



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
FACILITY/SPANISH MANUAL

REVISION DATE
5/9/22

PAGE NUMBER
1 of 10

NUMBER
DOC 630.540

POLICY

TITLE
INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION

REVIEW/REVISION HISTORY:

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SUMMARY OF REVISION/REVIEW:

III.A.2. - Added clarifying language
VI.D. - Adjusted assessment intervals for administering involuntary antipsychotic medication

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

4/25/22

Date Signed

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DAVID FLYNN,
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4/25/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

4/27/22

Date Signed

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	<p>APPLICABILITY PRISON FACILITY/SPANISH MANUAL</p>		
	<p>REVISION DATE 5/9/22</p>	<p>PAGE NUMBER 2 of 10</p>	<p>NUMBER DOC 630.540</p>
	<p>TITLE INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION</p>		

REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 70.96A.020](#); [RCW 71.05](#); DOC 410.200 Use of Force (RESTRICTED); DOC 610.010 Patient Consent for Health Care; [Washington v. Harper, 494 US 210 \(1990\)](#)

POLICY:

- I. The Department has established procedures for the involuntary administration of antipsychotic medication to a patient suffering from a mental disorder who, as a result of the disorder, is gravely disabled and/or presents a likelihood of serious harm to self, others, and/or property. Involuntary administration of antipsychotic medication will not be used for disciplinary purposes.
- II. Administration of involuntary antipsychotic medication will follow due process.
- III. The principles of medical ethics will govern all situations involving the administration of involuntary antipsychotic medication.
- IV. Administration of medications, other than involuntary antipsychotics, will be handled per DOC 610.010 Patient Consent for Health Care.

DIRECTIVE:


- I. Emergency Antipsychotic Medication
 - A. If the patient is capable, an attempt will be made to obtain valid, informed consent before proceeding with the intended treatment. If the patient consents, treatment will be provided without further regard to this policy.
 - B. A licensed physician, Advanced Registered Nurse Practitioner (ARNP), or Physician Assistant (PA) may order emergency administration of involuntary antipsychotic medication for up to 72 hours, excluding weekends and holidays, without an involuntary antipsychotic hearing if it is determined the patient:
 1. Suffers from a mental disorder,
 2. Is presenting an imminent likelihood of serious harm or failure to care for self if the harm is imminent, and
 3. Will not likely respond to less restrictive, medically acceptable alternatives, or such alternatives are unavailable or have not been successful.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON FACILITY/SPANISH MANUAL		
	REVISION DATE 5/9/22	PAGE NUMBER 3 of 10	NUMBER DOC 630.540
	TITLE INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION		

- C. If involuntary antipsychotic medication is ordered and use of force is required, only the amount of force reasonably necessary to administer the antipsychotic medication will be used per DOC 410.200 Use of Force (RESTRICTED).
- D. The ordering practitioner will:
 - 1. Ensure monitoring occurs for adverse reactions and side effects,
 - 2. Document the justification in the health record, including when and how the antipsychotic medication is to be administered,
 - 3. Notify the Health Services Manager/designee when emergency antipsychotic medication is initiated, and
 - 4. If not a psychiatric prescriber, consult with a psychiatrist or psychiatric ARNP/PA as soon as possible either before, if the situation permits, or after the antipsychotic is ordered.
- E. An involuntary antipsychotic hearing is required to administer medication for more than 72 hours for a single emergency, excluding weekends and holidays.
 - 1. No more than 2 emergencies may be declared within any 30 day period.
- F. If a hearing is required, the treating psychiatrist or psychiatric ARNP/PA will:
 - 1. Request a 14 day involuntary antipsychotic hearing from the Director of Mental Health/designee,
 - 2. Inform the local Health Services Manager/designee of the request, and
 - 3. Document the request and justification in the health record.
- G. The emergency antipsychotic medication order may be continued up to 24 hours before the 14 day involuntary antipsychotic hearing.

II. Hearing Lay Advisor

- A. A lay advisor will be appointed to the patient during the hearing process, and:
 - 1. Be an independently licensed employee/contract staff with formal training in clinical mental health, who understands the psychiatric issues involved and is the non-treating provider.
 - a. For the purposes of this policy, non-treating means the provider is not the current provider and has not provided any service to the


 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON FACILITY/SPANISH MANUAL		
	REVISION DATE 5/9/22	PAGE NUMBER 4 of 10	NUMBER DOC 630.540
	TITLE INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION		

patient beyond routine coverage for another provider within the last 30 days.

