
INFORMATION NOTE

Procedure for Applying Sedatives to Inmates

1. Background

1.1 The purpose of this information note is to provide the Panel on Security with information on the procedure for and monitoring of applying sedatives to inmates in Florida of the United States of America (US) and Canada¹.

1.2 Florida is chosen as it is the first state in the US to obtain the accreditation² for correctional services. Canada is selected because it adopts a daily sedatives inventory control system monitoring the application of sedatives to inmates.

2. Florida of the United States of America

Legality of the Application of Sedatives to Inmates

2.1 The *Health Service Bulletin No. 15.05.19* issued by the Office of Health Services (OHS) of Florida Department of Corrections (FDC) states that sedatives are required to be used in a prudent manner for medical purposes only. Their application has to be in line with the recommendations and indications specified in *the Drug Facts and Comparisons*³ or the *Physicians' Desk Reference*⁴. FDC prohibits the use of sedatives as punishment, or as a substitute for behavioural programmes, or for staff convenience to suppress inmates' undesirable behaviour.

2.2 It is mandatory to obtain an inmate's informed consent before any sedative can be applied to him/her. When an emergency situation arises, however, it is permissible for the application of sedatives by a nurse to an inmate without his/her consent.

¹ While enquiries requesting information on this subject have also been sent to the HM Prison Service of the United Kingdom (UK), the New South Wales Department of Corrective Services of Australia and the Singapore Prisons Department, as of the publication date of this information note, we have not received any reply from the authorities of the UK and Australia. Regarding Singapore, as she has no established procedure and monitoring system governing the application of sedatives to inmates, this information note will only discuss arrangements in Florida and Canada.

² The American Correctional Association and the Commission on Accreditation for Corrections administer the only national accreditation programme for all components of adult and juvenile corrections in the US.

³ *Drug Facts and Comparisons* is a comprehensive drug information compendium and an official drug reference for the National Student Nurses' Association.

⁴ *Physicians' Desk Reference* is the standard prescription drug reference for physicians in the US.

2.3 An emergency situation refers to a circumstance when the inmate presents an immediate danger of causing serious bodily harm to himself/herself or other inmates/staff and no other less intrusive intervention is available.

Procedure for Applying Sedatives to Inmates in Non-Emergency Situations

2.4 *The Technical Instruction No. 15.05.06* published by OHS of FDC stipulates the procedure for obtaining written informed consent from inmates before any sedatives can be administered to them under non-emergency situations.

2.5 When there is an on-duty physician at the detention facility, the physician has responsibility for completing a psychiatric evaluation of an inmate prior to the prescription of sedatives to the inmate. In addition, he is required to issue a written order specifying the kind and dosage of sedatives to be applied to the inmate and explain the following to the latter:

- (a) the need for sedatives to treat symptoms of mental illness; and
- (b) the content of the appropriate consent form at the time when the medication is ordered.

2.6 Informed consent must be given by the inmate each time a new class of medication is to be applied to him/her. New orders of drugs within the same class of medication for which consent has already been given do not require additional consent.

2.7 When there is no on-duty physician at the detention facility, a nurse is obliged to seek the verbal order of a physician before the application of sedatives to an inmate. The nurse is also required to obtain the consent of the inmate for the purpose. The prescribing physician will review and sign the verbal order form and the inmate information sheet⁵ on the next working day.

2.8 When an inmate refuses to give a written consent to sedatives application and such refusal is not a threat to the inmate or others in the detention facility, sedatives will not be applied in this situation. If an inmate refuses to sign a consent form but is willing and competent to give a verbal consent, such consent is required to be witnessed and signed by both a nurse and a physician before sedatives can be applied to the inmate.

2.9 Correctional operations staff are always present to observe the sedatives application process. However, they are not involved in the process other than observation.

2.10 Each inmate receiving sedatives application is assigned a psychology case

⁵ An inmate information sheet refers to a special form to be completed by a nurse in receiving a physician's verbal order for prescribing sedatives to an inmate. The sheet contains such information as the name of the inmate, symptom(s), the name of sedatives being prescribed and dosage.

manager within 72 hours after the application for after-effect observation.

Procedure for Applying Sedatives to Inmates in Emergency Situations

2.11 When an inmate is determined by a correctional operations staff to be engaging in agitated behaviour as described in paragraph 2.3, the correctional operations staff will report the incident to a physician. The physician then issues an Emergency Treatment Order (ETO) to authorize the application of sedatives to the inmate without the inmate's consent.

