

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: Nov. 13, 2015	POLICY NO.: COR.10.1I.02
		SUPERSEDES (Policy No. & Date): COR.10.1I.02 (03/10/10)	
SUBJECT: INVOLUNTARY EMERGENCY TREATMENT AND MEDICATION		Page 1 of 5	

1.0 PURPOSE

The purpose of this policy is to provide guidelines for safe and effective use of STAT orders for the administration of emergency treatments and medications.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Department of Public Safety (PSD), Policy & Procedure (P & P) COR.10.1G.17 Court Authorized Involuntary Psychiatric Medications.
- b. Hawaii Revised Statutes (HRS) § 26-14.6, Department of Public Safety; and § 353C-2, Director of Public Safety, Powers and Duties.
- c. HRS § 334-74, Transfer of residents of correctional facilities.
- d. Standards for Health Services in Prisons, National Commission on Correctional Health Care, (2014).

.2 Definitions

- a. Emergency: An immediate threat of harm to self or others due to psychiatric or medical distress that cannot and has not been able to be ameliorated by other interventions that have been attempted by staff.
- b. Involuntarily/Forced: Without patient consent.
- c. Pro Re Nata (PRN): According to the circumstances.
- d. Provider: A physician, nurse practitioner.
- e. Statim (STAT) – Immediately: Referring to the immediate administration of medications.

NOT-CONFIDENTIAL

COR P & P	SUBJECT: INVOLUNTARY EMERGENCY TREATMENT AND MEDICATION	POLICY NO.: COR.10.1I.02
		EFFECTIVE DATE: Nov. 13, 2015
		Page 2 of 5

3.0 POLICY

- .1 Inmates may refuse to participate in medical or mental health treatments unless their refusal represents a danger to themselves or others, or the safe operation of the institution.
- .2 Involuntary or forced medication requires a licensed provider's authorization prior to administration, specifying the when, where, and how the medication may be forced.
- .3 Providers ordering forced medications or medical and mental health staff administering involuntary treatment or medications shall document the necessity for the treatment or medications. The following shall be documented in the patient's medical record, as soon as possible:
 - a. The patient's stated reasons for refusing medication or other treatment.
 - b. The patient's condition.
 - c. The threat or danger posed.
 - d. The reason for the involuntary treatment or medication.
 - e. The voluntary methods attempted.
 - f. The goals for treatment alternatives.
- .4 When a medication is forced there shall be documentation of follow-up care.
- .5 To the extent possible in an emergency, the involuntary intervention chosen shall meet therapeutic objectives and have a reasonable expectation that the treatment or medications will be beneficial to the inmate.
- .6 Administration of emergency medications shall only be continued as long as required to mitigate the threat or danger.
- .7 PRN orders for psychotropic medications are prohibited.

4.0 PROCEDURES

- .1 Treatment or medications may be involuntarily administered to a patient if a potentially threatening condition or emergency exists that cannot be resolved with other interventions, and there is an imminent threat, danger or likely threat/danger based on the patient's past mental health history, to the health or safety of the inmate or others and treatment with medication is medically appropriate. The decision to order an involuntary treatment or medications shall be made only by a provider either in person or by telephone order. The order shall be documented on the progress note in the electronic medical record with

NOT-CONFIDENTIAL

COR P & P	SUBJECT: INVOLUNTARY EMERGENCY TREATMENT AND MEDICATION	POLICY NO.: COR.10.1I.02
		EFFECTIVE DATE: Nov. 13, 2015
		Page 3 of 5

the visit reason of forced medication and forwarded to the ordering provider for cosignature.

- .2 Involuntary treatment or medications shall be administered with the least amount of force necessary. The inmate shall always be given the opportunity to accept the care by the administering health care staff voluntarily.
- .3 The provider's order for involuntary treatment or medications shall be valid for twenty-four (24) hours. The involuntary administration may be repeated if the order permits more than one administration during the twenty-four (24) hour period. After twenty-four (24) hours, if the involuntary order is still necessary, the patient must be re-evaluated by the provider and a new order written.
- .4 Appropriate documentation of follow-up care shall be as follows:
 - a. Monitoring for dehydration, muscle rigidity, diaphoresis, alteration in consciousness, autonomic dysfunction (orthostatic hypotension, drooling, urinary incontinence, unusually rapid breathing) to avoid neuroleptic malignant syndrome.
 - b. Monitoring for extrapyramidal symptoms, such as dystonia, parkinsonism, tremors, dyskinesia, akathisia.
 - c. Monitoring shall include an assessment of mental status, such as alert and oriented, motor activity, speech, excess sedation.
 - d. Nursing staff shall check the patient within the first fifteen (15) minutes, and then every thirty (30) minutes until patient no longer requires monitoring.
 - e. Observation of behavior, such as psychosis, assaultive or agitation.
 - f. Taking vital signs, including blood pressure, pulse, respirations and temperature, as clinically indicated.
- .5 When the provider finds it necessary to renew involuntary treatment or medications for more than forty-eight (48) hours, the provider must bring the patient's case before a panel consisting, at a minimum, of a physician who is not involved in the patient's care, the Medical Director and the Mental Health Branch Administrator. Review and concurrence of the panel to continue the involuntary treatment must be documented in the inmate's medical records prior to resuming the involuntary treatment. If the psychiatrist finds it necessary to extend

NOT-CONFIDENTIAL

COR P & P	SUBJECT: INVOLUNTARY EMERGENCY TREATMENT AND MEDICATION	POLICY NO.: COR.10.1I.02
		EFFECTIVE DATE: Nov. 13, 2015
		Page 4 of 5

involuntary treatment or medications beyond seventy-two (72) hours, the psychiatrist must petition the court, through the Department of the Attorney General, for authorization of continued involuntary treatment or medications, consistent with COR.10.1G.17. The petition for involuntary treatment/medications, and any subsequent court orders, shall be documented in the inmate's medical records. A Treatment Plan Review must be convened within seventy-two (72) hours to consider treatment options, if either two (2) STAT doses are administered in twenty-four (24) hours or STAT doses are administered on four (4) days out of seven (7).

- .6 Facilities unable to manage patients beyond initial stabilization and sedation will arrange the transfer of the patient to another correctional facility, which is more capable of providing the necessary care. If necessary, the facility's physician may order involuntary medications for the safe transport of the patient.
- .7 If the inmate requires psychiatric care of an intensity beyond the capability of the Department of Public Safety, the physician will consider movement to a more appropriate facility.

NOT-CONFIDENTIAL

COR P & P	SUBJECT: INVOLUNTARY EMERGENCY TREATMENT AND MEDICATION	POLICY NO.: COR.10.11.02
		EFFECTIVE DATE: Nov. 13, 2015
		Page 5 of 5

5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Gary David Saldaña, MD November 9, 2015 Date
Acting Medical Director

[Signature] November 9, 2015 Date
Health Care Division Administrator

[Signature] November 9, 2015 Date
Deputy Director for Corrections

APPROVED:

[Signature] November 13, 2015 Date
Director