

## Enforced Medication – Forensic Hospital and Long Bay Hospital Mental Health Unit

**Policy Number** 1.180

**Policy Function** Continuum of Care

**Issue Date** 4 April 2016 (*Labelling of injectable medicines and observation requirements are amended on 26 September 2016*)

**Summary** Enforced medication is a procedure whereby psychotropic medication is coercively administered by clinical (nursing and/or medical) staff to a patient detained in a mental health facility subject to the *Mental Health Act 2007* or the *Mental Health (Forensic Provisions) Act 1990*. It is utilised only where it is reasonable and necessary to do so, for the purposes of providing clinical care, where less restrictive approaches to obtaining a patient's compliance with a request to accept prescribed medication have already failed. This policy is intended to provide guidance to staff on Justice Health and Forensic Mental Health Network-specific policies and procedures in relation to medication administration prior to, during and following the administration of enforced medication.

**Responsible Officer** Executive Director, Clinical Operations (Forensic Health)

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 1.180 Enforced Medication and Rapid Tranquilisation – The Forensic Hospital and Long Bay Hospital Mental Health Unit (November 2012, September 2010)

**Change Summary**

- Reconfiguration to align with the current policy template.
- Inclusion of updated related documents and observations.
- Update procedures, policy and titles.

**TRIM Reference** POLJH/1180

**Authorised by** Chief Executive, Justice Health & Forensic Mental Health Network

## 1. Preface

Enforced medication is a procedure whereby psychotropic medication is coercively administered by clinical (nursing and/or medical) staff to a patient detained in a mental health facility subject to the [Mental Health Act 2007](#) (MH Act) or the [Mental Health \(Forensic Provisions\) Act 1990](#) (MHFP Act). It is utilised only where it is reasonable and necessary to do so, for the purposes of providing clinical care, where less restrictive approaches to obtaining a patient's compliance with a request to accept prescribed medication have already failed.

This document is intended to provide guidance to staff on Justice Health and Forensic Mental Health Network (JH&FMHN)-specific policies and procedures in relation to medication administration prior to, during and following the administration of enforced medication.

This policy applies to:

- Forensic, correctional and involuntary patients in the Forensic Hospital, and
- Correctional and forensic patients in the Mental Health Unit, Long Bay Hospital.

## 2. Policy Content

### 2.1 Mandatory Requirements

The administration, monitoring and evaluation of enforced medication must comply with all relevant legislative requirements and professional guidelines regarding medication administration, as set out in the [Justice Health and Forensic Mental Health Network Psychotropic Medications – Guideline for Prescribing and Monitoring Use Within Custodial and Forensic Mental Health Settings May 2014](#).

In particular, as per s85 of the [MH Act](#), a medical practitioner must not cause drugs to be administered to a person in 'a dosage that, having regard to professional standards, is excessive or inappropriate.' Any intervention must take into account the patient's religious and/or cultural values, rights, best clinical practice, risks, wellbeing of the patient and others and the therapeutic outcome of the proposed treatment.

The administration of enforced medication must be delivered in accordance with a standard that would be widely accepted by peer professional opinion as competent professional practice, while taking into account the patient's rights. The treatment implemented must achieve optimum health outcomes for the patient while also reducing ongoing risks to them and others.

The principle of providing the least restrictive intervention in order to ensure safe and effective care must remain the overarching principle in clinical decision making. Enforced medication will only be used as an intervention when all other non-coercive strategies for delivering prescribed medication to a patient have been exhausted. This may occur either in response to an acute event associated with a high risk of harm to patients, staff or others, or in less acute circumstances where a condition of persistent non-cooperation with staff in the process of medication administration has deemed any less restrictive approach as unsafe to implement.

### 2.2 Implementation - Roles & Responsibilities

**Clinical Director Forensic and Long Bay Hospitals (CD FLBH)** is the 'medical superintendent' of the Forensic and Long Bay Hospitals for the purposes of the [MH Act](#) and the [MHFP Act](#) and is responsible for ensuring that all medical staff comply with this policy.

**Nurse Managers/Nursing Unit Managers (NM/NUM)** are responsible for ensuring that all nursing staff comply with this policy.

