

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-09

SUBJECT: SEGREGATED INMATES

POLICY: Inmates who are placed in segregated housing will have direct access to health care personnel to ensure that their placement is not contraindicated based on medical and mental health concerns. Health care personnel will conduct an initial and ongoing evaluation as detailed below and make referrals for health and mental health services as clinically indicated.

REFERENCE: OAR 291-11-005 through 291-11-070
OAR 291-124-005 through 291-124-085
NCCHC Standard: P-E-07, P-E-09
DOC Rules 291-011, Segregation (Disciplinary); 291-039, Release of Public Information; and 291-124, Health Services (Inmate)
Health Services P&P #P-E-03, Transfer Screening

PROCEDURE:

- A. Health Services personnel will be immediately notified of an inmate admission to segregated housing. Health services personnel may use the "Segregation Admission Questionnaire" to assist with evaluating the inmate.
- B. Upon notifying the health authority of an inmate's admission to segregated housing unit, the inmate's health care record will be reviewed by licensed health care personnel to determine whether existing medical, dental or mental health needs contraindicate placement or require accommodation. This review will be documented in the health care record or on the computerized log.
- C. In the event that an inmate is currently receiving mental health treatment, a referral will be made to appropriate mental health personnel for further evaluation. The referral and evaluation will be documented in the inmate's health care record.
- D. Whenever an inmate with an MH2 or MH3 code is removed from general population housing and is transferred to DSU, the computer automatically generates a notification to Medical, CTS, and Security. A mental health professional will assess this individual within 24 hours of his or her admission to DSU in those institutions that have extended weekend and holiday coverage. In the other institutions, these evaluations will be completed during regular working hours. The intent of this procedure is to alert security staff in DSU, Medical, and CTS staff that there is a high need inmate in that location in an effort to prevent deterioration and provide early intervention.
- E. If there are medical or mental health contraindications to placement in segregated housing, health services personnel will notify and consult with the OIC, or designee, regarding housing alternatives.

Segregated Inmates

- F. Visual and verbal contact (wellness check) will be made with each inmate in segregated housing as follows:
1. Disciplinary segregation – Daily
 2. Intensive Management Unit - M-F
 3. Administrative Segregation Unit - three times per week
 4. Death Row unit - three times per week
- G. Evidence of this contact will be noted on the segregation flow sheet maintained by health services on each individual inmate in segregated housing. It should include the date, time and the signature or initials of the medical staff completing the wellness check (see attached). Upon release from segregated housing, these flow sheets will be placed in the inmate's health care record.
- H. Sick call will be conducted in segregated units as detailed in P-E-07. Clinical encounters will not take place cell side, but should be facilitated in an appropriate clinical setting.
- I. Upon identification of any special medical needs or mental health concerns, arrangements will be made to provide timely examination, assessment, and treatment by scheduling an appointment with the appropriate practitioner. Upon identification of inmates with mental health concerns, arrangements will be made to refer inmates to CTS if the inmate requests mental health services or if health care staff request an evaluation based on observed behaviors that indicate mental health services may be needed. If an inmate is at risk of self harm and no mental health professional is on site, a suicide risk assessment will be completed by health services staff who will then consult with the mental health professional on call regarding what steps need to be taken to ensure inmate safety.
- J. Identified health or mental health concerns will be documented in the inmate health care record as well as the daily flow sheet. Any significant health findings will be documented in the health record.
- K. When an inmate is transferred from one Department of Corrections' institution segregation unit to another, a nurse will review the health care record including the segregation flow sheet and note this in the receiving progress note.

Effective Date: _____

Revision date: April 2007

Supersedes P&P dated: March 2006

**QUESTIONS TO BE ASKED BY THE NURSE
UPON ADMISSION TO SEGREGATION**

	COMMENTS
1. Does the inmate know his name?	
2. Does the inmate know the date and time?	
3. Does the inmate know where he is right now?	
4. Is the inmate vomiting or complaining of nausea?	
5. Is there any report from a staff member of the possibility of a head injury?	
6. Are there any visible marks or lacerations?	
7. Is the inmate having any difficulty breathing?	
8. Is there a past history of suicide attempts?	
9. Was there a suicide attempt with this admission to segregation?	
10. Is the inmate under treatment for mental health problems?	
11. Are there any changes in the inmate's normal behavior pattern at the time of admission?	
12. Is the inmate's jaw wired shut?	
13. Is there any reason to suspect alcohol or drug withdrawal?	

