

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prison

SECTION: Assessment of Patient

POLICY # A-5

SUBJECT: Offenders in Segregation

PAGE 1 of 3

EFFECTIVE DATE: November 2014

SUPERCEDES DATE: May 2014

References

Related ACA, NCCHC Standard

4th Edition Standards for Adult Correctional Institutions
2008 Edition Standards for Health Services in Prison, P-E-09

PURPOSE

To provide staff guidelines for providing offenders with screening, monitoring and access to healthcare services while in segregation.

POLICY

Offenders assigned to administrative segregation (ASEG), disciplinary segregation (DSEG), protective control (PCON), or intensive management (HCON, ICON, MCON) shall have access to medical and mental health services.

DEFINITIONS

Qualified Mental Health Professional an individual who has the education, credentials, and experience, and is permitted by the North Carolina Administrative Code to evaluate and provide services for individuals with mental health needs. A Qualified Mental Health Professional is defined as a psychiatrist, psychologist, licensed clinical social worker or mental health physician extender

PROCEDURE

I. MEDICAL SERVICES

A. Pre-segregation Screening

- (1) Offenders placed in segregation or control status shall be initially screened by a qualified medical person (licensed nurse or provider) at the time of placement during medical operation hours. Otherwise, offenders placed in segregation will be screened on the next medical business day to ensure he/she does not have any acute medical or mental health conditions that would require the postponement or discontinuation of the segregation/control status.
- (2) Each LPN involved in the pre-screening remains responsible for determining when to request input from the RN, physician extender or physician.
- (3) Medical pre-segregation screening shall consist of a determination of the offender's physical and mental status to include SIB:
 1. vital signs
 2. complete medical record review
 3. status
 4. Review all medications to (include self medications) in order to determine appropriate method of administration. All keep on person medications will be re-issued and documented on medication administration record.

Further assessment will be determined by the nurse on a case by case basis.

- (4) The screening will be documented on the DC-387. (Chronological Record of Health Care inpatient/outpatient notes) or in the electronic health record (HERO).

B. Access to a Medical

1. Offenders segregated from the general population shall receive visits from a trained or licensed healthcare staff (CHAI, LPN, or RN) when nursing services are available at the facility to ensure their health and well being is maintained. In facilities with 7 day a week nursing coverage, offenders shall receive a daily visit from a trained or licensed health care staff (CHAI, LPN or RN).
2. Offenders segregated from the general population in facility's without 7 days a week nursing coverage, shall receive a visit three(3) times a week from a trained or licensed health care staff (CHAI, LPN or RN) to ensure their health and well being is maintained.

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POLICY # A-5

PAGE 2 of 3

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3. Segregation checks by health care staff will be documented by custody staff on the DC-141 Daily Report of Segregated Offender / Electronic Rounds Tablet and/or in the electronic rounds system.

C. Sick Call in Segregation

- (1) Offenders housed in segregation in need of medical care will have access to a sick call request forms which will be retrieved and triaged by nursing staff.
- (2) When it is not possible or appropriate, due to safety concerns, for an offender to be brought to medical for a sick call, a registered nurse and/or provider shall visit the offender in the segregation area to evaluate, treat, or refer as deemed appropriate. The results shall be recorded in SOAP format or in the Electronic Health Record.
- (3) The LPN may participate in sick call in segregation
- (4) A daily visit shall not be required on a day when a screening or sick call visit has been completed by medical services.
- (5) Custody shall notify medical staff assigned to segregation/control area or nurse manager/designee any time during the offender's segregation when medical or mental health services are needed.

D. Segregation Trap Doors.

Medical services which are appropriate to perform through the segregation trap doors include:

- (1) Oral medication administration
- (2) Accuchecks
- (3) TB screenings (PPD placements and readings)
- (4) Distribution of medical appliances such as glasses.
- (5) Pulse oximeter readings
- (6) Vital signs (temperature, pulse and respirations only)
- (7) Documentation review and signatures
- (8) Medication education and counseling

Medical services listed below should be performed in the cell or in the clinic areas:

- (1) Blood pressure checks
- (2) Intramuscular, subcutaneous, intravenous injections (excluding PPDs)
- (3) Phlebotomy
- (4) Nursing assessments
- (5) Dressing changes
- (6) Routine sick call

E. Sanitation Procedures when Using Trap Doors in Segregation

- (1) Segregation trap doors should be cleaned and sanitized using a Health Services approved disinfectant or wipes before and after all invasive procedures where blood and body fluids may be exposed
- (2) Segregation trap doors should be cleaned and sanitized whenever visibly soiled
- (3) The facility should establish routine cleaning and sanitation of segregation trap doors in compliance with the established standard operating procedures.

II. MENTAL HEALTH SERVICES

(A) Notification

- (1) Mental Health Services shall be notified by nursing within 24 to 48 hours or next business day after weekend or holiday of any offender placed in segregation the offender will be assigned to mental health caseload and will be followed per outpatient protocol who is currently receiving mental health services.
- (2) No offender with a formal diagnosis of serious mental disorder or mental retardation shall be assigned to high security maximum control (HCON) unless approved by the Director of Mental Health Services or designee. (Reference DOP Fiscal Policy, Chapter C Section .1700 High Security Maximum Control)

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POLICY # A-5

PAGE 3 of 3

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- (3) An offender assigned to maximum control (MCON) or Intensive Control (ICON) with a mental illness, who has been assessed as needing a higher level of service, requiring residential mental health housing, will be transferred to a facility that provides those services. This control status in a residential setting is known as Therapeutic Control. (Reference DOP Fiscal, Chapter C Section .1300 Intensive Control &.0400 Maximum Control)
 - (4) Mental Health Services staff shall be notified any time an offender is in segregation when mental health services are needed. Emergency contact shall be made by direct (phone) notification. General mental health referrals shall be accepted and processed by completing the Mental Health Services Referral (DC-540).

(B) Initial Segregation Interview

- (1) Any offender whose movements are restricted in segregation/control may develop symptoms of acute anxiety or other mental problems; therefore, all offenders who remain in segregation greater than (30) thirty consecutive days will receive a mental health assessment by a qualified mental health personnel. This will be a face to face interview.
- (2) This assessment shall be completed within the week following the 30th day of consecutive segregation. This interview shall be adequate to evaluate the offender's mental health status to facilitate the detection of any acute mental health issues or the need for treatment.
- (3) The assessment shall be documented on the Mental Health Segregation Assessment (DC-983) or in the electronic health record.

(C) Routine Monitoring

- (1) To ensure ongoing monitoring of all offenders' mental health status while in segregation, a qualified mental health professional shall make contact with each offender remaining in segregation every (90) ninety days after the completion of the initial (30) thirty day assessment. This assessment shall be completed within the week following the 90th day of consecutive segregation.
- (2) Routine monitoring shall be documented on the mental health segregation assessment (DC-983) or in the electronic health record.
- (3) Any offender identified as needing ongoing mental health services will be placed on the mental health caseload of a provider and will be followed per outpatient protocol.
- (4) Offenders currently on a mental health caseload and receiving services when placed in segregation will continue to be followed per mental health outpatient protocol.



11/20/2014

Paula Smith MD, Chief of Health Services Date

SOR: Chief of Health Services
Chief of Mental Health

Addendum:

[Form DC-387 Chronological Record of Health Care](#)

[Form DC-540 Mental Health Services Referral](#)

[Form DC -983 Mental Health Segregation Assessment](#)

Form DC 141 Daily Report of Segregated Offender / Electronic Rounds Tablet