**All clinical staff** are responsible for awareness of and compliance with this policy.

### **3. Procedure Content**

Parenteral treatment or an intravenous/intramuscular injection must be prescribed and administered in accordance with the relevant JH&FMHN practice guidelines and procedures, as referenced in [section 5](#). The safe use of enforced medication, as part of a suite of interventions for the clinical management of a patient's acute and/or ongoing symptoms and risk behaviours, will result in a reduction of risk of harm to patients, staff and others.

#### **3.1 Forensic Hospital**

The following must occur in the Forensic Hospital prior to the enforced administration of psychotropic medication:

- The patient must be given every reasonable opportunity that the particular circumstances will allow, to accept prescribed treatment voluntarily.
- Before a Registered Nurse/Endorsed Enrolled Nurse may administer enforced medication to a patient without the patient's consent and against their stated objections, s/he must consult the Nursing Unit Manager (NUM) or Nurse in Charge (NiC), and/or the patient's treating Consultant Psychiatrist or Psychiatry Registrar (during business hours) or the On-Call Psychiatry Registrar (after hours).
- The patient must be given an opportunity to receive information about any medication prescribed for him or her and this should be in a language and form that the patient can understand. The information given to the patient should be appropriate in amount and complexity to the particular circumstances, and may include:
  - the reasons for the prescription of the medication (the indications),
  - the effects of the medication,
  - the side effects and risks of the medication, and
  - the likely effects on the health of the patient if not taking the medication.

Note: These reasons and clinical factors are likely to differ if the enforced medication is being prescribed as a routine depot anti-psychotic, versus a short-acting intramuscular agent for the purposes of sedation.

- Administration of enforced treatment should only be attempted where:
  - there is adequate staffing to manage the situation; and
  - there will be continuing access to the patient so that s/he can be appropriately monitored after any medication has been administered.
- Wherever enforced treatment is required, the NUM or NiC must determine the need for the Emergency Response Team (ERT) in managing the medication administration. If the ERT is required, it must respond in accordance with JH&FMHN policy [5.005 Alarm, Pager and Two-Way Radio Use and Management – Forensic Hospital](#).

- All other team members must assist when instructed, but also have a continuing responsibility to maintain the safety of staff, other patients and visitors.

### **3.2 Long Bay Hospital Mental Health Unit**

It is noted that the Long Bay Hospital comprises three distinct units: the Mental Health Unit (MHU), the Medical Subacute Unit (MSU) and the Aged Care Rehabilitation Unit (ACRU). Although all three units are declared mental health facilities under the [MH Act](#), as a matter of policy, enforced medication must only be administered in the MHU.

The following must occur in the MHU prior to the enforced administration of psychotropic medication due to non-compliance:

- The patient must be given every reasonable opportunity to accept prescribed treatment voluntarily.
- Before a Registered Nurse/Enrolled Nurse may administer enforced medication without the patient's consent and against their stated objections, s/he must consult the NUM or NiC of the MHU, and/or the patient's treating Consultant Psychiatrist or Psychiatry Registrar (during business hours) or the On-Call Psychiatry Registrar (after hours).
- The patient must be given information about any medication prescribed for him or her and this should be in a language and form that the patient can understand. The information given to the patient should be appropriate in amount and complexity to the particular circumstances, and may include:
  - the reasons for the prescription of the medication (the indications),
  - the effects of the medication,
  - the side effects and risks of the medication, and
  - the likely effects on the health of the patient if not taking the medication.

Note: These reasons and clinical factors are likely to differ if the enforced medication is being prescribed as a routine depot anti-psychotic, versus a short-acting intramuscular agent for the purposes of sedation.

- Administration of enforced treatment should only be attempted where:
  - there is adequate staffing to manage the situation; and
  - there will be continuing access to the patient so that s/he can be appropriately monitored after any medication has been administered.
- The NUM or NiC must inform the Senior Officer on Duty of Corrective Services NSW (CSNSW) that the patient will be given enforced medication and request that CSNSW restrains the patient. CSNSW has its own protocols and procedures in relation to the restraint of a patient.
- A CSNSW officer will advise the nurse administering the medication as to when the patient is suitably restrained and the medication can be administered. **Only CSNSW staff may restrain a patient in the MHU.**
- JH&FMHN staff must administer the enforced medication and remove themselves from the immediate vicinity of the restraint but ensure the continued monitoring of the patient's physical and mental health. **JH&FMHN staff must follow reasonable direction from CSNSW.**
- The Clinician must determine an observation plan post administration of medication to ensure the continued monitoring of the patient's physical and mental health. The observation plan must take into

consideration the amount of force used to restrain the patient and the medication given. For example, patient must be observed every 5 minutes for the 1<sup>st</sup> hour. This must be clearly documented in the patient's health record.

