

<b>CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL</b>	Effective Date: 10/15/2014	<b>NUMBER: E-39.1</b>
	Replaces: 1/4/2012	
	Formulated: 3/85 Reviewed: 07/16	Page <u>  1  </u> of <u>  5  </u>
<b>HEALTH EVALUATION AND DOCUMENTATION OFFENDERS IN SEGREGATION</b>		

**PURPOSE:** To provide a mechanism that offenders placed in segregation are assessed and all changes in medical condition and mental status for individuals in segregation are promptly detected and treated.

**POLICY:** Offenders in segregation status have direct access to medical, dental and mental health services as do offenders in the general population.

**DEFINITIONS:** Definition for the following term is located in the Administrative Segregation Plan (March 2012) and AD-03.53, Solitary Confinement.

Administrative segregation categories include the following: security detention, pre-hearing detention, protective custody, temporary detention and death row segregation.

**PROCEDURES:**

- I. Segregation
  - A. Security staff must immediately notify the facility medical staff when an offender is designated for placement into segregation.
  - B. Health review prior to placement into segregation includes:
    1. An offender who is determined by security staff to require placement into either pre-hearing detention or security detention, and who has no apparent medical or mental health problems (e.g., bleeding, contusion, vomiting, diminished consciousness, disorientation), may be placed in pre-hearing detention or security detention without prior health evaluation. An offender placed in segregation in these situations must have a physical evaluation by a licensed health care provider (physician, mid-level provider or nurse) completed as soon as possible and documented on the HSM-15 or the appropriate electronic counterpart no later than 12 hours for facilities with 24 hour onsite medical staff and 24 hours for all other facilities.
    2. Offenders placed in single cell who are receiving mental health treatment must have a physical evaluation by a licensed health care provider (physician, mid-level provider or nurse) completed as soon as possible and documented on the HSM-15 or the appropriate electronic counterpart no later than 12 hours for facilities with 24 hour onsite medical staff and 24 hours for all other facilities. The offender will also be assessed the next working day by a Qualified Mental Health Professional (QMHP), mental health staff, or appropriately trained nursing staff using the nursing protocol for psychiatric symptoms. If a nursing

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protocol is used, the facility QMHP or the On-Call QMHP will be notified by the next day following segregation placement.

3. Offenders who go directly from one category of segregation to another or from pre-hearing detention to solitary confinement do not require a second physical examination except when offenders are reassigned from one facility to another. When a segregated offender is transferred to another facility, the offender is to have a physical evaluation by a licensed health care provider (physician, mid-level provider or nurse) completed as soon as possible and documented on the HSM-15 or the appropriate electronic counterpart no later than 24 hours after arrival to the receiving facility.

C. No offender may be placed in any category of segregation, or maintained beyond 12 hours in pre-hearing detention, if his/her placement or maintenance in segregation is likely to aggravate an existing medical/mental health condition or cause further deterioration or debilitation. An offender who requires nursing care in an infirmary may not be housed in segregation.

D. Authorization for placement into segregation status:

If the physician/mid-level provider performing the segregation medical evaluation determines that an offender has not been diagnosed as having a serious mental illness, and further determines that the offender does not have a health condition which, based upon the above stated guidelines, contraindicates placement in segregation, then the offender may be placed in the designated segregation. Generally, the decision that an offender does have a health condition that contraindicates placement in segregation, is made by a facility physician, facility dentist for dental conditions, or a qualified mental health professional for mental health conditions.

If a physician/mid-level provider is not present on the facility and placement in segregation is contraindicated, the evaluating nurse is to communicate by telephone with a provider to obtain the necessary medical order.

Physician/mid-level provider telephone orders in this regard must be honored by security personnel as though given in person.

E. If a physician/mid-level provider determines that placement in segregation is contraindicated for health reasons, the offender's placement in segregation may be deferred pending improvement in the offender's condition. In the event of pre-hearing detention/solitary confinement, the health services representative to the disciplinary committee may recommend alternative placement. If a physician/mid-

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level provider, psychiatrist, or qualified mental health provider determines that segregation is contraindicated for mental health reasons, the offender will be transferred to an inpatient psychiatric facility for stabilization and/or further treatment.

