

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Health Evaluation of Offenders in Restrictive Housing

Policy Number: 507.04.33

Effective Date: 01/31/2022

Page Number: 1 of 5

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level II: Required Offender
Access

I. Introduction and Summary:

Health care staff will monitor the health of offenders who are placed in restrictive housing. This procedure is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county prisons.

II. Authority:

A. Ga. Comp. R. & Regs. 125-3-2-.10(c);

B. GDC Standard Operating Procedures (SOPs): 209.03 Disciplinary Isolation, 209.01 Use of Force and Restraint for Offender Control, 507.04.05 Charges to Offender Accounts for Health Care Provided, 507.04.27 Nursing Sick Call, 507.04.35 Examination Following Use of Force and Monitoring of Offenders in Restraints, and 507.04.43 Medication Distribution System;

C. NCCHC 2018 Adult Standard: P-G-02; and

D. ACA Standards: 5-ACI-6C-06, 5-ACI-4A-01, 5-ACI-4B-28, 4-ALDF-2A-45, and 4-ALDF-4C-40.

III. Definitions: None.

IV. Statement of Policy and Applicable Procedures:

A. Health Assessment of Offenders Placed in Restrictive Housing:

1. Upon placement of an offender in restrictive housing for any reason (pending disciplinary hearing, protective custody, etc.), the correctional officer will notify a licensed health care provider immediately.
2. The licensed health care provider will retrieve the offender health record and review it for information regarding:
 - a. Medications that are administered via directly observed therapy (DOT) or Self-Administered Medications (SAMs);

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- b. Medical conditions that may require nursing assessments or treatments (e.g., dressing changes, blood glucose checks, etc.);
 - c. Mental health history and current treatment(s);
 - d. Existing medical, dental, or mental health needs that may contraindicate the placement or require accommodation; and
 - e. The review and notification, if applicable, are documented in the health record.
3. The nurse will arrange for all necessary health care to be delivered including:
 - a. Delivering medications that are administered DOT at the next scheduled medication administration;
 - b. Scheduling nursing assessments or treatments as necessary; and
 - c. Notifying mental health staff.
 4. When an offender is transferred to restrictive housing, the health care personnel will be informed immediately and will provide an assessment as documented on the restrictive housing assessment form. Each offender in restrictive housing will receive a daily visit from a health care provider and have access to the health care system. These daily visits will be announced and recorded by security in the Isolation/Restrictive housing logbook.
 5. Offenders placed in restrictive housing after hours, weekends, and holidays at facilities that do not have 24-hour medical coverage:
 - a. The Institutional Duty Officer, Unit Manager, Chief of Security and/or Shift Supervisor will report the offender's placement in restrictive housing to the on-call Health Authority immediately for a screening and review. A

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licensed health care provider will perform a medical assessment within 24-hours of placement.

6. If the correctional officer assigned to the restrictive housing dorm detects, or the offender reports any medical complaint, the Shift Supervisor shall immediately contact the on-call physician. In the event of a use of force, a complete health evaluation will be conducted in accordance with SOP 507.04.35, Examination Following Use of Force. The physical exam will not include a rectal exam or pelvic exam unless medically indicated.
7. If following the review of the health record, the nurse believes that the offender's health will be adversely affected by continued placement in restrictive housing, the nurse will notify the physician. If the physician concurs, security personnel will be notified and alternate arrangements made (e.g., placement in the infirmary).
8. Mental health personnel will evaluate offenders who have been receiving mental health treatment within 24-hours after being placed in restrictive housing with documentation of the encounter in the mental health section of the health record.

B. Medical Rounds in Restrictive Housing:

1. A licensed health care professional will make initial medical rounds of offenders placed in restrictive housing within 24-hours of placement.
2. A licensed health care professional will make daily rounds in restrictive housing.
3. Upon arrival at the restrictive housing unit, the health care professional will sign in the security visitor logbook and his/her presence will be announced and recorded by security.

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4. The health care professional will document rounds on the restrictive housing flow sheet. Health care personnel will also sign the security Restrictive Housing/Isolation Checklist.
5. After the offender is removed from restrictive housing, the restrictive housing flow sheet will be scanned into the electronic health record.
6. The Responsible Health Authority will determine the frequency of physician visits to restricted housing units. These rounds will be documented on the restrictive housing flow sheet and the security Restrictive Housing/Isolation Checklist.

C. Access to Health Services in Restrictive Housing:

1. All offenders placed in restrictive housing will have the equivalent access to medical, dental, and psychiatric services as offenders in general population.
2. All self-initiated sick call requests will be subject to a fee for service in accordance with SOP 507.04.05, Charges to Offender Accounts for Health Care Provided.
3. Requests for sick call will be made in writing utilizing the Health Services Request Form. Actual assessments will be documented in the medical record at sick call.
4. Offenders with a medical complaint requiring assessment will be evaluated in an adequately equipped clinic in the immediate area or in the main clinic at the healthcare provider's discretion and with consideration of necessary security precautions. The health record will be present for all patient encounters.
5. If, in the opinion of the physician or designee, the offender's condition is deteriorating, the offender will be removed from restrictive housing.

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D. Medication Administration:

1. Offenders who are on the SAM program will continue the program unless, in the opinion of the health care provider and/or security, there is a contraindication to the offender having possession of such medication(s). Reasons for removing SAM medications from offenders in restrictive housing include self-harm or destructive behavior.
2. Offenders not on SAM will receive medications delivered to the dorm by appropriately trained personnel.

E. Discharge from Restrictive Housing:

1. When the offender is released from restrictive housing, the correctional officer will notify the medical staff and the nurse will collect and file the pertinent documentation in the health record.
2. Medications to be self-administered will be returned to the appropriate offender, and those on routine pill call will return to normal procedures.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.