable after it is received at the

appropriate custody centre and will be supervised by a competent healthcare professional. A record will be made where OST is given in accordance with the prescription.

2.5 Where there are any concerns about the validity of the community prescription, the contents of the prescription or dosage, OST will not be administered to any person. Where the detainee is in possession of a dose of OST and it is not sealed inside a tamperproof container it will not be issued.

2.6 Where medication is received and is not taken by the detained person whilst in custody; it will be returned to the nominated pharmacy by a uniformed police officer. It will not be issued to the person subject of the prescribed medication, save for any direction given by the prescribing pharmacist. This is in order to prevent overdosing.

2.7 All custody personnel will receive instruction on the continuation of community prescribed treatment (OST) on appointment to the department and for existing personnel, at time of rollout, via continued professional development input.

Procedure

3. Method

3.1 Detainee is identified during booking into custody (or subsequently whilst in detention) as being opiate dependent, withdrawing from opiates and/or is prescribed OST in the community.

3.2 The custody officer will complete a Healthcare Professional (HCP) referral for the detainee.

3.3 The HCP will assess the detainee as soon as practicable following the custody officer's referral of the detainee and identify whether they are eligible for continuation of community prescribed OST while in custody, or for management of withdrawal by medication prescribed by the HCP (usually dihydrocodeine).

3.4 Where the detainee has a community prescribed OST and is on daily supervised consumption the following additional steps must be undertaken:

3.5 Following the initial HCP assessment, where the detainee is identified as being eligible for continuation of their community OST in custody, the HCP will undertake validation checks to confirm the OST prescribed medication.

3.6 To validate the OST prescribed medication, the HCP will obtain all clinical details from the detainee and will contact their nominated pharmacy where they receive their daily supervised dose, in order to confirm this with the pharmacist. Where confirmation is given by the pharmacist and they are in agreement to issue the OST, the HCP will complete a "bearer's note" which must be signed by the HCP,

the detainee to indicate their consent to police collecting the OST prescribed medication, and the custody officer authorising collection.

3.7 The “bearer’s note” document will be uploaded to the Custody Record and an electronic copy also will be retained by Mountain Healthcare as part of the detainee’s clinical notes.

3.8 The custody sergeant is responsible for endorsing the care plan with their authority to collect methadone to audit this.

3.9 Collection of methadone or alternative OST prescription medications and administration will generally only occur during the HCP day shift (0700-1900 hrs), 7 days a week, unless there are exceptional reason, or that the medication is prescribed to be taken at night. However, collection will only occur during pharmacy opening hours and is limited to only pharmacies within the Surrey County boundary and detainees who reside in Surrey.

3.10 The custody officer will liaise with the relevant Response Policing Team supervisor for the area in which the detainee was arrested to resource a uniformed police officer to collect the prescribed medication from the relevant pharmacy on presentation of the bearer’s note which may be retained by the pharmacist for their own audit purposes. Note: it is ultimately the pharmacist’s clinical decision to issue or refuse to issue a prescribed medication in the best interests of the patient. They may elect to contact the prescriber first to inform them that they will not personally be supervising the consumption of the dose before issuing to the collecting police officer.

3.11 The officer collecting the OST prescribed medication will return to custody with the issued prescribed medication as soon as practicable and hand over the medication to custody personnel who will record this as part of the detainee’s property and ensure secure storage of the prescribed medication in the detainee’s property locker. The custody officer will make the HCP aware of the arrival of the OST prescribed medication. Under no circumstances will detainee medication be stored in HCP drug safes.

3.12 No detainee will be issued their OST prescribed medication within the first four hours of detention to avoid the potential for overdosing and risks of respiratory depression and to the central nervous system.

3.13 When the HCP is ready to issue the prescribed medication, they will inform the custody officer who will resource the prescribed medication being retrieved from the detainee’s property, ensuring that the property is recorded as being booked out to the HCP.

3.14 The HCP will attend the detainee’s cell and subject to final clinical observations, checks and assessment, will issue the OST prescribed medication to the detainee in the presence and sight of the escorting officer. The detainee will self-

administer the dosage (methadone is usually dispensed as a liquid) and hand back to the HCP the empty vial. Under no circumstances is the detainee to be left with the vial or any sealing cap. Where the dosage of prescribed medication consists of tablets (i.e. Suboxone or burprenorphine) the HCP and/or escorting officer is to check that the tablets have been swallowed by the detainee by checking their mouth is clear prior to leaving the detainee.

3.15 HCP to record that the OST has been administered/supervised as part of the detainee's clinical notes and on the NICHE HCP tab, and a record will be made on the Custody Record to this effect also by the escorting officer.

