State of Iowa Department of Corrections
Policy and Procedures

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Chapter 6: HEALTH SERVICES
Sub Chapter: HEALTH SCREENING AND APPRAISALS
Related IDOC Policies: HSP-604, HSP-615
Administrative Code Reference: N/A
Subject: HEALTH SERVICES PROVIDED TO SEGREGATION UNITS
ACA Standards: 5-ACI-4A-01
PREA Standards: N/A
Responsibility: Dr: Michael Riley
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Authority:

1. PURPOSE

To ensure that patients placed in segregation maintain their medical and mental health while physically and socially isolated from the remainder of the patient population.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) that all patients placed in restrictive housing or segregation shall continue to receive timely, clinically appropriate medical, dental, and mental health services equivalent to those available to the general population, consistent with patient safety, institutional security, and accepted correctional healthcare standards.

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3. DEFINITIONS - None.

4. PROCEDURE

A. Nursing Intervention

When a patient is transferred to segregation, health care staff will be informed immediately and will provide a screening and review. Health care staff will review the medical record for any indications of medical problems that need to be addressed while in segregation. Pertinent medical information will be shared with security staff with appropriate documentation in the electronic medical record.

The screening and review shall include, at a minimum:

1. Review of the patient's current medical and mental health conditions.
2. Current medications and treatment requirements.
3. Identification of acute mental health or medical concerns or injuries.
4. Appropriate plan of care documented.
5. Verification of medical restrictions, accommodations, assistive devices, special diets, and mobility needs.
6. Identification of any condition that may be adversely affected by restrictive housing.
7. Communication of clinically significant findings to security staff when necessary to ensure patient safety.
8. All findings shall be documented in the Electronic Health Record (EHR).

B. Face to Face

A face-to-face nursing assessment is required following any significant medical or mental health event, any use of force incident, exposure to oleoresin capsicum (OC) or other chemical agents, suspected drug ingestion, intoxication, or overdose,

and any other incident in which there is concern for injury, illness, or a change in the individual's physical or mental condition.

C. Ongoing Nursing Rounds

Nursing staff shall conduct and document face-to-face rounds in all segregation units at least daily. During rounds, patients shall be provided the opportunity to report medical, dental or mental health concerns. Documentation of daily rounds shall occur in the Offender Management System (OMS) via Personal Digital Assistant (PDA).

D. Provider Intervention

A licensed healthcare provider shall evaluate patients in segregation as clinically indicated or upon referral by nursing staff. Whenever clinically appropriate and consistent with institutional security, examinations and treatments should occur in the Health Services Unit. When patient safety or security necessitates, care may be provided within the segregation unit.

E. Access to Care

Patients housed in segregation shall have the same access to routine and urgent healthcare services as patients in the general population, including access through Health Services Request Forms **(HSF-505A/KIOSK)**, nursing triage, and emergency response procedures.

F. Critical Incident Review

Health Services site leadership shall review applicable critical incident reports involving patients in segregation to identify medical or mental health concerns requiring assessment, intervention, or follow-up. This shall be done no later than the next workday.

G. Mental Health

Patients identified as being at risk for suicide or self-injurious behaviors shall be managed in accordance with **HSP-701**, *Mental Health Services*, and **HSP-710**, *Suicide and Self-Injury Prevention*.

Consultation may be provided in the segregation units if this does not affect the quality of care or security of the patient. Otherwise, arrangements are made for the patient to be seen in the Health Services area.

H. Continuity of Care

Placement in segregation shall not interrupt prescribed medications, chronic disease management, scheduled treatments, specialty care referrals, or other medically necessary services unless modified by a licensed healthcare provider based on clinical judgment.

I. Administrative Rounds

Each Nursing Services Director (NSD) and Nursing Supervisor (NS) shall conduct administrative rounds in every segregation unit within their assigned facility at least once each calendar month.
Administrative rounds shall include at a minimum:

1. Observation of the segregation environment as it relates to healthcare delivery.
2. Review of patient access to healthcare services.
3. Evaluation of infection prevention and control practices.
4. Identification of operational concerns that may affect patient safety or staff safety.
5. Follow-up on identified issues to ensure timely resolution.

Completion of administrative rounds shall be documented via Personal Digital Assistant (PDA)