

	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 01, 2024	<b>POLICY NO.:</b> COR.10.G.03
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.11.02 (11/13/15)	
	<b>SUBJECT:</b> <b>EMERGENCY PSYCHOTROPIC MEDICATION</b>		Page 1 of 8

## 1.0 PURPOSE

The purpose of this policy is to provide guidance for emergencies during which an incarcerated individual poses a danger to themself or to others due to a medical or mental condition and when emergency psychotropic medication(s) are ordered by a provider and may be used to prevent harm.

## 2.0 SCOPE

This policy and procedure shall apply to all correctional facilities, their assigned personnel, and contract staff.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1G.17, Court Authorized Involuntary Psychiatric Medications.
- b. Hawaii Revised Statutes §334-60.2, Involuntary hospitalization criteria.
- c. Hawaii Revised Statutes §334-74, Transfer of residents of correctional facilities.
- d. Hawaii Revised Statutes §353-13.3, Mental health care.
- e. Hawaii Revised Statutes §353-13.6, Involuntary medical treatment criteria.
- f. Hawaii Revised Statutes §353-13.7, Initiation of proceeding for involuntary medical treatment.
- g. Hawaii Revised Statutes §671-3, Informed consent.
- h. Memorandum of Agreement Between the Department of Health and the Department Concerning Transfers Between the Oahu Community Correctional Center and the Hawaii State Hospital, (8/19/2010).
- i. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).

**NOT CONFIDENTIAL**

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- j. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- k. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).
- l. Washington v. Harper, 494 U.S. 210 (1990).

**.2** Definitions:

- a. **Danger of Physical Harm to Others:** The incarcerated individual is likely to cause substantial physical or emotional injury to another, as evidenced by an act, attempt, or threat occurring recently or through a pattern of past behavior that has resulted in the incarcerated individual being placed in a more restricted setting for the safety of others in the facility.
- b. **Danger of Physical Harm to Self:** The incarcerated individual recently has threatened or attempted suicide or serious bodily self-injury; or the incarcerated individual recently has behaved in such a manner as to indicate that the incarcerated individual is unable, without supervision and the assistance of others, to satisfy the need for nourishment, essential medical care, or self-protection; therefore, making it probable that death, substantial bodily injury, serious physical or mental debilitation, or disease will result, unless adequate treatment is provided.
- c. **Emergency Forced Psychotropic Medications:** Medications given without the patient's consent for short-term use in emergency situations where the health and welfare of the incarcerated individual or others is threatened.
- d. **Prescriber:** A nurse practitioner, physician assistant, physician, dentist, or optometrist.
- e. **Provider:** A nurse practitioner, physician assistant, or physician.

**.3** Forms:

- a. DCR 0451, Mental Health Medication STAT/PRN Order Form: Emergency or Court Authorized.
- b. DCR 0461, MH-9 Transfer Request – Prisoner in Need of Treatment.

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#### **4.0 POLICY**

- .1 Emergency forced psychotropic medication is to be used only when all of the following conditions are met:
  - a. The incarcerated individual poses a danger of physical harm to self or danger of physical harm to others due to a medical or mental illness, as determined by the treating provider.
  - b. Treatment with medication is medically appropriate, as determined by the treating provider.
  - c. All less restrictive or intrusive measures have been employed or have been judged by the treating provider to be inadequate, and emergency forced psychotropic medication is essential, to forestall the danger posed by the incarcerated individual, as determined by the treating provider.
  - d. The treating provider documents in the health record the incarcerated individual's condition, the threat posed, and the reason for the use of forced medication, including other treatments or interventions attempted.
- .2 Emergency forced psychotropic medication requires:
  - a. Licensed provider authorization prior to use.
  - b. Licensed provider specifications on when, where, and how psychotropic medication may be forced.
- .3 Appropriate follow-up care is provided and documented when medication is forced in an emergency situation.
- .4 The use of emergency forced psychotropic medication is of limited duration.

#### **5.0 PROCEDURES**

- .1 When considering the use of emergency psychotropic medication, the provider shall:
  - a. Determine whether the incarcerated individual poses a danger of physical harm to self and/or a danger of physical harm to others due to a medical or mental illness.

