

	MARICOPA COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES	
	Subject INVOLUNTARY PSYCHOTROPIC MEDICATIONS	Policy Number DQ-3 Effective Date 03-12-24
Related Information CP-1, <i>Use of Force</i>	Supersedes DQ-3 (04-22-15)	

PURPOSE

The purpose of this Office Policy is to establish guidelines and procedures for inmates in Office custody for the use of involuntary psychotropic medications and the monitoring of housing unit temperatures for inmates prescribed psychotropic medications.

POLICY

It is the policy of the Office to ensure detention personnel provide Correctional Health Services (CHS) with assistance, as needed, when the use of involuntary psychotropic medication is medically appropriate for inmates, as determined by a licensed medical or psychiatric provider. Detention personnel shall monitor housing unit temperatures for inmates prescribed psychotropic medications.

DEFINITIONS

Danger to Others: The judgment of a person who has a mental disorder is so impaired that they are unable to understand their need for treatment, and as a result of their mental disorder, their continued behavior can reasonably be expected, on the basis of a competent medical opinion, to result in serious physical harm to others.

Danger to Self: Behavior that, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat exists, when considered in the light of its context and in the light of the individual's previous acts, that the threat will be carried out.

Detention Planned Use Of Force: An incident involving an inmate who is not posing an immediate threat to officers, staff, themselves or other inmates, where force must be used to protect the inmate involved or to allow Correctional Health Services (CHS) personnel to administer involuntary psychotropic medications.

Emergency Medical Treatment: A situation in which, in the judgment of a licensed medical or psychiatric provider, action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, or extreme deterioration of functioning secondary to psychiatric illness, and it is impracticable to first gain consent, or the inmate will not or cannot provide voluntary consent.

Involuntary Psychotropic Medication: A psychotropic medication given without the consent of the inmate, the inmate's guardian, or the inmate's health care decision maker.

Psychosis: Any mental disorder characterized by personality disintegration or loss of contact with reality.

Psychotropic Medication: Any medication prescribed for the treatment of symptoms of psychosis and other mental and emotional disorders.

PROCEDURES

1. **Authorization of Involuntary Psychotropic Medications:** A licensed medical or psychiatric provider may authorize the use of involuntary psychotropic medication as clinically determined. The provider should normally authorize the use when any of the following conditions exist:
 - A. Emergency medical treatment, as determined by the medical or psychiatric provider;
 - B. An inmate is a danger to self or danger to others, as determined by the medical or psychiatric provider; and/or
 - C. A court order has been obtained for treatment.

2. **Administration of Involuntary Psychotropic Medications:** The administration of involuntary psychotropic medications by CHS personnel utilizing the assistance of detention personnel shall constitute a detention planned use of force.
 - A. Detention personnel shall consult with CHS personnel prior to any detention planned use of force incident within an Office jail facility.
 - B. Procedures for a detention planned use of force shall be followed, as specified in Office Policy CP-1, *Use of Force*.
 - C. Detention personnel shall assist CHS personnel in situations where the medical and/or psychiatric provider has determined involuntary psychotropic medications are appropriate and necessary.
 1. Involuntary psychotropic medications may be administered in a controlled, secure, private area, as determined by CHS, and the on-duty detention shift supervisor.
 2. Involuntary medications shall not be administered for discipline or punishment, convenience, coercion, or retaliation.
 3. Involuntary psychotropic medications shall be administered by CHS personnel in the presence of an on-duty detention supervisor.

3. **Detention Personnel Duties:** Detention personnel assigned to housing units responsible for the care, custody, and control of inmates who will be administered involuntary psychotropic medication by CHS personnel shall:
 - A. Notify the on-duty detention supervisor who shall be present prior to CHS personnel administering involuntary psychotropic medication; and
 - B. Document in the Sheriff's Inmate Electronic Data (SHIELD), all information, incidents, persons present, and situations that involve inmates receiving involuntary psychotropic medication, including the name of the authorizing provider.

4. **Reintroduction of Involuntary Psychotropic Medication:** If a separate and distinct situation develops concerning the same inmate, who in the medical or psychiatric provider's judgment requires the reintroduction of involuntary psychotropic medication, then the process set forth in this Office Policy shall be followed.

5. **Housing Unit Temperature Monitoring:** Housing unit temperatures where inmates are prescribed psychotropic medication shall be monitored.

- A. Detention personnel shall monitor temperatures inside the inmate housing units on a daily basis and shall record each temperature reading in SHIELD.
- B. Office jail facility commanders or their designees shall review the SHIELD temperature entries.
- C. Upon request, CHS personnel will generate and provide detention personnel with a list of inmates prescribed psychotropic medications who may be affected by temperatures reaching 85 degrees Fahrenheit.
- D. Office jail facility commanders or their designees are responsible for monitoring the lists provided by CHS personnel to ensure that the inmates are not normally housed in areas most likely to reach 85 degrees Fahrenheit.
- E. To ensure optimal performance of the cooling system, doors leading to the outside recreational areas are kept closed during warmer months and Office jail facilities shall follow their Equipment Services maintenance schedules.
- F. When housing unit temperatures reach 85 degrees Fahrenheit in areas where inmates are currently prescribed psychotropic medications, the following shall occur:
 - 1. Detention personnel shall immediately notify the on-duty detention supervisor. The supervisor shall take another temperature reading to verify the housing unit is at or above 85 degrees Fahrenheit and document the reading in SHIELD.
 - 2. The on-duty detention supervisor shall contact the Office jail facility medical clinic and work with CHS to identify all inmates who must be removed from the area.
 - 3. The on-duty detention supervisor shall place affected inmates identified by CHS in alternate housing locations, working with other Office jail facilities when necessary. Should space and classification permit, inmates shall remain in alternative housing locations to reduce the likelihood of future heat related concerns. Absent exigent circumstances, inmates shall not be returned to their original housing units until temperatures are consistently below 85 degrees Fahrenheit.
 - 4. The on-duty detention supervisor shall contact the Maricopa County Facilities Management Department and request assistance in servicing the equipment, reducing the air temperature, and if necessary, requesting temporary or portable cooling equipment.
 - 5. Affected detention personnel shall record the sequence of events into SHIELD.
 - 6. The detention shift supervisor shall notify the jail facility commander when the movement of an inmate is not possible due to lack of available alternate housing or when classification and or security reasons prevent such a move.