

State of Iowa Department of Corrections

Policy and Procedures

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Applicability: DOC

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Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: IO-SC-08

Administrative Code Reference: N/A

Subject: Involuntary Psychotropic Medication in Emergency Situations

ACA Standards: 5-ACI-6A-28, 5-ACI-6C-08

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Authority:

1. PURPOSE

To provide guidelines to the Iowa Department of Corrections (IDOC) policy on emergency forced psychotropic medications.

2. POLICY

It is the policy of the IDOC to have available psychotropic medication for involuntary use in emergency situations for patients experiencing severe mental illness.

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- A. Participation
- B. Application
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3. DEFINITIONS

- A. Psychotropic Medication - For the purpose of this policy, this category includes anti-psychotic, anti-anxiety, anti-depressant and mood stabilizing agents.
- B. Likelihood of Serious Harm:
 - 1. A substantial risk that serious physical harm will be inflicted by a patient upon his/her person as evidenced by threats or attempts to commit suicide or inflict physical harm to oneself.
 - 2. A substantial risk that serious physical harm will be inflicted by a patient upon another as evidenced by behavior which has caused such harm or which placed another person in reasonable fear of sustaining such harm.
- C. Psychiatric Emergency - A psychiatric emergency is defined as one in which a person is suffering from a mental illness which creates an immediate threat of bodily harm to self or others, or extreme deterioration of functioning secondary to psychiatric illness.
- D. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURE

Unless under civil commitment, patients have the right to refuse psychotropic medication except in psychiatric emergencies. During a psychiatric emergency, psychotropic medication may be administered when the medication constitutes an appropriate treatment for the mental illness and less restrictive alternatives are not available, indicated, or would not be effective, and this has been documented.

A. Participation

- 1. The IDOC expects that voluntary participation be sought from patients requiring mental health treatment and for whom psychotropic medications have been prescribed.
- 2. In the event a patient is reluctant to accept psychotropic medications as part of their treatment program, cooperation should be sought through explanations, to the extent that they can comprehend, about the purpose of the treatment and the medical consequences of the refusal to accept medication.

3. Under no circumstance will a patient be required to accept medication except in the case of a psychiatric emergency as governed by local, state and federal laws.
4. If the order has been obtained for involuntary administration of medication, staff will continue to attempt to gain voluntary consent up until the actual time of administration. Documentation in the electronic medical record will reflect the patient's consent for administration of medication.

B. Application

1. This policy applies only to emergency situations where designated psychotropic medications are required to involuntarily treat seriously mentally ill patients who meet the criteria specified herein and applies to all staff involved in the process.
2. For involuntary medications to be approved, it must be demonstrated by clear and convincing evidence that the patient suffers from an acute mental status change and as a result of this illness, one or more of the following concerns exists:
 - a. There is a substantial likelihood of serious physical harm to the patient or to others;
 - b. Extreme deterioration of functioning secondary to psychiatric illness;
 - c. The patient is so disruptive to the environment and safety of a given area that other patients and/or staff cannot escape from emotional hardship from being exposed to the disruption.

C. Administration

1. If the criteria in B.2 are met, involuntary administration of medication will occur after consultation with the mental health care provider and orders for administration are received. Administration should be done only after reasonable efforts to counsel the patient to accept clinically indicated medication voluntarily have been unsuccessful.
2. The mental health care provider's order for forced psychotropic medication is valid for a single administration only and is not to be

prescribed as a PRN medication unless the patient is under civil commitment. The order will include the following:

- a. Date
 - b. Time
 - c. Medication
 - d. Dosage
 - e. Route
 - f. Reason for forced medication
3. The initial administration of injectable involuntary medication will be administered by a registered nurse, nurse practitioner, physician assistant or a physician along with sufficient staff presence for the administration of forced medication to minimize the risk of injury to patient and staff.
 4. If necessary for medication administration, use of force will be used in accordance with IDOC Policy **IO-SC-08**, *Use of Force and Restraints*.
 5. Patients without a Civil Commitment:
 - a. The nurse's face-to-face assessment of the patient's mental health status is reported to the physician when requesting to administer medication without expressed permission of the patient.
 - b. The nurse will inform the unit officers that IM route medication has been ordered by the Mental Health Provider.
 - c. The Security Shift Supervisor is notified by unit officers of the medication order and security staff will proceed at the direction of the Shift Supervisor to assist in the administration.
 - d. Security and nursing will formulate a plan for cell entry, staff placement and injection site selection prior to action.

D. Documentation and Follow-up

1. Immediately following administration of forced psychotropic medication, the nurse will clearly document the following in the patient's electronic medical record:
 - a. Patient's condition
 - b. Threat posed
 - c. Reason for forced medication
 - d. Other interventions attempted
2. Nursing staff will complete a follow-up note in the patient's electronic medical record indicating the effectiveness of the forced medication and any side effects observed within thirty minutes after the administration of the medication. In consultation with the IDOC Health Services Administrator/designee, a plan of care shall be determined with the mental health care professional/provider.
3. An *Involuntary Medication Report*, **HSF-752A**, will be completed immediately by nursing staff, scanned and emailed to the IDOC Health Services Administrator and DOC Nursing Administrator.
4. The IDOC Health Services Administrator will review and discuss with on-site clinicians' cases on an individual basis for follow-up and consideration of civil commitment per **Iowa Code 229**.