

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 5	Number 4.04A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title EMERGENT INVOLUNTARY PSYCHOTROPIC MEDICATIONS

Legal References (includes but is not limited to) IC 11-8-2-5 IC 34-4-12.6	Related Policies/Procedures (includes but is not limited to) 01-02-101 01-02-106	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) provides direction regarding the emergent and involuntary use of psychotropic medications with adults. Emergent and involuntary psychotropic medication shall be used only when it is necessary to ensure the physical safety of the incarcerated individual or the safety of others.

II. DEFINITIONS:

- A. MULTIDISCIPLINARY TEAM (MDT): A treatment team comprised of individuals from different disciplines that contribute a broad range of perspectives and treatment modalities in the management of patients' needs.
- B. QUALIFIED MENTAL HEALTHCARE PROFESSIONAL (QMHP): A person with professional training, experience, and demonstrated competence in the treatment of mental illness. QMHPs include physicians, psychiatrists, psychologists, social workers, mental health counselors, mental health nurse practitioners, mental health-trained nurses, or other qualified persons as designated by the Executive Director of Behavioral Health Services.

III. GUIDELINES:

- A. Forced emergent psychotropic medications shall be used when:
 - 1. A patient is displaying symptoms of acute or chronic mental illness or is experiencing an acute change in mental status, **and**;
 - 2. Refuses to take the prescribed medication, **and**;

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3. Less restrictive or intrusive measures have proven inadequate or are clinically determined to be inadequate or inappropriate, **and**;
 4. The following exists as a clear and imminent substantial threat:
 - a. The patient is suicidal, as determined by a qualified mental healthcare professional (QMHP); and/or,
 - b. The patient will cause serious physical harm to self or others; and/or,
 - c. The patient is gravely disabled as a result of an acute change in mental status or due to displaying symptoms of acute or chronic mental illness; and/or,
 - d. The patient will cause serious property damage; **and**,
 5. The medication is a generally accepted treatment for the patient's condition; and,
 6. Details are specified about why, when, where, and how the medication is to be administered.
- B. Emergent involuntary psychotropic medication may not be used for behavioral control unless the above criteria are met.
- C. Emergent involuntary psychotropic medication may not be used as punishment or for staff convenience.
- D. Only a psychiatrist or other physician may order emergent involuntary psychotropic medication.
- E. This process supersedes a patient's right to refuse psychotropic medication. Contemporaneous documentation regarding the use of emergent involuntary psychotropic medication must include:
1. A full description of the acute symptoms experienced by the patient;
 2. The behavioral manifestations observed by Health Services staff;
 3. Description of any relevant incidents;
 4. Explanation from the psychiatrist or physician regarding the presence of acute mental illness;

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5. Description of less restrictive interventions and why or how they have failed or been skipped in the decision to administer emergent involuntary medications;
 6. Evidence for suicidal, dangerous, or destructive behavior or intent; and,
 7. Support for the proposed involuntary medication usage, including the expected effects of the medication.
- F. If there is a psychiatrist on-site who can timely evaluate the patient, the psychiatrist must personally carry out a mental health evaluation in advance of provision of emergent involuntary psychotropic medication. As part of this assessment, the patient shall be offered a last opportunity to accept medication voluntarily.
- G. If there is no psychiatrist on-site, another QMHP must personally assess and personally discuss the patient with a psychiatrist over the telephone. The psychiatrist must confirm that all required criteria are met before providing an order for emergent involuntary psychotropic medication. The psychiatrist is limited to providing a single dose of involuntary medication per order. Each subsequent dose of emergent involuntary medication shall require either a psychiatrist personally assessing the patient or again reviewing the case with a QMHP who has been able to do so and who personally discusses the case with the psychiatrist.
- H. When there is no psychiatrist or no QMHP on site and the patient is at imminent risk of harm to self or others, the on-site physician may initiate a single dose of emergent involuntary psychotropic medication when necessary.
- I. When there is additionally no physician on-site, the on-site nursing staff shall contact the psychiatrist on-call for orders. The psychiatrist is limited to providing a single dose of emergent involuntary medication per order. Each subsequent dose of emergent involuntary medication shall require either a psychiatrist personally assessing the patient or again reviewing the case with an on-site nurse who has been able to assess the patient.
- J. After provision of an emergent involuntary psychotropic medication order, the psychiatrist shall review the chart and assess the patient during their next visit to the facility. If the ordering psychiatrist does not routinely work at the facility, the attending psychiatrist at the facility must review the record

