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<b>Emergency Forced Psychotropic Medication</b>	<b>ACA Standards: 5-ACI-6C-08M</b>		
<b>Scott Crow, Director Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Emergency Forced Psychotropic Medication

The Oklahoma Department of Corrections (ODOC) has established this procedure to provide for appropriate emergency mental health care of incarcerated inmates while protecting their rights to refuse treatment under normal, non-life threatening circumstances in a manner that complies with the standards of care recognized by correctional medical/mental health care professional organizations. Standards of care dictate that emergency forced psychotropic medication is a treatment option preferred over physical restraints. (5-ACI-6C-08M b#5) Physical restraints, which may necessarily be used initially, must be used only in accordance with [OP-140141](#) entitled “Therapeutic Restraints and Seclusion.”

For the purpose of this procedure, a psychiatrist is the same as defined in [OP-140141](#) entitled “Therapeutic Restraints and Seclusion.”

### I. Purpose

This procedure will be implemented only in emergency situations where an inmate, due to an acute or chronic mental illness, poses an imminent danger to themselves or others. Forced medication will not be used for punishment or control for security purposes only and must be appropriate within the purposes of a treatment plan. [OP-140652](#) entitled “Involuntary Psychotropic Medication in Non-Emergency Situations” addresses longer-term treatment issues in non-emergency situations.

### II. Conditions for the Use of Emergency Forced Psychotropic Medication (5-ACI-6C-08M)

Emergency forced medications may be used only when all of the following conditions apply:

- A. The inmate exhibits an acute or chronic diagnosed mental illness;

- B. The inmate is an imminent danger to self or others; and
  - C. All less restrictive or intrusive measures have been employed or have been judged by the psychiatrist to be inadequate due to the emergency nature of the situation. (5-ACI-6C-08M b#2)
- III. Procedures for the Use of Emergency Forced Psychotropic Medication (5-ACI-6C-08M)
- A. Authorization for Emergency Forced Psychotropic Medication
    - 1. In an acute, life-threatening emergency that meets the conditions specified in Section II. items A., B., and C. of this procedure, the psychiatrist may order emergency forced medication to be given for no more than a four hour period. (5-ACI-6C-08M b#1)
    - 2. In no case will emergency forced medication be used longer than medically necessary, and in no instance longer than 72 hours. If it is determined that the inmate may require involuntary medication for longer than 72 hours, the inmate will be transferred to the appropriate mental health unit (MHU) as soon as possible within that 72 hour period. The MHU staff will then determine the necessity of pursuing longer-term treatment via involuntary psychotropic medication in accordance with [OP-140652](#) entitled "Involuntary Psychotropic Medication in Non-Emergency Situations." (5-ACI-6C-08M b#3)
  - B. Medical Order for Emergency Forced Medication
    - 1. The medical order for emergency forced medication will specify the inmate's diagnosis, condition, the threat posed and the reason for the proposed medication, including alternative methods attempted or considered. (5-ACI-6C-08M b#1, b#2)
    - 2. The original medical order for emergency forced medication will be in effect no longer than four hours.
    - 3. The medical order will specify the nature of monitoring required by the qualified mental health professional (QMHP) and nursing staff. All monitoring will be documented in the progress notes. (5-ACI-6C-08M b#4)
    - 4. Medical orders for emergency forced medication will be written in the electronic health record (EHR).
  - C. In-Person Assessment

A psychiatrist must make an in-person assessment within four hours of the original order for emergency forced medication. A renewal of the order for emergency forced psychotropic medication will require an in-person

assessment by the psychiatrist for a minimum of once every eight-hour period after the initial four hour period, up to the maximum 72 hours, and any renewal orders will be in effect no longer than four hours.

#### IV. Reporting

Emergency forced psychotropic medication will be reported on an “Incident Notification Checklist” ([OP-050108, Attachment H](#)) in accordance with [OP-050108](#) entitled “Use of Force Standards and Reportable Incidents.”

The facility mental health authority will notify the chief mental health officer immediately when an emergency forced psychotropic medication is being considered.

#### V. Review

The review process will be in accordance with [OP-050108](#) entitled “Use of Force Standards and Reportable Incidents.” The chief mental health officer or designee will review the reports for performance improvement purposes.

#### VI. References

Policy Statement P-140100 entitled “Inmate Medical, Mental Health and Dental Care”

OP-050108 entitled “Use of Force Standards and Reportable Incidents”

OP-140141 entitled “Therapeutic Restraints and Seclusion”

OP-140652 entitled “Involuntary Psychotropic Medication in Non-Emergency Situations”

#### VII. Action

The chief mental health officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140653 entitled “Emergency Forced Psychotropic Medication” dated October 20, 2020

Distribution: Policy and Operations Manual  
Agency Website

Referenced Attachments

Title

Location

[Attachment H](#)

"Incident Notification Checklist"

[OP-050108](#)