2.12 The administration of sedatives to an agitated inmate during an emergency situation is also performed by a nurse with the presence of the correctional operations staff.

Monitoring System

2.13 Physicians and nurses are responsible for keeping proper and accurate documentation of medical records regarding medical evaluation and administration. Both the Regional Director of Nursing and the Consultant Pharmacist evaluate the aforementioned records during their monthly visits to detention facilities.

2.14 Apart from documentation evaluation, FDC also takes a holistic approach in managing the quality of the delivery of its health care services by implementing the Office of Health Services Clinical Quality Management Programme (OHSCQMP). The Deputy Director of Health Services Administration is assigned by the Director of Health Services (DHS) of OHS of FDC to manage OHSCQMP. OHSCQMP holds all health care staff accountable for the delivery of quality services at OHS. It aims at identifying, investigating and evaluating clinical care risks so as to protect inmates, health care staff and OHS from foreseeable harm.

2.15 The peer review programme⁶, a component of OHSCQMP, is a mechanism to monitor the conduct and practice of the health care staff at OHS. Peer review is conducted by the Clinical Quality Management Committees (CQMCs)⁷, which are established at institutional, regional and statewide levels under OHSCQMP to review and address clinical quality management issues within their respective areas of responsibility.

⁶ It is called "peer review" because the evaluation of the work of the health care staff is made by their professional counterparts.

⁷ The Clinical Quality Management Committees comprise staff from pharmacy, nursing, mental health services, dental and management of FDC.

2.16 Institutional and regional CQMCs meet either monthly or quarterly and submit summary reports of activities to the statewide CQMC for review at its quarterly meetings. The statewide CQMC reviews the feedback from regional and institutional CQMCs and evaluates the effectiveness of the whole system by identifying problematic service areas. When problem areas are identified, the statewide CQMC will recommend to DHS on corrective actions to be taken and DHS will seek the approval of the Secretary of Department of Corrections (SDC) on those recommendations he/she agrees with accordingly.

Grievance Handling Mechanism

2.17 Both inmates and correctional operations staff are given instructions on the grievance handling procedure. An inmate is entitled to lodge written complaints by completing grievance forms on matters pertaining to conditions of care or supervision within the authority of FDC.

2.18 In general, a grievance is reviewed by the Reviewing Authority, who can be the Warden, the Assistant Warden or a representative of SDC, no later than 15 calendar days from the date of receipt of the grievance. The Reviewing Authority has up to 20 calendar days from the date of receipt of the grievance to take action and respond. The Warden has authority to approve the final resolution of the grievance.

2.19 Grievances of a medical nature are forwarded by the Reviewing Authority to the Chief Health Officer/Medical Executive Director⁸ (CHO/MED) within one day after receiving the grievances. CHO/MED is responsible for investigation and approval of final resolutions of the medical grievances within 15 calendar days.

2.20 Inmates can submit grievances of reprisal or sensitive nature⁹ directly to the Bureau of Inmate Grievance Appeals¹⁰ which reviews and provides responses to such grievances within 20 calendar days.

2.21 A log of each grievance is kept at the institution and in the central office of FDC as well. The log is retained on file for a minimum of four years. An annual evaluation of the grievance handling process is conducted by the Inspector General of FDC¹¹. Staff who fail to comply with the above procedures are subject to disciplinary action.

⁸ The Chief Health Officer/Medical Executive Director is responsible for the management of the institutional health care delivery system.

⁹ Grievances of reprisal or sensitive nature refer to complaints of physical abuse, improper conduct or excessive force involving staff.

¹⁰ The Bureau of Inmate Grievance Appeals is the bureau authorized by SDC to receive, review, investigate, evaluate and respond to inmate grievance appeals (except appeals of a medical nature).

¹¹ The Inspector General is responsible for criminal and internal affairs investigations within FDC.

3. Canada

Legality of the Application of Sedatives to Inmates

3.1 As stated in the *Health Services Manual* published by the Correctional Service of Canada (CSC), the use of sedatives or any medication is restricted to the purpose of medical treatment and is under the sole authority of health care professionals. There must be a clinically diagnosed need and no viable options other than pharmacological intervention when a physician can prescribe sedatives to an inmate. It is mandatory to obtain consent (either verbal or written) from an inmate before any sedative can be applied to him/her.

