



**HEALTH CARE SERVICES
DIRECTIVE-YOUTH SERVICES
Manual of Policies and Procedures**

Title

EMERGENT INVOLUNTARY PSYCHOTROPIC MEDICATIONS

Legal References

(includes but is not limited to)

IC 11-8-2-5

Related Policies/Procedures

(includes but is not limited to)

01-02-101

Other References

(includes but is not limited to)

National Correctional Healthcare
Standard

I. PURPOSE:

This Health Care Services Directive (HCSD) describes the procedures for the use of emergent involuntary administration of psychotropic medications in Division of Youth Services (DYS) facilities. Emergent and involuntary psychotropic medication shall be used only when it is necessary to ensure the physical safety of the youth or the safety of others.

II. DEFINITION:

QUALIFIED MENTAL HEALTH 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. General Information

In most clinical circumstances, youth are provided with psychotropic medication only after a diagnosis of serious mental illness is established and with their expressed consent. On rare occasion, a seriously mentally ill youth may become agitated and violent due to mental illness and require short-term injectable psychotropic medication(s) in order to reduce the risk of injury, death, or serious property destruction.

This HCSD outlines the circumstances in which emergent involuntary

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psychotropic medication may be employed, various safeguards directed toward minimizing the frequency of use, and ensuring that it is used only as a last resort. Emergent involuntary psychotropic medication may not be used for behavioral control unless the required criteria is met.

In the Division of Youth Services (DYS) settings, the Warden is the legal guardian for health services. In no circumstance shall involuntary psychotropic medication be administered without the consent of the Warden or authorized designee. Although this HCSD discusses involuntary medication, in a strict sense, the involuntary medication discussed herein is administered with consent of the legal guardian.

- B. Emergent involuntary psychotropic medication(s) may be used when:
1. A youth is displaying symptoms of acute or chronic mental illness or is experiencing an acute change in mental status;
 2. Refuses to take the prescribed medication;
 3. Less restrictive or intrusive measures have proven inadequate or are clinically determined to be inadequate or inappropriate;
 4. The following exists as a clear and imminent substantial threat of:
 - a. The youth is suicidal, as determined by a QMHP;
 - b. The youth will cause serious physical harm to self or others;
 - c. The youth 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,
 - d. The youth will cause serious property damage.
 5. The medication is a generally accepted treatment for the youth's condition;
 6. Details are specified about why, when, where, and how the medication is to be administered;
 7. The physician or psychiatrist has discussed them with the Warden and has requested the Warden's consent for use of injectable psychotropic medication (including a discussion of the risks and benefits associated with forcible medication); and,

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8. The Warden has provided their consent to forcible medication.

C. Initiation of Emergent Involuntary Medication

1. Only the physician or psychiatrist may initiate the request for emergent involuntary psychotropic medication. This intervention may not be requested by a member of Operations, Administration, or by the psychiatric nurse practitioner.
2. Every usage of emergent involuntary psychotropic medication must be treated as a critical incident and must be reviewed on site in the same manner as other clinical critical incidents are reviewed in accordance with HCSD 2.24Y, "Clinical Critical Incident Review."
 - a. Every usage of emergent involuntary psychotropic medication must be recorded within one business day to the Executive Director of Youth Services, the Chief Medical Officer (CMO), and Executive Director of Behavioral Health Services. This report may initially be verbal but must be followed up a copy of the Critical Incident Report and the Clinical Critical Incident Review.
 - b. Every usage of emergent involuntary psychotropic medication must be reviewed by the facility's assigned Quality Assurance Manager (QAM).
 - c. Once the physician or psychiatrist and the Warden have agreed and documented that emergent involuntary psychotropic medication should be used, the physician or psychiatrist must write or give a verbal order for one dose of medication. If additional doses are required, each dose requires a separate order after the youth has been re-evaluated.

D. Process Documentation

This process supersedes a youth'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 youth;
2. The behavioral manifestations observed by Health Services staff;

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3. Description of any relevant incidents;
4. Description of less restrictive interventions and why or how they have failed or been rejected in the decision to administer emergent involuntary psychotropic medication;
5. Documented violent or self-destructive behavior;
6. The Warden's signed informed consent for use of emergent involuntary psychotropic medication;
7. Medication, dosage, and duration ordered;
8. Evidence for suicidal, dangerous, or destructive behavior or intent;
9. Support for the proposed involuntary medication usage, including the expected effects of the medication; and,
10. Additional orders, special considerations, follow-up recommendations, and any other information relevant to the management of the youth.

All necessary administrative documentation (use of force, etc.) shall be completed and forwarded to facility administrative staff. This includes reporting (as mentioned above) to the Executive Director of Youth Services, CMO, Executive Director of Behavioral Health Services, and the site's assigned QAM.

E. Medication Administration

Security staff trained in the use of crisis intervention techniques shall be utilized to restrain and/or manage the youth while nursing staff administer the involuntary medication. Excessive use of force is never acceptable.

The youth shall be given an opportunity to consent each injection prior to being administered. The purpose of this is to minimize the likelihood of injury during involuntary medication. The Warden's response to the opportunity must be included in the progress note documentation in the health record. The youth shall be monitored by health care staff continuously for at least 15 minutes after each injection, with special attention to respiration and behavioral effects of the administered medication. Observations shall be fully documented. Nursing staff shall take vital signs after the administration of the medication, one hour later, and at least once a shift for the

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next twenty-four (24) hours, or more often as clinically indicated or ordered by the physician or psychiatrist. Any indications of adverse reactions or side effects shall be reported to the prescribing physician or psychiatrist immediately.

If patient agitation precludes obtaining vital signs, nursing staff shall consult with the prescribing physician or psychiatrist rather than risk injury to obtain vital signs. If this occurs, it must be reported to the prescribing psychiatrist and be fully documented in the health record.

- F. After the emergent involuntary medication has been administered, less restrictive treatment plan alternatives are prepared as soon as possible. Custody staff shall maintain a continuous watch for two (2) hours and document observations every 15 minutes on the monitoring sheet or as requested by the prescribing psychiatrist or physician.

Nursing staff shall closely monitor medication effects for the first two (2) hours after the medications are administered and shall obtain and document vital signs as indicated above.

It is anticipated that emergent involuntary psychotropic medication administration will be followed by a transfer to a setting capable of providing more intensive mental health treatment services when necessary. Following emergent involuntary psychotropic medication administration, the youth shall be monitored continuously until seen by a QMHP and then seen daily, at a minimum, by a QMHP until the QMHP determines monitoring is no longer necessary.

- G. Each use of emergent involuntary psychotropic medications shall be reported to the site's assigned QAM within 24 hours of administration of the first dose of emergent involuntary psychotropic medication so they are able to review the youth's records to ensure the process was followed and documented appropriately.

IV. APPLICABILITY:

This HCDS is applicable to all Division of Youth Services facilities.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date