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- b. Determine whether treatment with medication is medically appropriate.
  - c. Determine whether all less restrictive or intrusive measures have been employed or have been determined to be inadequate.
  - d. Determine whether emergency forced psychotropic medication is essential to forestall the danger posed by the incarcerated individual.
- .2 When issuing written or verbal orders for emergency forced psychotropic medication, the provider shall specify:
- a. When psychotropic medication may be forced.
    - 1. The provider's order for emergency forced psychotropic medication shall be valid for up to twenty-four (24) hours, as specified by the provider.
    - 2. The provider's order for emergency forced psychotropic medication may be repeated for more than one administration during the twenty-four (24) hour period, if specified.
  - b. Where psychotropic medication may be forced.
  - c. How psychotropic medication may be forced.
    - 1. Prior to the administration of emergency forced psychotropic medication, the registered nurse shall provide the incarcerated individual an opportunity to voluntarily accept the care ordered by the provider.
    - 2. Emergency forced psychotropic medication shall be administered with the least amount of force necessary.
- .3 When a provider orders emergency forced psychotropic medication, the provider shall issue a written or verbal order using DCR 0451 (Mental Health Medication STAT/PRN Order Form: Emergency or Court Authorized). The following information shall be included in the provider order:
- a. The incarcerated individual's condition.
  - b. The threat posed.

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- c. The reason for forcing the medication.
  - d. Other treatment modalities attempted, if any.
  - e. Treatment plan goals that include less restrictive alternatives that are to be implemented as soon as possible.
- .4 When emergency forced psychotropic medication has been administered, a registered nurse shall provide the following appropriate follow-up:
- a. Checking the patient after an intramuscular antipsychotic injection at least once within the first fifteen (15) minutes, then every thirty (30) minutes until the patient no longer requires monitoring.
  - b. Assessing mental status, including level of orientation, level of consciousness, motor activity, speech, mood, affect, thought process and content, perceptual disturbances, cognition, insight, and judgment.
  - c. Monitoring extrapyramidal symptoms, such as dystonia, parkinsonism, akathisia, tremor, dyskinesia
  - d. Observing behavior, such as psychosis (e.g., hallucinations, delusions, disorganized speech or behavior), assaultive, agitated.  
  
Monitoring for dehydration, muscle rigidity, diaphoresis, alteration in consciousness, and autonomic dysfunction (evidenced by orthostatic hypotension, drooling, urinary incontinence, unusually rapid breathing) in an effort to avoid neuroleptic malignant syndrome.
  - e. Taking vital signs, including blood pressure, pulse, temperature, and respirations (as clinically indicated).
- .5 Follow-up documentation in the health record shall be recorded by a registered nurse at least once within the first fifteen (15) minutes, then every thirty (30) minutes until the patient no longer requires monitoring.
- .6 After the initial twenty-four (24) hour period, if an incarcerated individual continues to require the use of emergency forced psychotropic medication, a treating provider shall re-evaluate the incarcerated individual and the provider shall issue a new written or verbal order for emergency forced psychotropic medication using DCR 0451 (Mental Health Medication STAT/PRN Order Form: Emergency or Court Authorized).

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- .7 After the initial forty-eight (48) hour period, if an incarcerated individual continues to require the use of emergency forced psychotropic medication, the treating provider shall present the case before a panel consisting, at a minimum, of a physician who is not involved in the patient's care, the Medical Director or Psychiatrist Manager, and the Mental Health Branch Administrator. Review and concurrence by the panel to continue the use of emergency forced psychotropic medication shall be documented by the panel chair in the incarcerated individual's health record prior to resuming the involuntary treatment.
- .8 Initiation of Court Proceeding for Involuntary Medical Treatment.
- a. After the initial seventy-two (72) hour period, if an incarcerated individual continues to require the use of emergency forced psychotropic medication, the treating provider shall initiate a petition to the court, through the Department of the Attorney General, for authorization to administer involuntary medical treatment, in accordance with Hawaii Revised Statutes §353-13.7 and COR.10.1G.17. The petition shall include the provider's proposed treatment plan.
- b. If an incarcerated individual requires the use of emergency forced psychotropic medication on four (4) days out of seven (7) days, the treating provider shall initiate a petition to the court, through the Department of the Attorney General, for authorization to administer involuntary medical treatment, in accordance with Hawaii Revised Statutes §353-13.7 and COR.10.1G.17. The petition shall include the provider's proposed treatment plan.
- .9 Inter-Facility Transfer for a Higher Level of Care.
- a. When a facility is unable to provide services for the use of emergency forced psychotropic medications beyond initial treatment and the need for further use of emergency forced psychotropic medications is required, the treating provider, Psychiatrist Manager, Mental Health Branch Administrator, or Mental Health Section Administrator shall order the transfer of the incarcerated individual to an appropriate facility.
- b. The sending Responsible Health Authority or designee and/or the Responsible Mental Health Authority or designee shall notify the Warden, Chief of Security, Watch Commander, and/or other facility staff responsible for arranging the transport about the need to transfer the incarcerated individual to another correctional facility for a higher level of care.