Procedure for Applying Sedatives to Inmates in Non-Emergency Situations

3.2 When a physician is on duty at the detention facility, he/she is responsible for diagnosing an inmate to determine the need for sedatives application. After the diagnosis, the physician writes an order to prescribe the medication to be administered by a nurse. It is necessary for the nurse to obtain the inmate's consent before performing the application and the nurse is also required to record the application on the medical administration record.

3.3 When there is no on-duty physician at the detention facility, the nurse contacts a physician via telephone to describe the symptoms of the inmate and seek the physician's verbal order of prescription. The nurse records the verbal order, seeks the inmate's consent and administers sedatives accordingly. The nurse is also required to write down the application on the medical administration record of the inmate.

3.4 Sedatives will not be applied to an inmate when he/she refuses the application in non-emergency situations.

3.5 Correctional operations staff observe but otherwise are not involved in the sedatives application process. They are also not eligible for accessing medical inventories.

Procedure for Applying Sedatives to Inmates in Emergency Situations

3.6 The procedure for applying sedatives to an inmate under an emergency¹² situation is similar to the description laid down in paragraph 3.2 where a physician is on duty. The only difference is that the inmate's consent is not required but the diagnosis of the physician is required to be documented appropriately.

¹² An emergency situation includes suicides and major incidents involving threats to inmates or staff at the detention facility.

3.7 In case of an emergency situation when there is no on-duty physician at the detention facility, the nurse will perform sedatives application to an inmate in accordance with the authority specified by the Health Care Standing Order¹³. The nurse has the onus to notify the physician of the treatment immediately after the application. In addition, it is the duty of the nurse to make a full report of this treatment on the inmate's health record. He/she is required to sign on the health record and have it counter-signed by the physician on the physician's next visit to the detention facility.

Monitoring System

3.8 The focus of the monitoring system of sedatives application to inmates in Canada is on inventory control. When sedatives are administered to inmates, nurses are required to record and sign the form to attest the following information:

- (a) the inmate's name and number;
- (b) the name of the prescribing physician;
- (c) the date and time of the administration of the drug;
- (d) the dosage of the drug administered;
- (e) the signature of the nurse administering the drug; and
- (f) the balance of the drug on hand after the administration.

3.9 Audits of the inventory of sedatives are carried out at the change of each shift between the outgoing and incoming nurses. Should any discrepancies between the actual count and the recorded count occur, both the Institutional Chief of Health Services (CHS) of CSC and the Pharmacy of CSC will be notified immediately for further investigation. Aside from daily sedatives inventory audits, each detention facility is required to carry out quarterly pharmacy inventory audits.

3.10 CHS audits the conduct and practice of physicians by evaluating the medical documentation compiled by them. In case of medical incidents, the involved health care staff are required to complete incident reports to be reviewed biannually at the Regional Pharmacy and Therapeutics Committee¹⁴ (the Committee) meetings. The Committee will determine the necessity to take disciplinary actions against the staff involved in any wrongdoing revealed in the review.

Grievance Handling Mechanism

¹³ The Health Care Standing Order is issued by a physician to govern the delegation of his/her authority to nursing staff for specialized aspects of health services in his/her absence to perform specific medical activities.

¹⁴ The Regional Pharmacy and Therapeutics Committee is composed of appointed representatives from pharmacy, medicine, nursing and administration of CSC. The Committee establishes the Regional Drug Formulary to promote the safe use of drugs in detention facilities under CSC. In addition, the Committee periodically evaluates health records and drug utilization for quality assurance of health services provided at detention facilities.

3.11 The *Commissioner's Directive No. 81 (CD)* published by CSC promulgates that inmates' complaints (written or verbal) are required to be dealt with promptly and fairly by the front line correctional operations staff in accordance with the law. Attempts are made at CSC to resolve any concerns prior to formal grievances are submitted.

3.12 If an inmate is not satisfied with the reply to his/her complaint, the inmate can submit a formal grievance to the Institutional Head or District Director of CSC through the Institutional Grievance Co-ordinator at the detention facility. The Institutional Head or District Director is responsible for reviewing the grievance within 15 working days and providing a complete written response within 25 working days upon receipt of the grievance.

3.13 If the inmate is not satisfied with the decision rendered on the grievance by the Institutional Head or District Director, the inmate can submit a formal grievance to the Assistant Commissioner of Policy, Planning and Co-ordination of CSC whose decision constitutes the final stage of the grievance handling process.

