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ADMINISTRATIVE REGULATION
NUMBER

617

OPR: HEALTH SERVICES

PSYCHOTROPIC MEDICATION ADMINISTRATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for dispensing and administering psychotropic medication to inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that psychotropic medication is dispensed and administered to inmates within ADOC custody in accordance with applicable professional standards and Alabama law.

III. DEFINITION(S) AND ACRONYM(S)

- A. **Medication Administration Record (MAR)**: A system for recording the administration of medications to inmates. Electronic versions of this system may be referred to as E-MAR.
- B. **Medication Consent Form**: A form that documents an inmate's informed decision to accept or decline a recommended medication in writing. The signature verifies that the inmate understands the risks, benefits, and alternatives, including the risk of not accepting the recommended treatment.
- C. **Non-Adherence**: Also referred to as non-compliance and refers to an inmate avoiding taking medication at the scheduled time and place. This may occur passively by not showing up at pill call (also see "No-show"). It may occur actively, as when an inmate engages in deceptive techniques such as:

- a. **Cheeking**: A behavior in which an inmate hides medication in his or her mouth with the intent to avoid ingesting the dose.
- b. **Palming**: A behavior in which an inmate hides medication in his or her hand while giving the impression that he or she has taken the medication.
- D. **No-Show**: An informal term referring to an instance in which an inmate did not present at the scheduled time for an appointment or to receive medication.
- E. **Pill Call (or "Med Line")**: Designated place and times of day that medications are administered.
- F. **Psychotropic Medication**: Medication prescribed for the treatment of a psychiatric disorder.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- D. The Warden (or designee) at each facility is responsible for ensuring that ADOC security staff at that facility receive training on the implementation of this AR.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- F. The Vendor Director of Nursing is responsible for ensuring that all Vendor nursing staff receive training on the implementation of this AR.
- G. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.

V. **PROCEDURES**

- A. Storage and Preparation of Psychotropic Medication:

1. The Vendor Director of Nursing (or designee) at each facility will ensure that all areas used for the storage and preparation of psychotropic medication are equipped with the following:
 - a. Security measures sufficient to prevent access by unauthorized persons.
 - b. Water.
 - c. Refrigeration.
 - d. Nursing drug references (electronic or printed).
2. The Vendor nursing staff will report any deficiencies in storage and preparation areas to the Vendor Director of Nursing (or designee) at that facility.

B. Preparation and Administration of Psychotropic Medication:

1. The Vendor nursing staff with questions or concerns related to the safety, clinical appropriateness, or clarification of a psychotropic medication order will contact, prior to the administration of that psychotropic medication, either:
 - a. The Vendor ordering psychiatric provider.
 - b. The on-site or on-call Vendor psychiatric provider if the Vendor ordering psychiatric provider is not available.
2. The Vendor nursing staff will prepare psychotropic medication in the same form (e.g., tablet, capsule, liquid, injectable, etc.) indicated in the psychotropic medication order in accordance with AR 616, *Psychotropic Medication*.
3. The Vendor nursing staff who prepares the psychotropic medication must also be the same Vendor nursing staff who administers that psychotropic medication.
4. The Vendor nursing staff will prepare the psychotropic medication at the same time it is administered, whenever possible.
5. The Vendor nursing staff administering psychotropic medication will:
 - a. Verify that the identification of an inmate presenting for psychotropic medication administration matches the identity of the inmate on the psychotropic medication container and the MAR.

- b. Ensure that an inmate being administered psychotropic medication has access to water.
 - c. Place the psychotropic medication in a medication cup and then offer the cup to an inmate.
 - (1) The Vendor nursing staff shall never place the psychotropic medication directly in an inmate's hand.
 - (2) The Vendor nursing staff will administer injectable psychotropic medication through a syringe.
 - d. Ensure an inmate accepting and ingesting the psychotropic medication remains front-facing during the psychotropic medication administration to both:
 - (1) Ensure that inmate accepts and ingests the complete dose of the psychotropic medication being administered.
 - (2) Prevent non-adherence.
6. The ADOC security staff will accompany the Vendor nursing staff administering the psychotropic medication and will:
- a. Verify the identification of an inmate presenting for psychotropic medication administration. matches the identity of the inmate on the inmate identification card.
 - b. Ensure, along with the Vendor nursing staff administering the psychotropic medication, the inmate accepting and ingesting the psychotropic medication remains font-facing during the psychotropic medication administration to both:
 - (1) Ensure that inmate accepts and ingests the complete dose of the psychotropic medication being administered.
 - (2) Prevent non-adherence.
7. The Vendor nursing staff will administer psychotropic medication during Pill Call unless:
- a. The Vendor ordering psychiatric provider orders the psychotropic medication administration at another specific time.