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and assess the patient during the next business day that they are present at the facility.

- K. Actual administration of the ordered emergent psychotropic medication shall be carried out as follows:
 - 1. Custody staff trained in the use of crisis intervention techniques shall be utilized to restrain and/or manage the patient while nursing staff administers the involuntary medication. Excessive use of force is never acceptable.
 - 2. Nursing staff shall take vital signs after the administration of the medication, again one hour later, and at least once a shift for the next twenty-four (24) hours (or more often as clinically indicated or ordered by the psychiatrist). Nursing staff shall assess the patient for medication effects continuously for fifteen (15) minutes with careful attention to respiration and shall assess for behavioral effects at fifteen (15) minute intervals for the first two (2) hours. Any indications of adverse side effects shall be reported to the prescribing psychiatrist and/or site medical director immediately. After two (2) hours nursing staff shall report on behavioral effect to the psychiatrist.
 - 3. If patient agitation precludes obtaining vital signs, nursing staff shall consult with the prescribing psychiatrist rather than risk injury to obtain vital signs. If this occurs, it shall be fully documented in the health record.
- L. After involuntary administration of emergent psychotropic medication, the patient shall be placed on constant suicide observation to maintain constant watch of behaviors.
- M. After involuntary emergency use of psychotropic medications, the psychiatrist shall:
 - 1. Review the problem list and treatment plan, updating as necessary;
 - 2. Ensure that appropriate follow-up visits are scheduled;
 - 3. Consider whether the current location is appropriate; and,
 - 4. Provide new orders as necessary.
- N. Within one (1) business day following the administration of emergency involuntary medication, a QMHP shall meet with the patient and complete State Form 56887, "Individual Debrief."

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VII. OUTCOME MONITORING:

On the day that emergency involuntary psychotropics are initiated, the HSA or designee shall notify the CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, Quality Assurance Manager, the Health Services vendor's Regional Director of Psychiatry, Regional Director of Behavioral Health, and Regional Director of Mental Health on the use of emergency IVM, including but not limited to the patient who was given the medication, medication dose and patient tolerance.

A copy of State Form 56887 "Individual Debrief" shall be shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, Quality Assurance, the Health Services vendor's Regional Director of Psychiatry, Regional Director of Behavioral Health, and Regional Director of Mental Health within five (5) business days of the date emergency IVM was provided.

A copy of State Form 56888 "Multi-Disciplinary Team Debrief" should be shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, the Health Services vendor's Regional Director of Psychiatry, Regional Director of Behavioral Health, and Regional Director of Mental Health within five (5) business days of the Multidisciplinary Team meeting.

Every time that emergency involuntary psychotropic medication is used the usage shall be reviewed by the site's Quality Assurance Manager to ensure that the usage was carried out in accordance with this HCSD and that all requirements were met. Emergency involuntary psychotropic medication usage that does not comply with the requirements in this HCSD shall be reviewed as a sentinel event during the Clinical Critical Incident review in accordance with HCSD 2.24A, "Clinical Critical Incident Review." Use of IVM shall be documented on the facility's monthly Health Services Report and shall be reviewed for quality assurance.

III. APPLICABILITY:

This HCSD is applicable to all facilities providing health services to incarcerated adults.

Kristen Dauss, MD
Chief Medical Officer

Date