

NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 11	
Covert Administration of Medicine	
Approved by: ADTC Safer Use of Medicines Committee	March 25
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11. General principles

Please refer to the **NHSGGC Mental Health Covert Medication Policy for more details** (available via the Right Decisions platform / MyPsych app) - link [here](#).

- 11.1 The covert administration of medicines is defined as the administration of medicines in a disguised form, usually by means of food or drink, to patients who have previously refused to take the medicines. All patients have the right to refuse treatment. This right may be overturned only by application of the appropriate Adults with Incapacity (AWI) legislation. Only medicines deemed essential may be administered covertly.
- 11.2 The legislation governing medicine administration in those who lack capacity is covered by the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and treatment) (Scotland) Act 2003.
- 11.3 Covert administration must never be used where patients are capable of making decisions about their medical treatment. Covert medication given in these circumstances could be considered assault. Covert medication is no substitute for explanation and education.
- 11.4 The 2000 Act defines incapacity as being incapable of:
 - acting or
 - making decisions, or
 - communicating decisions or
 - understanding decisions or
 - retaining the memory of decisions,

due to a mental disorder or the inability to communicate due to physical disorder. All possible assistance must be given to patients to aid their communication (e.g. interpreters) before a decision of incapacity can be made.
- 11.5 The covert administration of medicines must never involve restraint or force. This policy does not apply in emergency situations.
- 11.6 Medicines may be administered covertly only following discussion and agreement with the medical and nursing staff responsible for the patient's care and the patient's family and/or carers, and advocates. The lead practitioner must certify incapacity on an Incapacity Consent Form or other approved documentation (e.g. Section 47 certificate or other relevant documentation in relation to the Mental Health Act).

- 11.7 Medicines may only be administered covertly when it is in the best interests of the patient, that is, the medicine is necessary in order to save life, or to prevent deterioration in the patient's physical or mental health, or to ensure improvement in the patient's physical or mental health.
- 11.8 Where a young person under the age of 16 refuses a medicine, and is not deemed to be capable, consent to administer medicines covertly must be obtained from the capable adult with parental responsibility. If the person with parental responsibility consents, the medicine may be given covertly. If the person with parental responsibility does not consent, then the medicine should not be administered covertly. However, in exceptional circumstances, where the adult with the parental responsibility is absent, or is not acting in the best interests of the young person, the medicine may be given covertly if it is thought to be essential by the medical and nursing staff responsible for the young person's care.
- 11.9 While medicines are being administered covertly, the situation must be re-assessed regularly to take account of changes in the capability status of the patient. Regular attempts must be made to encourage the patient to take the medicine, by providing information and explanation.
- 11.10 Practical aspects of covert medicine administration must be considered at an early stage, including the safety of 'crushing' or 'dissolving' medication and the need to prescribe accurately and record covertly administered medicines on the usual documentation. Pharmacy should be contacted for advice on practical issues with covert medicine administration. Useful information can be found [here](#) (via the Right Decisions platform / MyPsych app).