2. Meet with the patient at least 24 hours before the hearing to discuss the patient's wishes.
 3. Assist the patient in identifying potential witnesses, including names, available contact information, and expected testimony.
 4. Be present at the hearing, even if the patient is excluded or chooses not to participate.
 5. Represent and articulate the patient's wishes, objections, and concerns to the extent they are known.
- B. The patient is not required to use the services of the lay advisor. Patients may limit the participation of the lay advisor during the hearing.

III. Hearing Process

- A. The Director of Mental Health/designee will designate members for an Involuntary Antipsychotic Hearing Committee. The committee will include a:
1. Chair, who is a non-treating clinician with a master's or more advanced degree in a clinical field or an employee in a supervisory position,
 2. Non-treating psychiatrist or psychiatric ARNP, and
 3. Non-treating psychologist.
- B. The treating psychiatrist or psychiatric ARNP/PA and the treating mental health professional/psychologist will each prepare DOC 13-329 Involuntary Antipsychotic Report for the committee.
1. At a minimum, the report will include:
 - a. The basis for the request,
 - b. Diagnosis, disturbed behaviors observed, and mental status,
 - c. Recommended antipsychotic(s),
 - d. Methods used to encourage voluntary adherence,
 - e. Voluntary and involuntary medication history, and
 - f. Description of the less intrusive treatment alternatives considered or attempted.
 2. The reports will be distributed to the committee members at least 24 hours before the hearing.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON FACILITY/SPANISH MANUAL		
	REVISION DATE 5/9/22	PAGE NUMBER 5 of 10	NUMBER DOC 630.540
	TITLE INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION		

- C. The chair/designee will schedule a hearing as soon as possible, but no later than 7 days following the chair's designation.
1. If a hearing is not scheduled within 72 hours of emergency administration of involuntary antipsychotic medication, excluding weekends and holidays, the medication must be discontinued unless a continuance is granted on DOC 13-326 Request for Continuance of Involuntary Antipsychotic Hearing.
 2. The chair/designee may request a hearing continuance of up to 7 days for good cause (e.g., facility lockdown).
 - a. The Director of Mental Health/designee will approve/deny the request within 2 business days.
 - 1) If the continuance is denied, the hearing will proceed.
 - 2) If the continuance is approved, the hearing will be scheduled within 7 days from the date of the original scheduled hearing/continuance request, whichever is later.
 - 3) If a hearing is not conducted within 7 days from the date of scheduling/continuance request, the involuntary antipsychotic process must be reinitiated, and any emergency antipsychotic medications discontinued.
 - b. The patient will be served with a copy of the continuance.
- D. The chair/designee will ensure the patient receives:
1. DOC 13-330 Notice of Involuntary Antipsychotic Hearing (24 Hour), which outlines the patient's rights, no later than 24 hours before the hearing, and
 - a. The patient will be verbally notified of the right to refuse involuntary medications within 24 hours of the hearing upon being provided the hearing notice.
 2. A copy of the completed DOC 13-329 Involuntary Antipsychotic Report indicating involuntary antipsychotic medication is being considered.
- E. If the patient refuses to attend the hearing, the chair/designee will make a reasonable effort to encourage participation (e.g., request the lay advisor consult with the patient).
1. Refusal to participate will be documented in the hearing minutes.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
FACILITY/SPANISH MANUAL

REVISION DATE
5/9/22

PAGE NUMBER
6 of 10

NUMBER
DOC 630.540


POLICY

TITLE
INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION


- F. Employee/contract staff witnesses will make every effort to be present to testify at the hearing. Witnesses may be allowed to testify by telephone or secure video conferencing at the discretion of the chair/designee. A written witness statement may be considered in a witness’s absence upon showing good cause.
- G. Hearings will be audio or video recorded whenever possible. Recordings will be transferred to a CD and maintained in the health record.
- H. Information may be withheld from the patient only if it is considered detrimental to the patient’s mental health as determined by the treating psychiatrist or psychiatric ARNP/PA and approved by the Director of Mental Health/designee.
 - 1. Information that is withheld will be revealed to the lay advisor and documented in the hearing minutes.
 - 2. The patient will be informed additional evidence was relied upon and not revealed because it was considered detrimental to the patient’s health.
- I. The patient’s rights should only be limited when there is a good cause finding by the chair/designee.
 - 1. The chair/designee will document specific reasons (e.g., safety/security, disruptive, irrelevance, redundancy, possible reprisals) for excluding a patient, witness, testimony, or questioning of witnesses.
 - 2. The chair/designee may postpone the hearing one time for no more than 3 business days to attempt to secure the patient’s participation.

IV. Hearing Decision

- A. After the presentation of evidence, the patient, lay advisor, treating clinicians, and any other witnesses will be dismissed during the committee’s deliberations. The committee will make a decision based on:
 - 1. Information provided during the hearing by treating mental health providers.
 - 2. DOC 13-329 Involuntary Antipsychotic Report.
 - 3. A review of the health record.
 - 4. Testimony of the patient if participating in the hearing.
 - 5. Consideration of the evidence presented by the patient.
 - 6. Preferences of the patient with regard to medication options.
 - a. The decision will incorporate the preferences as much as possible.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	<p>APPLICABILITY PRISON FACILITY/SPANISH MANUAL</p>		
	<p>REVISION DATE 5/9/22</p>	<p>PAGE NUMBER 7 of 10</p>	<p>NUMBER DOC 630.540</p>
	<p>TITLE INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION</p>		

7. Whether antipsychotics are appropriate.
 - a. Specific antipsychotics may be included/excluded in the decision.
- B. The committee's decision will be made by majority vote and documented on DOC 13-327 Decision of Involuntary Antipsychotic Hearing Committee.
 1. The non-treating psychiatrist must vote in favor of involuntary antipsychotic medication administration for the decision to be approved.
 2. The patient will receive a copy of the decision at the end of the hearing.
- C. Each committee member will complete DOC 13-503 Involuntary Antipsychotic Hearing Minutes Statement.
- D. The chair/designee will ensure DOC 13-502 Involuntary Antipsychotic Hearing Minutes is completed. The minutes will include:
 1. A summary of the evidence relied upon, including a summary of each witness's testimony.
 2. Whether a mental disorder is present and its nature.
 3. If mental disorder is present, whether it is related to a likelihood of serious harm or grave disability.
 4. Any imposed limitations on the antipsychotic medications that may be prescribed.
 5. Reason(s) for not audio/video recording the hearing, if applicable.
- E. If the committee authorizes administration of involuntary antipsychotic medication, the chair/designee will notify the:
 1. Director of Mental Health/designee
 2. Superintendent/designee
 3. Local Health Services Manager
 4. Treating psychiatrist/mental health professionals
 5. Nursing supervisor
 6. Correctional Unit Supervisor
- F. Within 72 hours of the hearing, excluding weekends and holidays, the patient will be provided a copy of DOC 13-502 Involuntary Antipsychotic Hearing Minutes and DOC 13-328 Receipt of Minutes of Involuntary Antipsychotic Hearing Committee and Appeal Procedures.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON FACILITY/SPANISH MANUAL		
	REVISION DATE 5/9/22	PAGE NUMBER 8 of 10	NUMBER DOC 630.540
	TITLE INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION		

1. A patient may appeal the committee decision to the Director of Mental Health within 24 hours of receipt using DOC 13-423 Health Services Kite or DOC 13-328 Receipt of Minutes of Involuntary Antipsychotic Hearing Committee and Appeal Procedures.
2. The Director of Mental Health will review all appeals and take action within 3 business days of receipt to determine whether the required procedures were followed. If required procedures were not followed, the Director of Mental Health will vacate the results.
3. Nothing in this policy will be construed as preventing a patient from seeking judicial review of involuntary antipsychotic treatment.

V. Duration of Involuntary Antipsychotics

- A. At the initial hearing, involuntary antipsychotic medications may be approved for up to 14 consecutive days.
- B. A 180 day involuntary antipsychotic hearing will be conducted if the treating psychiatrist or psychiatric ARNP/PA recommends that involuntary antipsychotic medication continue longer than 14 consecutive days. The committee will:
 1. Meet before the termination of the 14 day involuntary treatment order.
 2. Make a decision on the continuation of involuntary antipsychotic medication for up to 180 days.
- C. 180 day involuntary antipsychotic hearings may continue indefinitely as long as the patient remains resistant to antipsychotic medication and, based on the patient's history, would present a danger to self, others, and/or property, or become gravely disabled if medication were discontinued.
- D. After 2 consecutive 180 day involuntary antipsychotic medication authorizations, the Chief of Psychiatry/designee will review the hearing minutes, and document findings and any recommendations in the health record.
 1. The Chief of Psychiatry/designee may not review the hearing minutes if they were a member of the committee and another designee must be selected to conduct the review.
 2. Reviews will be conducted at each subsequent hearing.

VI. Administering Involuntary Antipsychotic Medication



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
FACILITY/SPANISH MANUAL

REVISION DATE
5/9/22


PAGE NUMBER
9 of 10

NUMBER
DOC 630.540

POLICY

TITLE
INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION

- A. Once authorized, the treating psychiatrist or psychiatric ARNP/PA will order medication as clinically indicated and change the patient's PULHES "U" code to 4.
1. The patient may be observed off antipsychotic medication for a period of time when deemed necessary.
 2. Blood may be drawn, involuntarily if necessary, to monitor therapeutic medication levels, side effects, or adverse effects.
- B. Before antipsychotic medication is administered, the patient will be asked to take the medication voluntarily.
- C. The nurse will document the following in the health record:
1. The patient's response when asked to take the medication voluntarily,
 2. Administration of involuntary antipsychotic medication,
 3. Follow-up care when medication is provided using force, and
 4. Assessments, which will include:
 - a. Assessing mental status (e.g., alert, oriented), motor activity, speech, excess sedation,
 - b. Monitoring extrapyramidal symptoms (e.g., dystonia, parkinsonism, akathisia, tremor, dyskinesia),
 - c. Observing behaviors and/or aggressions (e.g., agitated, assaultive, psychosis, hallucinations, delusions, disorganized speech), and
 - d. Taking vital signs, including blood pressure, pulse, temperature, and respirations.
- D. Assessments will be completed at the following intervals:
1. Immediately following the injection,
 2. 30 minutes after the injection,
 3. One hour after the injection,
 4. Two hours after the injection, and
 5. Any time as clinically indicated.
- E. Administering involuntary antipsychotic medication must be discontinued, and the reasons documented in the health record, as soon as the treating psychiatrist or psychiatric ARNP/PA determines that the patient:

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON FACILITY/SPANISH MANUAL		
	REVISION DATE 5/9/22	PAGE NUMBER 10 of 10	NUMBER DOC 630.540
	TITLE INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION		

1. No longer meets the criteria for involuntary antipsychotic medication and is unlikely to deteriorate to a condition that would necessitate involuntary antipsychotic medications being administered again, or
 2. Is willing, in good faith, to take the antipsychotic medication voluntarily and has been consistently taking the medication voluntarily.
- F. Only the treating psychiatrist or psychiatric ARNP/PA may write the order to discontinue involuntary antipsychotic medication.
1. When the order is discontinued, the treating psychiatrist or psychiatric ARNP/PA will notify the Director of Mental Health/designee and change the patient's "U" code to 3.
- G. Administration of involuntary antipsychotic medication may not exceed the 14 or 180 day timeframe from the date of the involuntary antipsychotic hearing.
- H. The treating psychiatrist or psychiatric ARNP/PA and treating mental health professional/psychologist will each meet with the patient at least once a month to review the need for involuntary antipsychotic medication and review/prepare treatment plan goals to implement less restrictive treatment alternatives as soon as possible. The review will be documented in the health record.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Antipsychotic Medication, Gravely Disabled, Likelihood of Serious Harm, Significant Harm, Mental Disorder. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

- DOC 13-326 Request for Continuance of Involuntary Antipsychotic Hearing
- DOC 13-327 Decision of Involuntary Antipsychotic Hearing Committee
- DOC 13-328 Receipt of Minutes of Involuntary Antipsychotic Hearing Committee and Appeal Procedures
- DOC 13-329 Involuntary Antipsychotic Report
- DOC 13-330 Notice of Involuntary Antipsychotic Hearing (24 Hour)
- DOC 13-423 Health Services Kite
- DOC 13-502 Involuntary Antipsychotic Hearing Minutes
- DOC 13-503 Involuntary Antipsychotic Hearing Minutes Statement