

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

Policy Number 1.180

Policy Function Continuum of Care

Issue Date 30 August 2020

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 ED Clinical Operations

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 (Youth Justice NSW)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.180 (Apr 2016; Nov 2012; Sep 2010)

Change Summary

- *Inclusion of updated related documents and observations.*
- *Update procedures, policy and titles*

HPRM Reference POLJH/1180

Authorised by Chief Executive, Justice Health and 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 (the Network) 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 Network 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), 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) / After Hours Nurse Manager (AHNM).
- 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, NiC or AHNM 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 the Network 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 should only be administered in the MHU.

In considering the Joint Planned Interventions by the Network and CSNSW refer to *Long Bay Hospital - Local Operating Procedure* and the *Enforced Medications – Long Bay Hospital Mental Health Unit Long Bay Hospital - Local Operating Procedure*.

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/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 NUM, NiC and/or the patient's treating Consultant Psychiatrist or a medical officer or Psychiatry Registrar (during business hours) or the On-Call Psychiatry Registrar (after hours) and AHNM.
- 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, NiC or AHNM must inform the Senior Officer on Duty of Corrective Services NSW (CSNSW) that the patient will require their medications to be enforced and request that CSNSW restrains the patient for this purpose. Please refer joint CSNSW and the

Network procedure for Enforced Medications – Long Bay Hospital Mental Health Unit.

- The Network must advise CSNSW whether a position other than prone is to be utilized *prior to* enforced medications being administered as per the Joint Planned Intervention Checklist (Enforced Medications – Long Bay Hospital)
- The NUM, NiC or AHNM must consider and liaise with CSNSW regarding medical risks/complications associated with ‘use of force’ and prone position restraint such as positional asphyxiation.
- The CSNSW Restraint Team Supervisor (CSNSW RTS) will coordinate the restraint procedure with the NiC, NUM or AHNM and facilitate safe access to the patient for nursing staff.
- The CSNSW RTS will communicate any necessary actions to Network staff prior and during the enforced administration process.
- The CSNSW RTS 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.
- Network 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 airway, physical and mental health is maintained. Network staff must follow reasonable direction from CSNSW during the restraint.
- Network staff 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. This must be clearly documented in the patient’s health record and where required in the patients’ Health Problem Notification Form (HPNF).
- It must be noted that Network staff must not operate any recording devices as part of CSNSW procedure/protocol. Any Network 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

All injectable medications **must** be accurately and adequately labelled in line with [PD2016 058 User-Applied Labelling of Injectable Medicines, Fluids and Lines](#).

This practice applies to all injectable medicines prepared in clinical areas, and in all areas where injectable medicines and fluids are administered.

- 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.

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*.

[Please refer to The National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines.](#)

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 emergency sedation), staff must follow the specific guidelines relating to the documentation of emergency sedation.
- Documentation following emergency sedation may include but not limited to; Incident Information Management System (IIMS), HPNF, Restraint Registers, Incident Debriefs Books, Joint Planned Medication Checklists.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with 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

Legislations	<u>Mental Health Act 2007</u> <u>Mental Health (Forensic Provisions) Act 1990</u>
The Network Policies and Procedures	<u>5.005 Alarm, Pager and Two-Way Radio Use and Management – Forensic Hospital.</u> <u>5.070 Infection Control</u> <u>Justice Health and Forensic Mental Health Network Psychotropic Medications – Guideline for Prescribing and Monitoring Use Within Custodial and Forensic Mental Health Settings May 2014.</u> <u>Emergency Sedation Forensic Hospital and Long Bay Hospital Mental Health Unit</u> <u>The Justice Health and Forensic Mental Health Network Medication Guidelines 2015</u> <u>Joint Planned Interventions by JH and FMHN and CSNSW at Long Bay Hospital Long Bay Hospital – Local Operating Procedure</u> <u>Health Problem Notification Form (Adults)</u> <u>Enforced Medications – Long Bay Hospital Mental Health Unit</u> <u>Long Bay Hospital - Local Operating Procedure</u>
NSW Health Policy Directives, and Guidelines	<u>PD2012_007 User-Applied Labelling of Injectable Medicines, Fluids and Lines</u>