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- c. The sending Responsible Health Authority or designee and the Responsible Mental Health Authority or designee shall notify the receiving facility's nursing and mental health staff, respectively, about the pending transfer.
  - d. If the use of emergency forced psychotropic medication is deemed necessary for the safe transport of the incarcerated individual, the facility provider may issue a written or verbal order for emergency forced psychotropic medication with respect to clinical judgment and in accordance with applicable state and federal law.
- .10 Transfer to a Facility Operated or Contracted by the Department of Health.
- a. When an incarcerated individual meets the criteria for emergency involuntary hospitalization, in accordance with Hawaii Revised Statutes §334-60.2, a psychiatrist or psychologist shall initiate the application for the transfer of the incarcerated individual to a facility operated or contracted by the Department of Health.
  - b. The psychiatrist or psychologist shall submit DCR 0461 (MH-9 Transfer Request – Prisoner in Need of Treatment) to the Responsible Mental Health Authority.
  - c. The Responsible Mental Health Authority shall brief the facility Warden and provide DCR 0461 to the facility Warden for review.
  - d. Upon approval by the facility Warden, the Responsible Mental Health Authority shall submit DCR 0461 to the Mental Health Branch Administrator.
  - e. The Mental Health Branch Administrator shall initiate the MH-9 process with the Medical Director of the Adult Mental Health Division in accordance with the Memorandum of Agreement Between the Department of Health and the Department Concerning Transfers Between the Oahu Community Correctional Center and the Hawaii State Hospital.

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**MENTAL HEALTH MEDICATION STAT/PRN ORDER FORM:  
EMERGENCY or COURT AUTHORIZED**

Inmate Name: \_\_\_\_\_ SID: \_\_\_\_\_ Facility \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: ( ) Male ( ) Female

<b>MEDICATION (Check STAT, PRN or Court Order as applicable):</b>		
<input type="checkbox"/> <b>STAT</b> (Drug, Dose, Route,)   	<input type="checkbox"/> <b>PRN NTE</b> _____ doses in 24 Hours (Drug, Dose, Route, Duration, Frequency)   	
<b>Rationale / Justification:</b> _____ _____ _____		
<b>Indication/Behavior</b> <span style="float: right;"><b>AND...</b></span> <input type="checkbox"/> Assaultive <input type="checkbox"/> Threatening <input type="checkbox"/> Other _____  	<b>Lesser Restrictive Alternatives Attempted: (This section is required criteria for PRNS/STATs).</b> <input type="checkbox"/> Verbal Re-assurance <input type="checkbox"/> Quiet Time <input type="checkbox"/> One to one session <input type="checkbox"/> Other (Describe) _____	
_____ Physician's Signature  _____ Date <span style="float: right;">Time</span>	<p style="text-align: center;"><b><u>IF TELEPHONE ORDER, READ BACK:</u></b></p> _____ / _____ Telephone Order M.D. / Receiving RN Signature  _____ Date <span style="float: right;">Time</span>	
<b>MD Order noted by RN:</b>  _____ RN Signature <span style="float: right;">Date <span style="float: right;">Time</span></span>		
<b>EFFECT --- Physician (Please document STAT/PRN Effect in this section or in the MD progress notes)</b> _____ _____ _____  _____ Physician Signature <span style="float: right;">Date <span style="float: right;">Time</span></span>		

**Treatment Plan Review must be done within 72 hours if:**

- 2 STAT/PRN doses given in 24 hours.
- STAT/PRN doses given on 4 days out of 7.

STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY  
HEALTH CARE DIVISION

**MH-9 TRANSFER REQUEST – PRISONER IN NEED OF TREATMENT**

**APPLICATION FOR TRANSFER OF RESIDENT  
OF A CORRECTIONAL FACILITY TO HAWAII STATE HOSPITAL:  
CERTIFICATION OF PSYCHIATRIST/PSYCHOLOGIST**

Date: \_\_\_\_\_

**To:** Director of Health

**From:** Director of Public Safety

**Subject:** \_\_\_\_\_ of \_\_\_\_\_  
(Inmate's full name) (Facility)

Pursuant to HRS Section 334-74, your approval is requested for the transfer of the above named person, \_\_\_\_\_, and an inmate under  
(Date of Birth)  
the custody of this department to the Hawaii State Hospital, Department of Health.

The inmate is under the correctional custody of the Director of Public Safety for the period ending \_\_\_\_\_.  
(Date)

The certificate of a psychiatrist/psychologist employed by the Department of Public Safety is provided below:

Signed: \_\_\_\_\_  
(Officer in Charge)

**CERTIFICATE OF PSYCHIATRIST/PSYCHOLOGIST**

I, \_\_\_\_\_, a psychiatrist/psychologist  
(Name)

employed by the Department of Public Safety, State of Hawaii, hereby certify that I have examined the above-named resident and recommended his/her transfer to the Hawaii State Hospital, Department of Health, because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(Certifying Psychiatrist/Psychologist)

Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
( Director of Health or Designee)

Date: \_\_\_\_\_