

Idaho Department of Correction 	Standard Operating Procedure Operations Division Operational Services	Control Number: 401.06.03.045	Version: 2.2	Page Number: 1 of 5
		Title: Health Evaluations for Offenders in Segregated/Restrictive Housing Units		Adopted: 3-11-1999 Reviewed: 5-30-2012

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Open to the general public: Yes

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Clinical Services and Treatment

DEFINITIONS

Standardized Terms and Definitions List

Clinical Setting: An environment in which an examination or treatment room is appropriately supplied and equipped to address a patient's confidential healthcare needs.

Contract Medical Provider: A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated offender population.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

Qualified Health Professional: A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional, or other health professional who — by virtue of his education, training, credentials, and experience — is permitted by law (within the scope of his professional practice) to educate, train, evaluate, provide services, and care for patients.

Restrictive Housing: Housing that (a) separates offenders from the general population, and (b) includes administrative segregation, disciplinary detention, protective custody (PC), transit, segregation pending investigation (SPI), pre-hearing segregation (PHS), and those offenders under sentence of death.

Sick Call: The evaluation and treatment of an ambulatory patient in a clinical setting, either on- or off-site, by a qualified health professional.

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PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for ensuring that offenders placed in segregated housing units (i.e., restrictive housing) will have direct access to healthcare services staff.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, the health authority will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in the following *National Commission on Correctional Health Care (NCCHC) standard P-E-09, Segregated Inmates*. (See section 2 of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP **and** *NCCHS standard P-E-09* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-E-09*, **or** as indicated in their respective contractual agreement(s);

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Health Authority

The facility health authority will be responsible for:

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- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP and *NCCHC standard P-E-09* are accomplished as required. (Also see section 1.)

Qualified Health Professional

The qualified health professional will be responsible for:

- Reviewing the offender's healthcare record to determine whether existing medical, dental, or mental health needs contraindicate placement or require accommodation;
 - ◆ If the review determines contraindicate placement is needed, the qualified health professional will (a) notify and consult with the shift commander (or designee) regarding housing alternatives, and (b) document the notification and consultation in the offender's healthcare record.
 - ◆ If the offender is transferred from one correctional facility's segregated/restrictive housing unit to another's (including IDOC facilities, county jails, privately managed facilities, and out-of-state facilities), the qualified health professional will also review related documentation such as the intrasystem transfer form and document receipt in the receiving progress note.
- Documenting the completed review in the healthcare record.
- Scheduling appointments for the offender to meet with the appropriate practitioner (e.g., a physician, nurse practitioner, physician assistant, dentist, or mental health professional) in a timely manner. (**Note:** This is only required when a medical, dental, or mental health need requires evaluation and/or intervention.) (Also see section 1.)
- Referring the offender to the appropriate mental health professional for further evaluation (if indicated/documented in the record). (Also see section 1.)
- Making visual and verbal contact (i.e., wellness checks) with offenders placed in segregated/restrictive housing, and documenting each contact on the appropriate form. (**Note:** Contact shall occur at least three (3) times per week.) (Also see section 1.)

Qualified Mental Health Professional

When receiving a referral from the qualified health professional, the qualified mental health professional will be responsible for:

- Providing the evaluation and documenting the evaluation in the offender's healthcare record;
- Documenting the completed review in the healthcare record;
- Referring the offender to the appropriate mental health provider for further evaluation (if indicated/documented in the record).

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Licensed Medical or Mental Health Provider

When receiving a referral from the qualified health professional or qualified mental health professional, the licensed medical or mental health provider will be responsible for:

- Providing timely and appropriate healthcare services, **and**
- Documenting all services/contacts rendered in the offender’s healthcare record.

Facility Head

The facility head will be responsible for ensuring that procedures are in place for immediately notifying the facility health authority (or designee) when an offender is placed in segregated/restrictive housing.

Shift Commander

The shift commander (or designee) will be responsible for immediately notifying the facility health authority (or designee) when an offender is placed in segregated/restrictive housing.

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GENERAL REQUIREMENTS

1. Guidelines

To ensure that an offender’s placement in segregated/restrictive housing is not contraindicated based on medical and/or mental health concerns, healthcare services staff will conduct an initial and ongoing evaluation as described in this section and make referrals for medical, dental, and/or mental health care as clinically indicated.

Upon receiving notification of an offender’s placement in segregated/restrictive housing, the facility health authority (or designee) must ensure that all of the responsibilities noted above (see the section titled ‘*Responsibility*’) **and** the following elements and standards are accomplished:

- If the offender is currently receiving mental health treatment, a referral will be made to the appropriate mental health provider for further evaluation. The referral and evaluation will be documented in the offender's healthcare record.
- Visual and verbal contact (i.e., wellness checks) with offenders will be noted on the appropriate forms maintained on each individual offender in segregated/restrictive housing. Documentation should include the date, time, and the signature (or initials) of the qualified health professional completing the wellness check. Upon release from segregated/restrictive housing, documentation of all wellness checks will be placed in the offender's healthcare record.

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- Non-emergency health care requests and services (i.e., sick call) will be provided in segregated/restrictive housing units in accordance with SOP [401.06.03.037](#), *Non-emergency Healthcare Requests and Services*, and nothing in this SOP shall be construed as eliminating the need for routine sick call services to be provided for all inmates in segregated/restrictive housing units as delineated in *NCCHS standard P-E-07, Non-emergency Healthcare Requests and Services*. Clinical encounters will take place in an appropriate clinical setting.
- Upon identification of any medical, dental, or mental health need requiring evaluation and/or intervention by a physician, mid-level provider, dentist, or mental health professional, arrangements will be made to provide timely examination, assessment, and/or treatment by scheduling an appointment with the appropriate practitioner.

Note: Placement in segregated/restrictive housing shall not preclude or in any way be used as a barrier to an offender's access to care.

2. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider, IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-E-07, *Non-emergency Healthcare Requests and Services*

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-E-09, *Segregated Inmates*

Standard Operating Procedure [401.06.03.037](#), *Non-emergency Healthcare Requests and Services*

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