3.16 The HCP will update the custody officer and will recommend L2 rousal observations in addition to any other enhanced care regime as is appropriate to manage identified risks in the circumstances, such as constant supervision in the initial period following the administration of OST. This is as a due diligence check to ensure the health, safety and welfare of the detainee. This initial period will be for a minimum of four hours after the prescribed medication has been given. The custody officer is responsible for updating the care plan accordingly. A review will take place after the agreed minimum time and any changes to the detainee's condition are to be referred back to the HCP by the custody officer.

4. Contingencies

4.1 In the event of a suspected or confirmed opioid overdose, all custody HCPs are authorised to administer naloxone by injection or intranasally. Naloxone acts as a reversal agent to counteract the effects of the opiate.

4.2 Where an opioid overdose is suspected or confirmed, the HCP must be called immediately to attend to the detainee as a medical emergency. An ambulance must also be called immediately.

4.3 Where the HCP is unavailable, an ambulance must be called immediately. Where a police officer/police staff member has received training in the use of naloxone, is authorised to carry it, and it is available for use, consideration by the officer should be given to deploying naloxone in accordance with their training.

4.4 A First Aid Intervention Form must be completed by the police officer/police staff member whenever naloxone is administered by an officer/staff member. Where the HCP administers naloxone, this will be recorded as part of their own records and on the NICHE HCP tab.

4.5 The detainee will be transferred to hospital in accordance with clinical advice from the HCP or ambulance personnel to promote their health, safety and welfare, and thereafter on return to custody be required to undergo a further HCP assessment to determine onwards fitness to detain.

4.6 The Lead Custody Sergeant must report the overdose as a Origin health and safety incident, and any subsequent hospital transfer must be reported as an Origin Custody Adverse Incident prior to the termination of duty.

5. Process for Buprenorphine

5.1 Buprenorphine is substantially safer in terms of risk of CNS /risk of respiratory depression than methadone. It is also very rare that individuals are on daily supervised doses of buprenorphine.

5.2 The process where a DP is taking Buprenorphine will be as follows:

a) For those on daily supervised consumption of buprenorphine, the process will be **exactly** as it is for daily supervised methadone, as outlined in Section 3 above.

b) For those prescribed buprenorphine and who already have this in their property (can be issued as a week's supply), then the standard procedure for administration of any medication will be followed by our HCPs (who will check and confirm the prescription and assess the individual before administering).

c) For those on a buprenorphine prescription, but who are due to collect their next issue today, then the process will be again exactly as outlined in Section 3.

5.3 The main difference between methadone and buprenorphine is that there is no requirement to be on daily supervised dose of buprenorphine in order for it to be continued in custody.

5.4 Unless the dose of buprenorphine is daily supervised and has not been given (in which case the process as outlined in section 6.4 will be followed), there will also be no requirement to return issued doses of buprenorphine to pharmacy where the DP would have been given these to take away anyway, had they attended pharmacy themselves.

6. Miscellaneous

6.1 Routinely, only one dose will be issued by the pharmacy on production of the bearer's note to the collecting police officer. However, on some occasions, usually at a weekend, the pharmacy may issue two or additional doses (2 day supply) where they do not open on a Sunday or Bank Holiday.

6.2 The collecting officer will attend custody as detailed in the Method above and the prescribed medication dose(s) will be booked into the detainee's property.

6.3 In the event where the detainee is released from custody prior to taking the additional dose(s) the following day, then this may be issued to them on release for unsupervised consumption as would happen in the community setting.

6.4 However, where the detainee is released prior to their OST collection arriving in custody and can no longer have supervised consumption via the HCP, the police are responsible for returning the prescribed medication to the relevant pharmacy. In order to do this on rare occasion, the HCP must first contact the relevant pharmacy and report the impending return of the OST prescribed medication. A uniformed police officer will be resourced to return the prescription to the pharmacy where it was collected from. The pharmacy would dispose of the dose and record on their controlled drugs register.

6.5 Where it operationally impracticable to resource an officer to return the prescribed medication to a pharmacy, the HCP may denature the medication within the medical room in accordance with clinical guidelines. The HCP must update the prescribing pharmacy to ensure their controlled drug register is updated.

6.6 Where either the situation in paragraphs 6.4 or 6.5 arises, the HCP is responsible before the OST prescribed medication is returned to the pharmacy/denatured for contacting I-Access by email to inform them of the missed dose in order for them to update their patient records and where necessary to confirm a new script will be issued to cover the medication being dispensed again.

6.7 On the rare occasion that a detainee has consumed their OST prescribed medication before, during or after their arrest (prior to arrival at custody); the arresting/escorting/delivering police officer must inform the Custody Sergeant that this has occurred or is suspected. The Custody Sergeant will refer the detainee to the HCP for clinical advice and assessment in accordance with this procedure including an initial period of rousals, as if the prescribed medication had been administered in custody by the HCP.