Oregon Department of Corrections
PARAMETER FLOW SHEET

Segregation Date/Time Admitted		<div style="display: flex; justify-content: space-around; text-align: center;"> No Referral Concerns Sick Call Medical Referral M.H. Referral Dental Referral </div>												Signature			
Date	Time																

Notes:

Allergy: _____

Name	_____
SID#	_____
DOB	_____

Medication Administration in DSU
Addendum to P&P P-E-09, Segregated Inmates

It is the intention of the ODOC Health Services staff to deliver health care in a professional environment that promotes accuracy, respect, and communication. Medication administration must be conducted in an environment that protects patient safety by minimizing the potential for medication errors. Disruptive behavior is not acceptable during General Population medication line and nor is it acceptable during medication lines that are conducted in special housing units such as Disciplinary Segregation and the Intensive Management Unit. In the event that the environment becomes so disruptive or distracting that nursing staff do not reasonably believe that they can adequately provide safety to their patients, arrangements will be made, in cooperation with security staff and in consultation with the Health Service Manager, or designee, to administer only medications that have been predetermined to be of a critical nature. Examples of disruptive behavior include, but are not limited to, continuous excessive noise (kicking or banging cell doors, yelling and screaming), flooded tiers, materials being thrown onto the tiers, and sexual harassment including name calling and the use of explicit and/or graphic language.

EOCI Attachment P&P P-E-09

POLICY ATTACHMENT: EOCI

Medication administration must be conducted in an environment that protects patient safety by minimizing the potential for medication errors. Disruptive behavior is not acceptable during general population medication administration and is not acceptable during Disciplinary Segregation medication administration either. In the event that the environment becomes so disruptive that nursing staff do not believe that they can adequately provide safety to their patients, arrangements will be made, in cooperation with security staff, to only administer those medications that have been pre-determined to be of a critical nature. Behavior that does not lend itself to patient safety includes, but is not limited to, continuous excessive noise (including kicking and/or banging on cell doors, yelling and screaming), flooded tiers, material being thrown out onto the tiers, and sexual harassment (including name calling, and the use of explicit and/or graphic language).

PROCEDURE:

1. Inmates who are assigned to the EOCI Disciplinary Segregation Unit (DSU) will be given information, via their DSU admission packet, advising them of their expected conduct during medication administration activities to limit the possibility of medication errors to ensure patient safety. This information will also outline potential consequences in the event that patient safety is compromised.
2. Medications are administered in DSU by nursing staff at approximately 4:30 a.m., 11:00 a.m. and 7:00 p.m. Prior to the nurse entering the tiers, security staff will announce to the inmates that medication line is about to begin and request an atmosphere that promotes patient safety.
3. The nurse will be escorted through the tiers by a security staff member who will assist with opening the tray slots, picking up empty water cups, etc.
4. If the nurse believes that the environment has become too disruptive to safely continue the administration of medications, he/she will advise the escorting security staff who will then recommend to the nurse that they discontinue the medication line and leave the tier.
5. In the event that medication line has been discontinued due to disruptive inmate behavior, the nurse will confer with the DSU supervisor and the OIC to determine the next course of action. If the disruptive behavior has been occurring frequently, it's appropriate that only those medications that are critical (as determined by the Chief Medical Officer, Psychiatrist or PMHNP) be administered. If no recent frequent pattern of disruptive behavior has been occurring, it's appropriate that once the medication line has been initially discontinued, that security staff announce to the inmates that the nurse has left the tier and will return in approximately 5 to 10 minutes to continue medication line **IF** the disruption has ceased to the point that it's now safe to continue medication administration. In the event that medication line be discontinued a second time, only critical medications will be administered. Inmates who are in need of critical medications will be removed from their cells and taken off the tier to receive their medications from the nurse.