

POLICY OF STATE OF DELAWARE	POLICY NUMBER E-09	PAGE NUMBER 1 of 4
DEPARTMENT OF CORRECTION	RELATED NCCHC/ACA STANDARDS: P-E-09/4-4400 (ESSENTIAL)	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SYSTEMS	SUBJECT: SEGREGATED OFFENDERS	
EFFECTIVE DATE: 11/14/07	REVISED: 4/13/09, 6/11/10, 11/8/10, 4/12/11	
APPROVED FOR PUBLIC RELEASE	<i>Jane Welch 5/5/11</i>	

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To insure offenders placed in segregation do not have any contraindicating medical conditions and their health status does not deteriorate during confinement.
- III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: Emergency care: Care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.
- V. POLICY:
1. Correctional staff will inform healthcare staff when an offender is placed in segregation. The offender's medical record will be reviewed prior to or within one (1) hour of placement in segregation for medical, dental or mental health conditions.
 2. Those offenders whose conditions would be contradictory to confinement or would require special accommodations – e.g. severely mental ill, diabetics with frequent episodes of hypoglycemia, infirmary care or higher – will be identified by medical and/or mental health.
 3. Findings of the review will be documented in the offender's medical record on the day of the review.
 4. Security will be advised regarding potential contraindications and informed of any recommended special accommodations. In the event that serious security concerns exist regarding the recommendations made, a multidisciplinary case

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conference will be held, with, at the minimum, participation by medical and/or mental health and security staff, at which an appropriate alternative will be identified.

5. Offenders placed in segregation, who have been receiving treatment for a serious mental illness, will be referred to mental health for follow up, consistent with the referral process outlined in DOC E-02, Receiving Screening policy. Medical staff reviewing the chart will complete an immediate mental health referral for offenders who are currently, or have recently (within the past five [5] years) been, receiving treatment for a serious mental illness. A mental health assessment is to be completed by a qualified mental health professional in a private interview setting within twenty four (24) hours. The assessment will be recorded on an Initial Mental Health Segregation Assessment form (E-09 Attachment C) and filed in the offender medical record on the day of the assessment.
6. After completing the referral assessment, mental health shall review the disciplinary charges (in those cases where disciplinary charges are the reason for the transfer) and evaluate what role, if any, the offender's mental illness played. Mental health will then complete a Mental Health Review of Disciplinary Charges form (E-09 Attachment A) and provide a copy to the institutional hearing officer by the next business day, filing the original form in the offender's medical record on the day of the review. The information provided by mental health will be considered when punishment is imposed on that particular offender.
7. Segregated offenders with a mental health condition will be monitored daily by medical staff and evaluated at least three (3) days a week by mental health staff. Medical monitoring consists at minimum of verbally offering the patient a sick call slip and visually observing whether the patient requires any emergent, urgent or routine health care. Nurses should document daily medical

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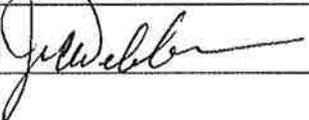
monitoring. Mental health evaluation should include, at minimum, a face to face encounter where the clinician speaks to the patient, observes the patient's mental health condition and verifies the patient is receiving any prescribed psychotropic medication. Evaluation should also include an assessment of potential decompensation and assessment of appropriate treatment and placement, including but not limited to infirmary housing or psychiatric close observation (PCO). Mental health evaluations should be documented in SOAP note format (Subjective symptoms/observations, Objective signs/diagnostics/observations, Assessment and Plan including medication management) and should be written into or filed in the individual patient's unified medical record (chart) on the day of the encounter.

