WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.310

Health Care for Segregated Inmates

Authority: Wyoming Statute(s): 25-1-104; 25-1-105 ACA Standard(s): 4-4400-R NCCHC Standard(s): P-E-09	**Effective Date:** July 30, 2016 **Revision/Review History:** 07/30/15, 06/01/14, 06/15/13, 07/01/12, 08/15/10 **Summary of Revision/Review:** Updates existing policy pursuant to annual review.
Cross Reference of Policy: P&P #4.306, *Suicide Crisis Intervention*	**Supersedes Existing Policy :**
Approved: R.O. Lampert — 7-12-16 Robert O. Lampert, Director — Date	

APPROVED FOR INMATE DISTRIBUTION

REFERENCE

1. **ATTACHMENTS – None Noted**

2. **OTHER – None Noted**

I. PURPOSE

A. Health Care for Segregated Inmates. The purpose of this policy and procedure is to establish uniform guidelines by which segregated inmates incarcerated in facilities supervised under the Wyoming Department of Corrections (WDOC) are monitored by health care services.

II. POLICY

A. General Policy. It is the policy of the WDOC that inmates housed in segregation are eligible to receive the same health care as those in general population. Therefore, health care services shall be made aware of all inmate transfers to segregation and shall begin review of the inmate's health record upon any such notification (NCCHC P-E-09).

III. DEFINITIONS

A. Extreme Isolation: (*For this policy only.*) Refers to situations in which inmates are set apart from others and seen by staff or other inmates fewer than three (3) times a day.

B. Health Care: (*For this policy only.*) The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, and other ancillary services.

C. Qualified Health Care Professional: Includes physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professional, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

D. Segregated Inmates: (*For this policy only.*) Inmates that are isolated from the general population and who receive services and activities apart from other inmates. For the purposes of this policy, the living and confinement conditions define the segregated status, not the reason an inmate was placed in segregation.

IV. PROCEDURE

A. Inmate Placement into Segregation. When an inmate is transferred to segregation, health care staff shall be informed immediately. Upon

notification that an inmate has been transferred to segregation, a qualified health care professional shall provide an assessment and review of the inmate's health record, as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each inmate in segregation shall receive a daily visit from a health care provider. The visit shall ensure that the inmate has access to the health care system. (ACA 4-4400 Revised)

1. The review of the inmate health record shall:

i. determine if existing medical, dental, or mental health needs contraindicate the transfer;

ii. determine if the existing medical, dental or mental health needs require accommodation; and

iii. be documented in the inmate's health record and on other designated logs/forms.

2. Staff responsible for placement and/or reception of an inmate into disciplinary segregation status or administrative segregation status shall adhere to WDOC Policy and Procedure #4.306, *Suicide Crisis Intervention*.

i. Verbal threats or non-verbal gestures of self-harm or suicide shall be taken seriously.

3. Mental health shall be notified to conduct an evaluation of the segregated inmate, as appropriate.

4. Medication delivery which requires intravenous injections shall not be administered through the cuff port.

B. Medical Monitoring of Segregated Inmates. The presence of a health care provider in segregation shall be announced and recorded. (ACA 4-4400 Revised) Health care professionals' visits are intended to be screening rounds and are not meant to be clinical encounters.

1. In addition to daily visits from a qualified health care professional, mental health monitoring of a segregated inmate shall be based on the inmate's degree of isolation:

i. Inmates under extreme isolation shall be monitored three (3) days per week by mental health staff.

ii. Inmates who are segregated and have limited contact with staff or other inmates shall be monitored once a week by mental health staff.

iii. Inmates who are allowed periods of recreation or other routine social contact while being segregated from the general population shall be checked by mental health staff weekly.

2. Documentation of segregation rounds shall be made on individual logs, cell cards, or in an inmate's health record, and shall include:

i. the date and time of the contact; and

ii. the signature or initials of the health staff member making the rounds.

3. Any significant health findings during segregation rounds shall be documented in the inmate's health record.

4. Inmates who request sick call shall be evaluated by a health care professional who shall determine the appropriate setting for further medical attention or evaluation. The frequency of physician visits with segregated inmates shall be determined by the health authority. (ACA 4-4400 Revised)

i. Health care professionals may request that an inmate be removed from a cell or housing area for medical attention or examination.

ii. All sick call encounters shall be documented in the inmate's health record.

V. TRAINING POINTS

A. When is health care services notified of an inmate transfer into segregation?

B. TRUE OR FALSE: Segregation rounds are the equivalent of sick call.

C. What are the three (3) types of medical monitoring of inmates who are segregated?