

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Assessment of Patient

POLICY # A-5

SUBJECT: Inmates in Segregation

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EFFECTIVE DATE: April 2012

SUPERCEDES DATE: April 2011

References

Related ACA, ACCHC 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 inmates with screening, monitoring and access to healthcare services while in segregation.

POLICY

Inmates 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.

PROCEDURE

I. MEDICAL SERVICES

A. Pre-segregation Screening

- (1) Inmates placed on segregation shall be initially screened by a qualified medical person (licensed nurse or provider) at the time of placement, if possible or within 72 hours, to ensure he/she does not have any acute medical or mental health conditions that would require the postponement or discontinuation of the segregation.
- (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 inmate's physical and mental status to include SIB status, vital signs and a complete medical record review. Further assessment will be determined by the nurse on a case by case basis.
- (4) The screening will be documented on the DC-387.

B. Access to a Medical

- (1) Inmates segregated from the general population shall receive visits from a trained or licensed healthcare staff (CHAI, LPN, or RN) each day when nursing services are available at the facility to assure their health and well being is maintained. In units with 7 day a week nursing coverage, inmates shall receive a daily visit from a trained or licensed health care staff (NAII, CHAI, LPN or RN) to assure their health and well being is maintained.
- (2) Inmates segregated from the general population in units without 7 days a week nursing coverage, shall receive a visit three times a week from a trained or licensed health care staff (NAII, CHAI, LPN or RN) to assure their health and well being is maintained.
- (3) Segregation checks by nursing staff will be documented by custody staff on the DC-141.

C. Sick Call In Segregation

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- (1) If the inmate voices a medical complaint to a non-licensed health care person or requests a sick call, the Sick Call Appointment Form (DC-602) shall be completed, and triaged accordingly by a licensed nurse. (Refer to policy TX I-1)
 - (2) When it is not possible or appropriate, due to safety concerns, for an inmate to be brought to medical for a sick call, a registered nurse or provider shall visit the inmate in the segregation area to evaluate, treat, or refer as deemed appropriate. The results shall be recorded in the Health Record, on the Sick Call Appointment Request Form (DC-602), or on the Provider Progress Note (DC- 752), in SOAP format.
 - (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 Services at any time during the inmate's segregation when medical care or services are needed.

D. Segregation Trap Doors.

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

- (1) PO medication administration
- (2) Accuchecks
- (3) TB screenings (PPD placements and readings)
- (4) 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 before and after all invasive procedures where blood and body fluids may be exposed using a Health Services approved disinfectant or wipes.
- (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 72 hours of any inmate placed in segregation who is currently receiving mental health services.
- (2) No inmate 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

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- or designee. (Reference DOP Fiscal Policy, Chapter C Section .1700 High Security Maximum Control)
- (3) An inmate 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 at any time during the inmate's segregation when mental health services are needed. Emergency contact shall be made by direct 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 inmate whose movements are restricted in segregation may develop symptoms of acute anxiety or other mental problems; therefore, all inmates 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) Qualified Mental Health Professional is 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.
- (3) This assessment shall be completed within the week following the 30th day of consecutive segregation. This interview shall be adequate to evaluate the inmate's mental health status to facilitate the detection any acute mental health issues or the need for treatment.
- (4) The assessment shall be documented on the Mental Health Segregation Assessment (DC-983).

(C) Routine Monitoring

- (1) To assure ongoing monitoring of all inmates' mental health status while in segregation, a qualified mental health professional shall make contact with each inmate 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).
- (3) Any inmate 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) Inmates currently on a mental health caseload and receiving services when placed in segregation will continue to be followed per mental health outpatient protocol.

Paula Y. Smith, M.D.

6/15/12

Paula Smith MD, Chief of Health Services Date

SOR: Chief of Health Services