- It must be noted that JH&FMHN staff must not operate any recording devices as part of CSNSW procedure/protocol. Any JH&FMHN staff member asked or requested to participate in these processes by a member of CSNSW must decline, and contact their line manager at the earliest available opportunity.
- **All episodes of use of 'enforced medication' in a patient's care, at either the FH or MHU, must be reviewed by the treating multidisciplinary team (MDT), led by the consultant psychiatrist, at the next available opportunity. In cases of 'enforced medication' for routinely prescribed medications (i.e. depot antipsychotics), the MDT must review the response to treatment and the ongoing need for this approach, as well as possible strategies to reduce the requirement to utilise 'enforced medication'.**

### **3.3 User-Applied Labelling of Injectable Medicines, Fluids and Lines**

- This practice generally applies to all injectable medicines prepared in clinical areas, and in all areas where injectable medicines and fluids are administered.
- It requires staff to label all injectable medicines drawn up in syringes where the person administering the injection is NOT the person who prepared the injection.

#### **The Following Exemptions apply - No labelling is required:**

1. Immediate emergency use (this includes a psychiatric emergency e.g. emergency sedation)

However labelling during an emergency use can reduce error, and the principles in this policy should be followed to the extent that it is possible.

2. Preparation and administration in one step

Labelling is not required when the preparation and bolus administration of a single medicine is one uninterrupted process, the syringe does not leave the hands of the person who prepared it and the same person administers the medicine immediately.

3. Medicine in original container

Where a medicine for injection is pharmacy prepared or commercially prepared and in its original container, no additional labelling is necessary. Examples include *Risperdal Consta*, *Invega Sustenna*.

### **3.4 Documentation**

The following must be recorded in the patient's health record after the administration of enforced medication:

- An outline of the patient's presentation and management leading up to the administration of enforced medication (attending medical officer);
- The details of the assessment conducted, recommendations and the management plan (attending medical officer);

- The patient's allocated nurse must document a detailed account of the event in the health record, including mental state assessment, nursing interventions attempted, management of the incident and ongoing management.
- Notification on the *Incident Information Management System* (IIMS) database, whereby the circumstances will determine the Severity Assessment Code (SAC) level of the incident (NUM/NiC);
- If enforced medication was additionally associated with the use of emergency sedation (also known as rapid tranquillisation), staff must follow the specific guidelines relating to the documentation of rapid tranquillisation.

## 4. Definitions

### **Must**

Indicates a mandatory action or requirement.

### **Should**

Indicates a recommended action that needs to be followed unless there are sound reasons for taking a different course of action.

### **Enforced Medication**

Medication given to a patient, without their consent and usually against their stated objection, with the use of, or implied use of, force to restrain the patient in order to administer the medication.

When assessing and making a determination of which interventions to employ, the clinical need, level of aggression posed by the patient, level of compliance, safety of patients and others, and, where possible, advance directives of the patient should be taken into account. The intervention selected must be a reasonable and proportionate response to the risk of harm posed by the patient, taking into account the safety of the staff while performing the chosen intervention.

## 5. Legislation and Related Documents

Legislation	<a href="#">Mental Health Act 2007</a> <a href="#">Mental Health (Forensic Provisions) Act 1990</a>
JH&FMHN Policies & Procedures	<a href="#">5.005 Alarm, Pager and Two-Way Radio Use and Management – Forensic Hospital.</a> <a href="#">5.070 Infection Control</a> <a href="#">Justice Health and Forensic Mental Health Network Psychotropic Medications – Guideline for Prescribing and Monitoring Use Within Custodial and Forensic Mental Health Settings May 2014.</a> <a href="#">The Justice Health and Forensic Mental Health Network Medication Guidelines 2015</a>
NSW MoH Policy Directives, and Guidelines	<a href="#">PD2012_007 User-Applied Labelling of Injectable Medicines, Fluids and Lines</a>