This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for emergency forced psychotropic medication.

Inmates have the right to refuse psychotropic medication except in psychiatric emergencies or when administrative procedures consistent with the Supreme Court Washington v. Harper decision have been conducted. Inmates may refuse psychotropic medication unless they pose an imminent threat to themselves or others. The decision to force psychotropic medication will be made by the Psychiatrist after less restrictive/intrusive attempts have been exhausted and were unsuccessful, or judged by the Psychiatrist to be inadequate prior to the consideration of forced psychotropic medication.

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EMERGENCY FORCED PSYCHOTROPIC MEDICATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for emergency forced psychotropic medication.

II. POLICY

Inmates have the right to refuse psychotropic medication except in psychiatric emergencies or when administrative procedures consistent with the Supreme Court Washington v. Harper decision have been conducted. Inmates may refuse psychotropic medication unless they pose an imminent threat to themselves or others. The decision to force psychotropic medication will be made by the Psychiatrist after less restrictive/intrusive attempts have been exhausted and were unsuccessful, or judged by the Psychiatrist to be inadequate prior to the consideration of forced psychotropic medication.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definitions of the following terms used in this AR:

Mental Health Quality Improvement Program

PRN

IV. RESPONSIBILITIES

A. The Psychiatrist is responsible for ordering, re-evaluating, and documenting forced psychotropic medication for inmates who pose an immediate threat of harm to themselves or others.

B. Nursing staff is responsible for ensuring that appropriate documentation is completed.
C. The ADOC Director of Treatment is responsible for ensuring that the use of forced psychotropic medication in emergency situations is utilized in a responsible manner.

V. **PROCEDURES**

A. Emergency forced psychotropic medication will be ordered by the Psychiatrist for an inmate:

1. Who poses an immediate threat of harm to himself or others.

2. When less restrictive/intrusive measures are deemed inadequate, or have been previously attempted and failed.

B. The Psychiatrist’s orders for forced psychotropic medication(s) are valid for a single administration only, not to be given PRN. In the absence of a Psychiatrist, a Nurse Practitioner may order forced psychotropic medication, if the order is reviewed by the Psychiatrist within 24 hours. The order will include the following:

1. Date

2. Time

3. Medication

4. Dosage

5. Route of dispensation of medication

6. Reasons for forced medication

7. Appropriate inmate-housing placement

C. Whenever possible, a psychiatrist ordering forced medication will request that another psychiatrist examine the inmate to confirm the decision to force medication.

D. Sufficient staff will be present for the administration of forced medication to minimize the risk of injury to the inmate and staff.

E. The nurse who administered the medication will document the observation of any noted injuries or side effects in the inmate’s medical file.

F. A psychiatrist will re-evaluate the inmate within 72 hours of the administration of forced psychotropic medication.

G. Immediately following administration of forced psychotropic medication, the Psychiatrist (or nursing staff if psychiatrist is not present on-site) will clearly
document the following in ADOC Form MH-040, Progress Notes, in the inmate’s medical record:

1. Inmate’s condition
2. Threat posed
3. Reason for forced medication
4. Other interventions attempted
5. Follow-up plan (psychiatric re-evaluation within 72 hrs. is required)

H. The Psychiatrist (or nursing staff if Psychiatrist is not present on-site) will complete ADOC Form MH-027, Emergency Forced Psychotropic Medication Report. Copies of this form will be forwarded to the Chief Psychiatrist and ADOC Director of Treatment for review and to the Mental Health Director for inclusion in the Mental Health Quality Improvement Program. The original report will be filed in the mental health section of the inmate’s medical record.

I. Summary data on the use of emergency forced psychotropic medication will be included in quarterly quality improvement monitoring.

VI. DISPOSITION

Refer to AR 601, Mental Health Forms and Disposition

VII. FORMS

Refer to AR 601, Mental Health Forms and Disposition for:

A. ADOC Form MH-027, Emergency Forced Psychotropic Medication Report
B. ADOC Form MH-040, Progress Notes

VIII. SUPERCEDES

This AR supercedes AR 460 dated August 29, 2001.

IX. PERFORMANCE

This AR is published under the authority of:

A. The Bradley Agreement of August 8, 2000
B. National Commission on Correctional Health Care: Standards for Health Care in Prisons, 2003 (P-E-09)
C. The Department of Mental Health and Mental Retardation Statutory Authority: Code of Alabama, 1975, Section 22-50-11.

Donal Campbell, Commissioner