## II. Access to Health Services

- A. Offenders confined in segregation have direct access to medical, mental health and dental services.
- B. Offenders confined in segregation will be given all prescribed medications and treatments as ordered, and observed as frequently as ordered.
- C.
  1. **Administrative Segregation/Single-Cell Close Custody**  
Offenders confined in segregation must be observed by a licensed health care provider daily. Offenders receiving Mental Health treatment who are confined in Administrative Segregation will be assessed for mental status and appearance at least once weekly.
  2. **Pre-Hearing Detention/Solitary Confinement**  
Offenders confined in pre-hearing detention/solitary confinement must be observed by a licensed health care provider daily. Evaluations must include an inquiry into the offender's physical and mental health status. Particular note must be made of cuts, bruises or other evidence of trauma and alterations of mental and physical status. Vital signs and weight are taken as often as medically indicated.
  3. **Management Status**  
Offenders in Management Status must be observed by a licensed health care provider daily. Evaluations must include an inquiry into the offender's physical and mental health status. Particular note must be made of cuts, bruises or other evidence of trauma and alterations of mental and physical status. Vital signs and weight are taken as often as medically indicated.
  4. Offenders receiving Mental Health treatment who are confined in pre-hearing detention/solitary confinement will be assessed for mental status and appearance each normal work day.
  5. Mental Health rounds will be documented in a Mental Health Segregation Rounds Log. Mental Health Segregation rounds may be conducted concurrently with nursing rounds but are a distinct activity and must be documented as such.

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**6. Single Cell Assignments for Medical or Mental Health Reasons**

Offenders housed in single cells for medical or mental health reasons, including Constant and Direct Observation (CDO), must be observed by a licensed health care provider daily.

- D. All offender initiated medical complaints are to be treated and documented as a Sick Call Request (SCR) in accordance with CMHC policies E-37.1. The complaint should be recorded on a SCR form, logged or scanned into the EMR. The SCR should be screened by a licensed health care professional who then enters the appropriate ATC reminder in EMR. If indicated, the patient should be triaged by a licensed health care professional and referred to the appropriate health care provider.
- E. An offender confined in segregation must be transported promptly to the facility medical department, segregation examination room or other health care facility whenever a qualified health care provider determines that such access is medically indicated. Under no circumstances may an offender confined in segregation be denied transfer to appropriate medical facilities when such transfer is determined to be medically necessary.
- F. All offenders remaining in segregation more than one month receive a mental health assessment by a QMHP. If segregation continues a mental health assessment is completed at least every three months for the duration of segregation status.

**III. Documentation of Daily Rounds by Licensed Health Care Provider**

**A. Administrative Segregation and CDO**

- 1. The individual(s) assigned to make rounds in administrative segregation or CDO will acknowledge completion of assignment by dating and signing the Certification and Record of Segregation Visits form. The Certification and Record of Segregation Visits form and a current housing list will be stapled together and maintained in chronological order in the medical department by the facility health administrator (TTUHSC)/practice manager (UTMB) for a minimum of 180 days.
- 2. Any complaint or request for service from a patient housed in single-man cell will be recorded on a SCR.

**B. Pre-Hearing Detention/Solitary Confinement**

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Upon notification of the patient's placement in pre-hearing detention/solitary confinement, the facility medical department will document the initiation of a Solitary/Pre-Hearing Flow Sheet (HSN-46) or the appropriate electronic counterpart. Daily cell side visits by licensed health care providers and any complaints received or requests for service will be noted on the patient's HSN-46. Upon the patient's release from pre-hearing detention/solitary confinement, the HSN-46 will be filed or scanned into the patient's health record. A log of pre-hearing detention/solitary confinement rounds will be maintained.

C. Management Status

Upon notification of the patient's placement in management status, the facility medical department will

1. document receipt of notification by security to a licensed health care staff by completing Section II of the "Implementation of Management Status" form (Attachment A of A.D.-03.80); and
2. document the initiation of a HSN-46 or the appropriate electronic counterpart. Daily cell side visits by licensed health care providers and any complaints received or requests for service will be noted on the patient's HSN-46. Upon the patient's release from pre-hearing detention/solitary confinement, the HSN-46 will be filed or scanned into the patient's health record. A log of pre-hearing detention/solitary confinement rounds will be maintained.

Reference: Administrative Segregation Plan (March 2012)  
AD-03.53 Solitary Confinement  
ACA Standard 4-4346 (Ref. 3-4353) Clinical Services  
ACA Standard 4-4399 (Ref. 3-4369) Special Needs  
ACA Standard 4-4400 (Ref. 3-4246), Segregation (Mandatory)