8. Segregated offenders who do not have a mental health condition will be monitored daily by medical and evaluated weekly by mental health staff. Medical monitoring consists at minimum of verbally offering the patient a sick call slip and visually observing whether the patient requires any emergent, urgent or routine health care. Nurses should document daily medical monitoring. Mental health evaluation should include, at minimum, a face to face encounter where the clinician speaks to the patient, observes the patient's mental health condition and verifies that the patient is receiving any prescribed psychotropic medication. Evaluation should also include an assessment of potential decompensation and assessment of appropriate treatment and placement, including but not limited to infirmary housing or psychiatric close observation (PCO). Mental health evaluations should be documented in SOAP note format (Subjective symptoms/observations, Objective signs/diagnostics/observations, Assessment and Plan including medication management) and should be written into or filed in the individual patient's unified medical record (chart) on the day of the encounter.
9. A daily log is kept of segregation rounds and includes:

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- a. the patient's name and SBI number
 - b. the date and time of the contact, and
 - c. whether the contact was an initial assessment or a routine encounter, and
 - d. the signature or initials of the health staff member making the rounds.
10. Nothing herein is intended, designed, shall create, or grant any right, entitlement, or privilege to offenders within the custody of the Department of Correction.

Approval:

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HN-BC	Date	DOC Medical Director, Spencer Epps, MD, MBA	Date
5/2/2011		5/5/11		5/5/11

Reference:

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 2008, P-E-09



STATE OF DELAWARE, DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

Correctional Facility

MENTAL HEALTH REVIEW OF DISCIPLINARY CHARGES

Inmate Name: _____ SBI Number: _____

Incident Report Number(s): _____ Disciplinary Report Number(s): _____

Brief Summary of Incident: _____

Mental Health History: _____

Current Treatment Status: _____

DSM Diagnoses: Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: Current _____ Past Year _____

Potential Mitigating Factors Related to Mental Illness: _____

Signature of Mental Health Professional

Date

Date and Time Report Received by Medical Director or designee

ORIGINAL FILED IN MEDICAL RECORD / COPY TO SECURITY BY NEXT BUSINESS DAY

DOC Initial Mental Health Segregation Assessment

Inmate Name _____ DOC # _____ DOB _____
 Date placed in segregation _____ Location _____

Subjective: Reason for placement in Segregation _____

Prescribed medications at this time yes no

Reports taking psychotropic medications as prescribed.

Side effects, describe: _____

Not compliant with medications due to _____

Chart reviewed Yes No, reason _____

Objective: Circle all that apply

Appearance/Behavior	Disheveled Hostile	Poor Hygiene	Well nourished	Neat & Clean	Cooperative	Uncooperative	Guarded
Activity	Appropriate	Unable to sit still	Psychomotor retardation		Restless		
Speech	Appropriate	Slurred	Pressured	Slow Monotone	Non-spontaneous	Mute	Normal
Mood	Appropriate	Depressed	Elated	Fearful	Crying	Labile	Worried
Affect	Appropriate	Depressed	Flat	Angry	Irritable	Inappropriate	Anxious
Thought Process	Appropriate	Circumstantial	Tangential	Rambling	Flight of Ideas		
Thought Content	Appropriate	Delusional	Paranoia				
Hallucinations	Denies	None evident	Auditory	Visual	Tactile	Olfactory	
Orientation	Alert	Oriented	Disoriented				
Memory	Short term	intact	Long term intact	Short term impaired	Long term impaired		
Insight/Judgment	Good	Impaired					
Suicidal Ideation	Denies	Suicidal ideation-no plan	Suicidal Ideation with plan	History of suicide attempt(s)			
Homicidal Ideation	Denies	Homicidal ideation-no plan	Homicidal ideation with plan				

Sleep difficulties Yes No Eating Difficulties Yes No

Assessment:

Acute Mental Health Problem - Psychosis Suicidal Other _____

Chronic Mental Health Problem - Stable Unstable

Other _____

Plan:

Urgent referral to Psychiatrist and/or Mental Health Director for disposition

Routine follow-up with Mental Health

Follow-up on weekly rounds

Follow-up other _____

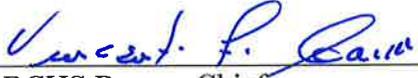
Comments:

Signature _____

Date/Time _____

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER E-09	PAGE NUMBER Review Addendum
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I have reviewed this policy and it is scheduled to be revised.



Acting BCHS Bureau Chief
Vincent F. Carr, DO, FACP



Date