

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 4/7/2017	NUMBER: E-39.1
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HEALTH EVALUATION AND DOCUMENTATION OFFENDERS IN SEGREGATION / RESTRICTIVE HOUSING		

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

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

DEFINITIONS: Definitions for the following terms regarding segregation/restrictive housing Segregation/ are available in the respectively identified sources provided below in parentheses:

Administrative segregation/restrictive housing includes the following: security detention, pre-hearing detention, temporary detention, and death row segregation. (Administrative Segregation/ Plan)

Cell Restriction (Administrative Directive AD-3.70, “Cell Restriction for General Population Offenders”) Note: *This is a disciplinary action for offenders convicted of a disciplinary violation and applied in accordance with TDCJ “Disciplinary Rules and Procedures for Offenders”.*

Death Row Segregation/restrictive housing (Administrative Segregation/ Plan)

Dry Cell Isolation (Security Memorandum SM-03.04, “Dry Cell Isolation Procedures”) Note: *This is a security measure authorized by the warden or designee.*

Extended Restrictive Housing - *Housing that separates the offender from contact with general population while restricting an offender/inmate to his/her cell for at least 22 hours per day and for more than 30 days for the safe and secure operation of the facility.*

Offender Management Restrictions (Security Memorandum SM-01.29, “Offender Management Restrictions”). Note: *These disciplinary actions should only be applied in accordance with TDCJ “Disciplinary Rules and Procedures for Offenders”.*

Offender Management Status (Administrative Directive AD-03.80, “Implementation of Offender Management Status”) Note: *Management status can only be implemented after an offender is placed in prehearing detention or is already housed in solitary confinement.*

Pre-Hearing Detention (Administrative Segregation/ Plan)

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Protective Safekeeping P7 (Protective Safekeeping Plan)

Restrictive Housing *A placement that requires an inmate to be confined to a cell at least 22 hours per day for the safe and secure operation of the facility.*

Security Detention (Administrative Segregation/ Plan)

Solitary Confinement (Administrative Directive AD-03.53, “Solitary Confinement”) Note: *This is a disciplinary action for offenders convicted of a disciplinary violation and applied in accordance with TDCJ “Disciplinary Rules and Procedures for Offenders”.*

Temporary Detention (Administrative Segregation/ Plan)

PROCEDURES:

- I. Segregation/restrictive housing
 - 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/restrictive housing 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/restrictive housing 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

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nursing staff using the nursing protocol for psychiatric symptoms. If a nursing protocol is used, the facility QMHP or the On-Call QMHP will be notified by the next day following segregation/restrictive housing placement.

3. All offenders placed in segregation/restrictive housing will also be appraised by a Qualified Mental Health Professional (QMHP) within 7 days. The mental health appraisal should include the following:
 - a. Inquiry: present suicidal ideation, history of suicidal behavior, prescribed psychotropic medication, current mental health complaint, currently treated for mental health problem, history of inpatient or outpatient treatment, history of substance abuse.
 - b. Observation: general appearance, general behavior, evidence of abuse and/or trauma, current symptoms of psychosis, depression, anxiety, and/or aggression.
 - c. Disposition: no referral to mental health, routine referral to mental health, emergent referral to mental health.

4. Offenders who go directly from one category of segregation/restrictive housing 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/restrictive housing 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. Offenders requiring inpatient mental health services or qualifying for special mental health programs (e.g. CMI-SH, CMI-TP, MHTDP, and PAMIO) may not be housed in extended restrictive housing without treatment.

- D. Authorization for placement into segregation/restrictive housing status:

If the licensed health care staff performing the segregation/restrictive housing 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

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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/restrictive housing 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/restrictive housing is contraindicated for health reasons, the offender's placement in segregation/restrictive housing 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-level provider, psychiatrist, or qualified mental health provider determines that segregation/restrictive housing 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/restrictive housing have direct access to medical, mental health and dental services.
- B. Offenders confined in segregation/restrictive housing will be given all prescribed medications and treatments as ordered, and observed as frequently as ordered.
- C. 1. Security Detention, Protective Safekeeping P7, and Death Row Segregation Offenders confined in these forms of segregation/restrictive housing must be observed by licensed health care staff daily. All offenders in security detention, protective safekeeping P7, or death row segregation/restrictive housing shall receive a weekly visit from mental health staff to ensure access to care. Offenders receiving Mental Health treatment Segregation/restrictive housing will be assessed for mental status and appearance at least once weekly.

