



William D. Gore
Sheriff

Detention Services Bureau, In-Service Training Unit
Telephone: [REDACTED]

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TRAINING BULLETIN

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The Use of Emergency Sedation and Involuntary Medications

What is emergency sedation?

Emergency sedation is defined as the administration of a rapid acting sedative intended to control an individual's violent behavior in a way that reduces self-injury or injury to others when other techniques have been ineffective in assisting the inmate to regain control. It is a one-time forced administration of medications for the purpose of emergency behavioral health management. Choices for sedation may vary based on the individual's presentation, past medical history, and provider's preference but commonly used medications are: Haloperidol, Lorazepam, and Risperidone. Depending on the medication and method of administration, effects may be observed in the first 15 minutes.

When is emergency sedation used?

The decision to use emergency sedation is based on the need to manage acute behavioral emergencies. Based on the compliance of the individual, the medication can be administered either orally or by injection. Absent exigent circumstances, de-escalation techniques should be attempted first to gain voluntary compliance before considering the use of emergency sedation. When de-escalation fails, consider recommending emergency sedation for individuals that are combative and at grave risk of hurting themselves or others.

Who can authorize emergency sedation?

The watch commander shall collaborate with health staff and Qualified Mental Health Providers when determining the necessity for emergency sedation. Only a medical doctor or psychiatrist can order emergency sedation. It is preferred the medical doctor or psychiatrist see the individual in person (i.e., at cell door) prior to ordering the medications. However, in the event a medical doctor or psychiatrist is unavailable, the on-call physician can prescribe the medication over the phone. Sworn staff can coordinate this procedure through the charge nurse.

Who administers the emergency sedation?

Sheriff Registered Nurses, Licensed Vocational Nurses, and Psychiatric Technicians may administer the medications with the assistance of sworn staff for security purposes.

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When using emergency sedation, a safety officer shall be used. The safety officer's sole responsibility is to monitor the health and safety of the individual. The picture below depicts medical staff administering emergency sedation to a violent individual with assistance from a sworn tactical team.



What happens after emergency sedation is used?

Once an individual receives a medication for sedation, it is important for nursing staff to frequently assess vital signs, airway management, level of consciousness, and potential adverse reactions. The length of time to monitor individuals post sedation will vary on a case by case basis.

What are involuntary medications?

Involuntary medications are physician-prescribed medications for inmates under court-ordered conservatorship for the purpose of ongoing care and treatment, or pursuant to a court ordered finding of incompetence authorizing involuntary medication. These individuals do not have right to refuse psychotropic medications, as they have been deemed not to have the capacity to refuse medications and treatment. An example would be those assigned to Jail Based Competency Treatment (JCBT). These types of individuals may not be combative or at risk of hurting others but still require medications without their consent.

Who can authorize involuntary medications?

Involuntary medications are physician ordered medications for individuals. In some cases, an involuntary medication administration may be court ordered and, in these instances, the physician is still responsible for prescribing the medication.

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Who administers the involuntary medications?

Sheriff Registered Nurses, Licensed Vocational Nurses, and Psychiatric Technicians may administer the medications with assistance from sworn staff for security purposes. Prior to the incident, inmates shall be given the opportunity to take the prescribed medication compliantly. If the inmate refuses to take the medication, deputies may use appropriate measures to restrain the inmate during the administration of the medication. In addition, the medication administration shall be digitally recorded and a safety officer shall be used. The safety deputy's sole responsibility is to monitor the health and safety of the individual.

What happens after an individual is involuntarily medicated?

Sheriff's health staff will evaluate each person after every involuntary medication. However, the evaluation will vary depending on the type of medication administered.

What is the difference between involuntary medications and emergency sedation?

Emergency sedation are a one-time forced administration and used for **emergency** purposes. Emergency sedation is intended to sedate the individual to prevent further harm. Involuntary medications, on the other hand, are typically routine medication cycles that are court ordered. The medications vary but are typically psychotropic in nature.

What documentation is required?

All applications of emergency sedation, and any involuntary medications in which force was used, shall be memorialized in a use of force report to include applicable attachments such as: video footage, photographs, etc. The report should include who specifically ordered the medications along with the type and amount of medications administered. The facility charge nurse will be able to provide this information.

For involuntary medications in which the inmate receives the medication compliantly, a JIMS Inmate Status Report is sufficient for documenting the medication administration.

References:

Staff can refer to DSB Policies and Procedures section I.89 (Use of Force) and MSD Operations Manual sections G.3.1 and G.3.2.