

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.16	Page 1 of 4
	Original Effective Date: 03/01/97	New Effective Date: 10/01/16
	Supersedes: 500.30.16	Dated: 10/24/14
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Restrictive Housing Inmate Health Care		

POLICY

All Division of Adult Institution facilities shall ensure the health of restrictive housing inmates is monitored.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-E-07 – Nonemergency Health Care Requests and Services, P-E-09 – Segregated Inmates

DAI Policy 303.00.02 – Restrictive Housing Programs and Review

DAI Policy 500.10.01 – Medical Autonomy

DAI Policy 500.30.11 – Daily Handling of Non-Emergency Requests for Health Care

DAI Policy 500.50.02 – Health Care Record Format, Content and Documentation

DAI Policy 500.50.06 – Management of DOC Health Care Records

DAI Policy 500.70.18 – Mental Health Treatment – Segregation

DEFINITIONS, ACRONYMS AND FORMS

DAI – Division of Adult Institutions

DOC-3388 – Health & Psychological Rounds in Segregation

Health Care Record – Official confidential DOC record created and maintained for each inmate patient consisting of all or some of the following components: gray/green and/or orange Medical Chart, Infirmary Chart, Hemodialysis Chart, Dental Record, Psychological Records-Copies, Medications Record, Health Services Request/Medication Refill Request Folder, DAI Psychological Services Unit Record, DJC Clinical Services File, x-ray films, and other components as defined by the Bureau of Health Services.

HSM – Health Services Manager

PSU – Psychological Services Unit

Restrictive Housing – Special status in DAI facilities distinct from general population status which restricts inmate movement and limits privileges; generally used for disciplinary or programmatic purposes including administrative confinement, programming within restrictive housing, temporary lock-up, protective custody, and disciplinary separation. Inmates usually are placed in special restrictive housing, but on rare occasions may be placed in this status in a regular housing unit.

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PROCEDURES

I. Staff Responsibilities

- A. HSU shall be notified upon inmate placement into restrictive housing.
- B. A licensed health care staff shall review the medical chart upon notification an inmate patient has been placed into restrictive housing. HSU staff shall:
 1. Determine whether existing medical conditions contraindicate restrictive housing placement or whether medical accommodations are required.
 2. Notify Security staff of any inmate patient contraindications to restrictive housing status or the necessary accommodations while the inmate patient is in restrictive housing.
 3. Initiate a DOC-3388 – Health & Psychological Rounds in Segregation.
- C. Licensed health care staff shall make rounds in the restrictive housing unit(s) a minimum of once per week, or more frequently as assigned.
- D. Inmate patients who reside in units with limited contact with staff or other inmates shall be monitored three days/week by medical or mental health staff. During the rounds staff shall:
 1. Interact with the inmate patient in a confidential manner to assess the physical and mental status of the inmate patient and provide the opportunity for the inmate patient to express any health care needs. This includes speaking in a manner that decreases the chance of other staff or patients overhearing the conversation by asking others to move away from the vicinity as long as safety needs are met.
 2. Document rounds on DOC-3388 – Health & Psychological Rounds in Segregation and maintain the log while the inmate patient remains in restrictive housing.
 3. Notify Security staff with identified concerns.
 4. Notify PSU with verbalization or observation of mental health concerns.
- E. Health care staff shall promptly identify and inform custody officials of inmate patients who are physically and/or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.
- F. Triage all requests for health care according to DAI Policy 500.30.11.
- G. Provide health care to restrictive housing inmate patients in an appropriate health care setting.
 1. Notify the HSM if unable to provide appropriate medical/dental care due to unresolved security barriers.
 2. The HSM shall attempt to resolve any identified and unresolved security barriers to providing health care to Restrictive Housing inmate patients between HSU and Security staff in accordance with DAI Policy 500.10.01.
 3. Document care provided in the Health Care Record according to DAI Policy 500.50.02.

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II. Responsibilities of DAI PSU are in accordance with DAI Policy 303.00.02 and DAI Policy 500.70.18.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert , Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.16	Page 4 of 4
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Restrictive Housing Inmate Health Care		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other