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2. Pre-Hearing Detention, Cell Restriction, Solitary Confinement, and Temporary Detention
Offenders confined in these forms of segregation/restrictive housing must be observed by a licensed health care staff 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. Offenders receiving Mental Health treatment will be assessed for mental status and appearance daily.

3. Management Status, Management Restrictions, and Dry Cell Isolation
Offenders in these forms of segregation/restrictive housing must be observed by licensed health care staff 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. Offenders receiving Mental Health treatment will be assessed for mental status and appearance daily.

Segregation/restrictive housing Segregation/restrictive housing

4. **Single Cell Assignments for Medical or Mental Health Reasons**
Offenders housed in single cells for contagious conditions (medical isolation), potentially contagious conditions (medical restriction), 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 screened by a licensed health care professional and referred to the appropriate health care provider.

E. An offender confined in segregation/restrictive housing must be transported promptly to the facility medical department, segregation/restrictive housing examination room or other health care facility whenever a qualified health care provider or qualified mental health care provider determines that such access is clinically indicated. Under no circumstances may an offender confined in segregation/restrictive housing be denied transfer to appropriate medical facilities

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when such transfer is determined to be clinically necessary.

- F. All offenders on mental health caseload remaining in extended segregation/restrictive housing (i.e. more than 30 days) will receive a behavioral health assessment by a QMHP monthly for the duration of segregation/restrictive housing status. Offenders in segregation/restrictive housing with no behavioral health disorders will receive a mental health assessment by a QMHP at least every three months for the duration of segregation/restrictive housing status.

III. Documentation of Daily Rounds by Licensed Health Care Provider

- A. Security Detention, Protective Safekeeping P7, Death Row Segregation/restrictive housing and Single Cell Assignments for Medical or Mental Health Reasons including CDO

1. The individual(s) assigned to make nursing/medical rounds in the above listed forms of segregation/restrictive housing will acknowledge completion of assignment by dating and signing the Certification and Record of Segregation/restrictive housing Visits form. The Certification and Record of Segregation/restrictive housing 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. Mental Health rounds will be documented in a Mental Health Segregation/restrictive housing Rounds Log.
3. Any complaint or request for a health-related service from a patient housed in single-man cell will be recorded on a SCR.

- B. Pre-Hearing Detention, Cell Restriction, Solitary Confinement, and Temporary Detention

1. Upon notification of the patient's placement in the above forms of segregation, 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 a health-related service will be noted on the patient's HSN-46.
2. 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.

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3. All health-related complaints will be handled on the day received as a SCR in accordance with CMHC policy E-37.1.

C. Management Status, Management Restrictions, and Dry Cell Isolation

Upon notification of the patient's placement in above forms of segregation, 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 a health-related service will be noted on the patient's HSN-46.
3. 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.
4. All health-related complaints will be handled on the day received as a SCR in accordance with CMHC policy E-37.1.

Reference: Administrative Segregation/ Plan (March 2012)

AD-03.53 Solitary Confinement
AD-03.70 Cell Restriction for General Population Offenders
AD-03.80 Implementation of Offender Management Status
Administrative Segregation/restrictive housing Plan
Protective Safekeeping Plan
Security Memorandum SM-01.29, "Offender Management Restrictions"
Security Memorandum SM-03.04 Dry Cell Isolation Procedures
ACA Standard 4-4256
ACA Standard 4-4260
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/restrictive housing (Mandatory)
ACA 4-RH-0001

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ACA 4-RH-0003
ACA 4-RH-0010
ACA 4-RH-0012
ACA 4-RH-0014
ACA 4-RH-0029
ACA 4-RH-0030
ACA 4-RH-0031
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