4. Comparison of Procedures for Applying Sedatives

4.1 A comparison table of the procedures for applying sedatives to inmates in Florida, Canada and Hong Kong is given in the Appendix.

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Appendix

Comparison of the Procedures for Applying Sedatives to Inmates in Florida of the United States of America, Canada and Hong Kong

	Florida	Canada	Hong Kong
Guidelines and Procedures			
Availability of published guidelines and procedures	<ul style="list-style-type: none"> • Yes. 	<ul style="list-style-type: none"> • Yes. 	<ul style="list-style-type: none"> • Yes.
Governing authority	<ul style="list-style-type: none"> • The Office of Health Services of Florida Department of Corrections. 	<ul style="list-style-type: none"> • The Correctional Service of Canada. 	<ul style="list-style-type: none"> • The Penal Operations Section of the Correctional Services Department (CSD).
Circumstances under which sedatives can be applied	<ul style="list-style-type: none"> • For medical treatment only; and • Purpose for suppressing undesirable behaviour of inmates is prohibited. 	<ul style="list-style-type: none"> • For medical treatment only; and • There must be a clinically diagnosed need and no viable options other than pharmacological intervention. 	<ul style="list-style-type: none"> • For medical treatment only.
Requirement of an inmate's consent	<ul style="list-style-type: none"> • Yes (verbal or written) except in emergencies. 	<ul style="list-style-type: none"> • Yes (verbal or written) except in emergencies. 	<ul style="list-style-type: none"> • Not required.
Roles of a physician in the sedatives application process	<ul style="list-style-type: none"> • Prescription of sedatives application to inmates by written or verbal orders; • Explanation of sedatives application to inmates; and • Issuance of Emergency Treatment Order to authorize sedatives application to an inmate without the inmate's consent. 	<ul style="list-style-type: none"> • Prescription of sedatives application to inmates by written or verbal orders; • Explanation of sedatives application to inmates; and • Issuance of Health Care Standing Order to delegate authority to nurses for applying sedatives to inmates in the absence of a physician during an emergency. 	<ul style="list-style-type: none"> • Diagnosis and prescription of sedatives to inmates.

Comparison of the Procedures for Applying Sedatives to Inmates in Florida of the United States of America, Canada and Hong Kong (cont'd)

	Florida	Canada	Hong Kong
Roles of a nurse in the sedatives application process	<ul style="list-style-type: none"> • Documentation of verbal orders from the physician prescribing sedatives to inmates; • Acquisition of an inmate's consent before applying sedatives to the inmate; and • Application of sedatives to inmates. 	<ul style="list-style-type: none"> • Documentation of verbal orders from the physician prescribing sedatives to inmates; • Acquisition of an inmate's consent before applying sedatives to the inmate; and • Application of sedatives to inmates. 	<ul style="list-style-type: none"> • Documentation of verbal orders from the medical officer prescribing sedatives to inmates; and • Application of sedatives to inmates.
Roles of a correctional operations staff in the sedatives application process	<ul style="list-style-type: none"> • Observation of the sedatives application process. 	<ul style="list-style-type: none"> • Observation of the sedatives application process. 	<ul style="list-style-type: none"> • Absent in the sedatives application process.
Monitoring System*			
Availability of monitoring system	<ul style="list-style-type: none"> • Yes. 	<ul style="list-style-type: none"> • Yes. 	<ul style="list-style-type: none"> • Yes.
Authority overseeing the monitoring system	<ul style="list-style-type: none"> • Deputy Director of Health Services Administration. 	<ul style="list-style-type: none"> • Institutional Chief of Health Services. 	<ul style="list-style-type: none"> • Assistant Commissioner of Penal Operations of CSD.

Comparison of the Procedures for Applying Sedatives to Inmates in Florida of the United States of America, Canada and Hong Kong (cont'd)

