POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-02	TOTAL PAGES 2
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-G-02 (essential), J-G-02 (essential) MH-E-07 (essential) ACA: 5-ACI-4A-01 (mandatory), 5-ACI-4A-10, 5-ACI-4A-12, 5-ACI-4A-15	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	**SUBJECT: Segregated Offenders**	
APPROVED BY THE BUREAU CHIEF:	**Bureau Chief, Michael Records (signature on file with BHSAMH)**	
APPROVED BY THE COMMISSIONER AND EFFECTIVEDATE	**Commissioner Terra Taylor June 23, 2025 (signature on file with BHSAMH)**	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: 11 *Del. C.* §6536 Medical Care

II. PURPOSE: To ensure an incarcerated individual's health is not affected by housing in segregation.

III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and Contract Provider staff, incarcerated individuals, and any outside healthcare provider servicing DDOC incarcerated individuals.

IV. DEFINITIONS: See Glossary

V. SUMMARY OF CHANGES: This policy was changed to allow a nurse to conduct segregation clearances. The section on segregation monitoring was structured for better readability.

VI. POLICY:

A. It is the policy of the DDOC that an incarcerated individual's health is not affected by housing in segregation. This is accomplished in the following manner:

1. Prior to an incarcerated individual being transferred to segregation, the incarcerated individual must be seen and screened by a nurse for any health-related concerns subsequent to the reasons for placement in segregation. The assessment/screening is to be documented in the Electronic Health Record (EHR)
2. Upon notification that an incarcerated individual has been placed in segregation:
    a. A qualified healthcare professional reviews the incarcerated individuals EHR.
        i. Licensed medical staff must review the medical sections of the EHR
        ii. Qualified mental health staff must review the mental health sections of the EHR

b. Qualified mental health staff must conduct a face-to-face segregation assessment within 24 hours of placement in segregation.
c. If an existing medical, dental, or mental health condition requires an accommodation, appropriate security staff are notified.
d. The review and notification(s) are documented in the EHR.

3. Incarcerated individuals will be monitored regularly by healthcare staff as follows:
    a. Incarcerated individuals in segregation are monitored by medical staff as follows:
        i. A nurse must conduct segregation rounds at least once daily. During these segregation rounds the nurse must ensure that all incarcerated individuals housed in designated segregation housing have the ability to speak with the nurse and request healthcare.
    b. Incarcerated individuals in segregation are monitored by mental health staff as follows:
        i. Incarcerated individuals not on the mental health roster are seen via segregation rounds no less than once per week.
        ii. Incarcerated individuals that are on the mental health roster are seen via segregation rounds no less than three times a week, or more often as required in an incarcerated individual's individual treatment plan (ITP).
    c. A physician must conduct rounds in segregation at least once monthly.
    d. Segregation rounds must occur during times when the incarcerated individual population is generally awake (e.g., not at 2:00 AM)
4. Documentation of segregation rounds is made in an incarcerated individual's EHR, and includes, at a minimum, the following:
    a. The date and time of the contact,
    b. The healthcare staff observations during the contact, and
    c. The signature or initials of the healthcare staff making the rounds.
5. Significant health findings are documented in the incarcerated individuals EHR.
6. Healthcare staff promptly identify and inform security staff of incarcerated individuals who are physically or psychologically deteriorating and those exhibiting other signs and symptoms of failing health.

B. Incarcerated individuals moved to segregation must have treatment continued as established by the incarcerated individual's ITP until the plan is reviewed and updated accordingly.
    1. Treatment should not be denied due to being housed in segregation unless there are security concerns for continuing the treatment.
C. The Contracted Provider (s) must develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH).