POLICY

REVIEW/REVISION HISTORY:

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SUMMARY OF REVISION/REVIEW:

Major changes to include terminology updates throughout, the use of new forms, and addition of glossary terms. Read carefully!

APPROVED:

Signature on file 12/31/18
SARA S. KARIKO, MD
Chief Medical Officer

Signature on file 1/3/19
KEVIN BOVENKAMP,
Assistant Secretary for Health Services

Signature on file 1/9/19
STEPHEN SINCLAIR, Secretary
Department of Corrections
REFERENCES:

DOC 100.100 is hereby incorporated into this policy; RCW 70.96A.020; RCW 71.05; DOC 410.200 Use of Force; DOC 610.010 Offender 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.

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 Offender Consent for Health Care.

DIRECTIVE:

I. Attempt to Obtain Consent

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.

II. Emergency Antipsychotic Medication

A. 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.

B. If involuntary antipsychotic medication is ordered and use of force is required:
1. Only the amount of force reasonably necessary to administer the antipsychotic medication will be used per DOC 410.200 Use of Force,

2. The administration of involuntary antipsychotic medication will be video recorded, and

3. DOC 21-424 Use of Force Report will be completed.

C. The ordering practitioner will:

1. Ensure monitoring occurs for adverse reactions and side effects,

2. Document the justification, including when and how the antipsychotic medication is to be administered, in the health record,

3. Notify the Health Authority/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.

D. Administration of involuntary antipsychotic medication for more than 72 hours for a single emergency, excluding weekends and holidays, will require an Involuntary Antipsychotic Hearing.

1. No more than 2 emergencies may be declared within any 30 day period.

III. 14 Day Involuntary Antipsychotic Hearing Request

A. 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 Authority/designee of the decision to request involuntary antipsychotic administration, and

3. Document the request for an Involuntary Antipsychotic Hearing and the justification in the health record.

B. The Director of Mental Health/designee will designate members for an Involuntary Antipsychotic Hearing Committee.

1. The committee will include a:
Title: INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION

IV. Hearing Notice and Patient Rights

A. The chair/designee will schedule a hearing as soon as possible, but no later than 7 days following the chair’s designation.

1. If an Involuntary Antipsychotic 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 DOC 13-326 Request for Continuance of Involuntary Antipsychotic Hearing is submitted and the request granted.

B. 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

2. A copy of DOC 13-329 Involuntary Antipsychotic Reports completed by the treating psychiatrist or psychiatric ARNP/PA and mental health professional/psychologist indicating that involuntary antipsychotic medication is being considered.
C. A lay advisor will be appointed to the patient and may advise him/her during the hearing process. The lay advisor will:

1. Be an independently licensed employee/contract staff with formal training in clinical mental health, who understands the psychiatric issues involved and is not involved in the patient’s current treatment.

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 and conveying the names, available contact information, and his/her expected testimony to the chair/designee.

4. Always be present at the hearing, even if the patient is excluded or chooses not to participate.

5. Function during the hearing with the same rights as the patient. It is expected that the lay advisor will represent the patient’s wishes to the extent they are known. If the patient:
   a. Attends the hearing, s/he is not obligated to use the services of the lay advisor during the hearing.
   b. Is not present at the hearing, s/he may not limit the participation of the lay advisor during the hearing.

D. Information may be withheld from the patient only if it is considered harmful to his/her mental health as determined by the treating psychiatrist or psychiatric ARNP/PA and approved by the Director of Mental Health/designee. If information is withheld, the following will occur and be documented in the hearing minutes:

1. The patient will be informed that additional evidence was relied upon and not revealed to him/her because it was considered harmful to his/her health, and

2. The information will be revealed to the lay advisor.

E. If the patient refuses to attend the hearing, the chair will make a reasonable effort to encourage participation. This may include asking a lay advisor to consult with the patient.

1. Refusal to participate will be documented in the hearing minutes.
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. A written witness statement may be considered in a witness’s absence upon showing good cause.

G. The patient’s rights should be limited only when there is a good cause finding by the chair.

1. A patient may be excluded from the hearing for safety or security reasons, or if so disruptive it is not possible to proceed with the hearing. The committee may postpone the hearing one time for no more than 3 working days to attempt to secure the patient’s participation.

2. The chair will document specific reasons for excluding a patient, witness, testimony, or questioning of witnesses. Reasons may include:

   a. Irrelevance
   b. Redundancy
   c. Possible reprisals
   d. Reasons related to facility security and order

V. Hearing Postponement

A. The chair may request a hearing postponement of up to 7 days for good cause (e.g., facility lockdown) using DOC 13-326 Request for Continuance of Involuntary Antipsychotic Hearing.

   1. The Director of Mental Health/designee will approve/deny the request within 2 business days and document the reason on the form.

   2. The patient will be served with the continuance and the decision will be presented at the hearing.

B. If the continuance is not approved, the hearing will proceed. If more than 7 days have passed from the date of scheduling, the involuntary antipsychotic process must be reinitiated and any emergency antipsychotic medications discontinued.

VI. 14 Day Involuntary Antipsychotic Hearing and Committee 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.


4. A face-to-face interview/evaluation of the patient if s/he is 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.

7. Whether antipsychotics are appropriate.
   a. Specific antipsychotics may be included or excluded in the decision.

B. The committee’s decision will be made by majority vote.
   1. The non-treating psychiatrist must vote in favor of involuntary antipsychotic medication administration for the decision to be approved.

C. Each committee member will complete DOC 13-503 Involuntary Antipsychotic Hearing Minutes Statement.

D. The patient will receive a copy of DOC 13-327 Decision of Involuntary Antipsychotic Hearing Committee at the end of the hearing.

E. The chair will ensure DOC 13-502 Involuntary Antipsychotic Hearing Minutes is completed. Ideally, the hearing will also be audio or video recorded. The minutes will include:
   1. A summary of the evidence relied upon, including a summary of each witness’s testimony.
   2. Whether a mental illness is present and its nature.
   3. If mental illness is present, whether it is related to a likelihood of serious harm or grave disability.
4. Documentation of any imposed limitations on the antipsychotic medications that may be prescribed.

F. A copy of the hearing minutes will be sent to the Director of Mental Health/designee for review and the original filed in the legal section of the health record.

1. The Director of Mental Health/designee will vacate the results if the committee has not found grounds for administering antipsychotics that conform to this policy.

G. 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 Involuntary Antipsychotic Hearing Committee Minutes and Appeal Procedures.

H. If the committee authorizes administration of involuntary antipsychotic medication, the chair/designee will notify the Superintendent/designee, local Health Authority, treating psychiatrist/mental health professionals, nursing supervisor, and Correctional Unit Supervisor.

VII. 180 Day Involuntary Antipsychotic Hearing and Committee Decision

A. 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 meet before the termination of the 14 day involuntary treatment order.

B. The committee will make a decision on the continuation of involuntary antipsychotic medication for up to 180 days.

C. The 180 Day Involuntary Antipsychotic Hearing and any subsequent hearings will follow the same procedures and standards as in the 14 Day Involuntary Antipsychotic Hearing process and hearing postponement with the following conditions:

1. 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.

2. 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.
VIII. Administering Involuntary Antipsychotic Medication

A. Once the committee authorizes involuntary treatment with antipsychotic medication, the treating psychiatrist or psychiatric ARNP/PA will order medication according to the accepted medical standard of care in the community.

1. This may include observing the patient 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 if s/he will take the medication voluntarily. The nurse will document the response in the health record.

C. Only the treating psychiatrist or psychiatric ARNP/PA may write the order to discontinue involuntary antipsychotic medication.

D. Administering involuntary antipsychotic medication must be discontinued, and the reasons documented in the chart, as soon as the treating psychiatrist or psychiatric ARNP/PA determines that the patient:

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.

E. Administration of involuntary antipsychotic medication may not exceed the 14 or 180 day timeframe from the date of the Involuntary Antipsychotic Hearing. Another hearing may be held to consider continuation of involuntary antipsychotic medication. If another hearing is not held, involuntary medication must be discontinued.

F. 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.

IX. Appeal
A patient may appeal the committee decision within 24 hours of receipt of DOC 13-328 Receipt of Involuntary Antipsychotic Hearing Committee Minutes and Appeal Procedures. The appeal will be made to the Director of Mental Health in writing via DOC 13-423 Health Services Kite or DOC 13-328 Receipt of Involuntary Antipsychotic Hearing Committee Minutes and Appeal Procedures.

B. 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 convene a new committee using the procedures and timeframes outlined in this policy.

C. Nothing in this policy will be construed as preventing a patient from seeking judicial review of involuntary antipsychotic treatment.

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 Involuntary Antipsychotic Hearing Committee Minutes and Appeal Procedures
DOC 13-329 Involuntary Antipsychotic Report
DOC 13-330 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
DOC 21-424 Use of Force Report