	Florida	Canada	Hong Kong
Major components of the monitoring system	<ul style="list-style-type: none"> Implementation of the Office of Health Services Clinical Quality Management Programme to manage and review regularly the quality of health care services delivered by the Florida Department of Corrections; Implementation of the peer review programme to monitor the conduct and practice of the health care staff; and All health care staff are held accountable for the delivery of quality services at the Office of Health Services. 	<ul style="list-style-type: none"> Daily sedatives inventories are audited by nurses; Practices of physicians are audited by the Institutional Chief of Health Services; and The Regional Pharmacy and Therapeutics Committee is responsible for reviewing medical incidents and determining disciplinary actions against the health care staff involved in any wrongdoing. 	<ul style="list-style-type: none"> Audits of health care services are carried out by site visits of the Regional Chief Officer (Hospital) of CSD in every fortnight and the Superintendent (Nursing and Health Services) in each quarter; Proper functioning of the dispensary is conducted by the Chief Dispenser from the Department of Health; and Full inspections to institutions will be conducted in every five years.
Grievance Handling Mechanism*			
Availability of guidelines and procedures for handling grievances from inmates	<ul style="list-style-type: none"> Yes. 	<ul style="list-style-type: none"> Yes. 	<ul style="list-style-type: none"> Yes.
Format of grievances submitted by inmates	<ul style="list-style-type: none"> Written. 	<ul style="list-style-type: none"> Verbal or written. 	<ul style="list-style-type: none"> Verbal or written.
Time frame for reviewing grievances from inmates	<ul style="list-style-type: none"> 15 calendar days in general upon receipt of grievances. 	<ul style="list-style-type: none"> 15 working days in general upon receipt of grievances. 	<ul style="list-style-type: none"> A maximum of 18 weeks (or 126 calendar days) upon receipt of grievances.

Comparison of the Procedures for Applying Sedatives to Inmates in Florida of the United States of America, Canada and Hong Kong (cont'd)

	Florida	Canada	Hong Kong
Time frame for responding to grievances from inmates	<ul style="list-style-type: none"> 20 calendar days in general or 15 calendar days for grievances of a medical nature upon receipt of grievances. 	<ul style="list-style-type: none"> 25 working days in general upon receipt of grievances. 	<ul style="list-style-type: none"> 10 working days in general after the grievances have been reviewed.
Grievance handling authorities	<ul style="list-style-type: none"> The Warden, Assistant Warden or the representative of the Secretary of Florida Department of Corrections is the reviewing authority of general grievances; The Chief Health Officer/Medical Executive Director is the reviewing authority of medical grievances and grievance appeals; and The Bureau of Inmate Grievance Appeals is the reviewing authority of grievances of reprisal or sensitive nature. 	<ul style="list-style-type: none"> Front line correctional operations staff are accountable for handling complaints from inmates; Institutional Head or District Director is responsible for handling formal grievances submitted by inmates who are not satisfied with the replies from front line correctional operations staff; and The Assistant Commissioner of Policy, Planning and Co-ordination is the final authority in handling grievances from inmates. 	<ul style="list-style-type: none"> Minor complaints are reviewed and responded by Institutional Heads; The Correctional Investigation Unit of CSD is responsible for reviewing and responding to major grievances as well as monitoring the practices of Institutional Heads in the grievance handling process; and The Correctional Services Department Complaints Committee is the final authority in handling grievances from inmates.

* Based on the information available to us, no review has been made on the effectiveness of the monitoring system governing the sedatives application process and inmates' grievance handling mechanism in Florida and Canada

References

Canada

1. Correctional Service of Canada, *The Health Services Manual*, April 1996.
2. Correctional Service of Canada, *The Commissioner's Directive*, March 2002.

Florida of the United States of America

1. Office of the General Counsel of Florida, *Inmate Grievance Procedure No. 103.001*, October 2000.
2. Office of Health Services, Florida Department of Corrections, *The Technical Instruction No. 15.05.06*, March 2001.
3. Office of Health Services, Florida Department of Corrections, *The Technical Instruction No. 15.05.19*, May 1996.
4. Office of Health Services, Florida Department of Corrections, *The Technical Instruction No. 15.09.01*, April 2001.
5. Office of Health Services, Florida Department of Corrections, *The Medication Administration and Missed Medication No. 403.007*, April 2001.
6. Office of Health Services, Florida Department of Corrections, *The Technical Instruction No. 15.09.01*, April 2001.

Hong Kong

1. Correctional Services Department, *The Hospital Manual*, Paragraph 3.1 of Part III - Pharmaceutical and Medical Stores.
2. Correctional Services Department, *Complaints Handling Manual*.
3. Department of Health, *The Standing Circular No. 716/9*, Procedure for Sedatives Injection, March 1990.
4. Siu Lam Psychiatric Centre, *Superintendent's Order No. 61*, Procedure of Administering Injection, April 1994.
5. Siu Lam Psychiatric Centre, *Head of Institution Procedure 7003.01*, Administration of Medicine, November 2002.