- b. Other security, medical, or mental health reasons require advanced preparation and individualized administration of psychotropic medication to an inmate (e.g., cell-front administration in specialized housing units).
- 8. The Vendor nursing staff administering psychotropic medication to an inmate requiring individualized administration of psychotropic medication will place the dose of a psychotropic medication in an individual, inmate-specific envelope labeled with the following information:
 - a. The inmate's first and last name.
 - b. The inmate's AIS number.
 - c. The psychotropic medication and dose enclosed.
 - d. The initials of the Vendor nursing staff both preparing and administering the psychotropic medication.
- 9. The Vendor nursing staff administering psychotropic medications will accurately and timely document the following on the MAR:
 - a. An inmate's acceptance and ingestion of each psychotropic medication and dose administered.
 - b. An inmate's refusal of each psychotropic medication and dose.
 - c. The non-availability of psychotropic medication at that facility.
 - d. An inmate's "no show" to the scheduled Pill Call.
- 10. The Vendor nursing staff will administer the emergency dose of psychotropic medications in accordance with AR 620, *Emergency Administration of Psychotropic Medication*.
- 11. The Vendor nursing staff will administer the involuntary dose of psychotropic medications in accordance with AR 621, *Administrative Review for Involuntary Psychotropic Medication*.

C. Non-Availability of Psychotropic Medication:

The Vendor nursing staff will document any non-available psychotropic medications expected to be located at that facility on ADOC Form MH-010, *Non-Availability of Psychotropic Medication*, and will:

- a. Inform the inmate.
- b. Contact the Vendor ordering psychiatric provider.
- c. Submit ADOC Form MH-010, *Non-Availability of Psychotropic Medication*, to the Vendor Health Services Administrator (or designee) at that facility.

D. Non-Adherence and Side Effects:

1. The Vendor nursing staff will report problems related to non-adherence and side effects (e.g., tolerance, responses, etc.) to psychotropic medications on ADOC Form MH-024, *Psychotropic Medication Report*, and will:
 - a. File the original ADOC Form MH-024, *Psychotropic Medication Report*, in the mental health section of the inmate's medical record.
 - b. Forward a copy of ADOC Form MH-024 *Psychotropic Medication Report*, to the Vendor ordering psychiatric provider.
2. The Vendor nursing staff administering will:
 - a. Track instances of psychotropic medication non-adherence and generate a weekly report.
 - b. Report an inmate who that Vendor nursing staff tracks three (3) instances of psychotropic medication non-adherence within seven (7) calendar days to the Vendor ordering psychiatric provider on ADOC Form MH-024, *Psychotropic Medication Report*.

The Vendor nursing staff administering psychotropic medication may report an inmate before tracking three (3) instances of psychotropic medication non-adherence if that Vendor nursing staff observes signs of clinical deterioration and has concerns about that inmate's clinical status, safety, or ability to function.
 - c. Provide an inmate with three (3) instances of psychotropic medication non-adherence with counseling on psychotropic medication non-adherence (e.g., encouraging adherence, the risk associated with non-adherence, etc.).
3. The Vendor nursing staff will document an inmate's reported and exhibited side effects to psychotropic medications on ADOC Form MH-024, *Psychotropic Medication Report*.

E. Psychotropic Medication Errors:

1. The Vendor nursing staff administering the psychotropic medication who becomes aware of a psychotropic medication error will:
 - a. Document the psychotropic medication error on a Medication Error Report.
 - b. Submit the Medication Error Report to the Vendor Director of Nursing (or designee) at that facility by the end of that Vendor nursing staff's shift.
2. The Vendor nursing staff administering the psychotropic medication will document psychotropic medication errors involving the administration of either the wrong psychotropic medication or a different dose of psychotropic medication than ordered and will immediately contact:
 - a. The Vendor ordering psychiatric provider.
 - b. The Vendor Director of Nursing (or designee) at that facility.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

- A. ADOC Form MH-010, *Non-Availability of Psychotropic Medication*.
- B. ADOC Form MH-024, *Psychotropic Medication Report*.


VIII. SUPERSEDES

This Administrative Regulation supersedes AR 617, *Psychotropic Medication Administration*, dated June 24, 2005, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. Braggs v. Hamm, No. 2:14-cv-00601-MHT-JTA (M.D. Ala. filed June 17, 2014).

- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



John Q. Hamm
Commissioner

Alabama Department of Corrections
NON-AVAILABILITY OF PSYCHOTROPIC MEDICATION



Inmate Name: _____ Inmate AIS #: _____

Medication Not Available Reported by: _____

Medication Not Provided: _____

Dates Not Provided (after ordered): _____

Medication Administration Record (MAR) Confirms Medication Not Available:

YES ☐ NO ☐

Comments: _____

Institution: _____

Submitted by: _____ Date: _____

Alabama Department of Corrections
PSYCHOTROPIC MEDICATION REPORT



Facility: _____

Unit: _____

Medication	Dosage	Frequency	Stop Date

Problems Reported by Inmate or Observed by Nurse: (complete all that apply)

Side effects:

Not helping symptoms or getting worse:

Non-Compliance:

Other:

Inmate Signature:

Date:

Nurse Assessment/Plan:

Assessment/Intervention:

Referral To:

Nurse Name / Signature:

Date:

Prescriber or another Qualified Mental Health Professional Follow-Up / Plan:

Name / Credentials / Signature:

Date:

Inmate Name:

AIS #