

DOC 630.540 Involuntary Antipsychotic Administration

Comments Submitted 5/7/2021

In section I.C., OCO is concerned that the policy eliminates the requirement for a Use of Force Report to be filed if a use of force is necessary to administer the medication. We are similarly concerned about eliminating the video recording requirement for the administration of medication.

Add to section II. A. 6. (Hearing Lay Advisor) that the advisor will “Represent the patient’s wishes and articulate the patient’s objections and concerns to the extent they are known.”

If not already articulated in another named policy or protocol, 630.540 should include specific assessment criteria for follow up care, monitoring of adverse effects, side-effects, etc, such as those set forth in NCCHC Mental Health Essential Standard MH-I-02 *Emergency Psychotropic Medication* or Oregon DOC’s administrative rules on the topic (OAR 291-064-0140, Informed Consent to Treatment with Psychotropic Medication).

Specify in section III.E. that patients must be notified orally and in writing that they may refuse involuntary medications within 24 hours of the hearing.*

Specify in section III.H. the types of situations that would make it impossible for DOC to record a hearing. “Whenever possible” is too open to interpretation.

To be compliant with the NCCHC Mental Health Essential Standard MH-D-02 *Medication Services*, psychotropic medications should not be used for disciplinary purposes. This standard should be clearly articulated in 630.540, perhaps under section VI.A. “Administering Involuntary Antipsychotic Medication.”

*OCO encourages DOC to relay all information related to medication orally and in writing to any incarcerated individual.