|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Initial Segregation Health Screen** | | | | | | | | | | | |
| **Healthcare Staff to refer to ‘Notes for Healthcare’ – see Section D** | | | | | | | | | | | |
| Segregation under Rule | |  | | | Local Reference Number | | | | | / | |
| Establishment | | HM | | | | | | Code | |  | |
| **Prisoner Details** | | | | | | | | | | | |
| Prison Number | | | Surname | | | | Forename(s) | | | Time Segregated | |
| Sex | Male | Female | | Status | | Adult | | | Young Offender | | Young Person  (age ) |
| **Health Algorithm – Section A**  **The Clinical Record and any ACCT Plans should be consulted** | | | | | | | | | | | |

**YES**

1. Is this prisoner awaiting transfer to/being assessed for a bed in an NHS Secure setting?

**NO**

2. Has this prisoner self-harmed in this period of custody?

**YES**

**NO**

Do you think the prisoner’s mental health will deteriorate significantly if segregated?

3. Is this prisoner on an open ACCT Plan?

**NO**

**YES**

**YES**

4. Is this prisoner prescribed any medication for a condition that may be impacted by their stay in segregation e.g. anti -psychotic, anti-depressants etc?

**NO**

**NO**

**YES**

5. Are there any concerns with this prisoner’s compliance in taking prescribed medication as directed?

**NO**

**YES** Please provide details at Section B

6. Does this prisoner show any signs of being acutely unwell e.g. psychotic/ withdrawal from drugs/significant physical injury at the present time?

**YES**

**NO**

7. Is this prisoner within 4 weeks of start of Detox/ stabilisation?

**YES**

**NO**

**NO**

8. Do you think that this prisoner will be able to cope with a period of segregation?

**YES**

**THERE ARE HEALTHCARE REASONS NOT TO SEGREGATE AT THIS TIME.**

**DISCUSS WITH HEALTH TEAM**

**NO HEALTHCARE INTERVENTION AT THIS TIME**

**PLEASE TICK THE APPROPRIATE BOX**

**YOU ARE ADVISED TO MAKE AN ENTRY IN THE CLINICAL RECORD OF YOUR SCREEN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Healthcare Assessment – Section B**  **(To be completed by Doctor or registered Nurse)** | | | | | | | | | | | | | | | |
| Following completion of the screen, are there any clinical reasons and/or concerns to advise against segregation at this time? | | | | | | | | | | | | | | | |
| YES | NO | | (Delete as appropriate) | | | | | | | | | | | | |
| Please use this space to provide further details of any healthcare reasons not to segregate this prisoner at this time: | | | | | | | | | | | | | | | |
| Signature | | |  | | | Name |  | | | | | | | | |
| Grade/Occupation | | |  | | | Time |  | | | Date |  | | | | |
| **Where necessary this form should be part of a multidisciplinary review**  **culminating in a care map for the individual** | | | | | | | | | | | | | | | |
| **Defensible Decision – Section C**  **(To be completed by Duty Governor Band 7 or above)** | | | | | | | | | | | | | | | |
| **Segregation approved** (Delete as appropriate) | | | | | | | | | | | | Yes | | No | |
| Please use this space to provide further details for your defensible decision to override healthcare reasons not to segregate this prisoner at this time: | | | | | | | | | | | | | | | |
| Signature | | |  | | | Name |  | | | | | | | | |
| Grade/Occupation | | |  | | | Time |  | | | Date |  | | | | |
| **Notes for Healthcare - Section D** | | | | | | | | | | | | | | | |
| This screen must be completed for all prisoners held in:   * The Segregation Unit * Special Accommodation (including any located within healthcare) * Or any other segregated environment within the prison   It must also be completed for any prisoner placed in segregation to await adjudication for longer than 4 hours.  Purpose of the screen:   * To determine if there are healthcare reasons against holding a prisoner in segregation * To provide a ‘snapshot’ of the prisoner’s mental well-being at the time of the ‘screen’.   However, any immediate physical health concerns should also be considered.  What it is Not:   * The screen is not intended to be a comprehensive mental or physical health assessment or to preclude an assessment by a mental health in-reach team. * The screen is not intended to predict or anticipate a change in the prisoner’s condition over time.   If you have any concerns about a prisoner you are ‘screening’, seek further guidance from healthcare colleagues or the Head of Healthcare. It might be necessary to have a multi-disciplinary case conference to consider all the issues.  A registered nurse or doctor must complete the screen within 2 hours of the prisoner being segregated:  Before completing the screen, registered nurses must complete the algorithm overleaf.  Doctors unfamiliar with the prison environment (e.g. locums) are advised to follow the algorithm.  Complete the screen after:   * A discussion with the prisoner * Reference to their clinical record and any other relevant documentation e.g. incident report and ACCT if appropriate * Gathering information from other members of the care team / discipline staff * Reviewing the nature of the incident, which led to segregation being necessary to check for indicators of mental distress.   You are advised to make an appropriate clinical record of your screen and initiate a care plan as necessary.  The Duty Governor / adjudicator / Duty Director will take the final decision as to where to accommodate the prisoner / what adjudication award to give.  If a registered nurse or doctor is not available to complete the screen within 2 hours (e.g. at night), the prisoner must be observed by prison staff every 30 minutes, or if the prisoner is on an open ACCT, at least 5 times an hour at irregular intervals or as stipulated on the front cover of ACCT Plan if that is greater. The screen still needs completing as soon as possible. In urgent cases, the out- of-hours health service should be contacted. | | | | | | | | | | | | | | | |
| **Duty Governor/Duty Director (Sign at bottom on all occasions)** | | | | | | | | | | | | | | | |
| The Duty Governor/Duty Director uses this section to acknowledge the Health Assessment overleaf.  Any authorisation to segregate or locate in Special Accommodation must be made on the appropriate form.  If a doctor or a registered nurse indicates that there are healthcare reasons to advise against segregation, and the Duty Governor/Duty Director considers that segregation or Special Accommodation is appropriate for operational reasons, the Duty Governor or another Operational Manager/Duty Director must chair a Case Review immediately (Form OT022) to determine the prisoner’s location.  Prisoners on an open ACCT Plan or in Post-Closure must only be located in Segregation or Special Accommodation under exceptional circumstances, whereby they are such a risk to others that no other suitable location is appropriate and where all other options have been tried or are considered inappropriate. | | | | | | | | | | | | | | | |
| **The Duty Governor/Duty Director must complete the statements below on all occasions.** \*Delete as appropriate | | | | | | | | | | | | | | | |
| I have read the Initial Segregation Health Assessment on the other side of this document. | | | | | | | | | | | | | YES\* | | NO\* |
| If there are healthcare reasons to advise against segregation, the following section must be completed.   1. The prisoner will not be located in segregation or special accommodation. \* Delete as appropriate 2. I consider that segregation or special accommodation is appropriate for operational reasons, and I will arrange for an Initial case review to be held immediately. \* Delete as appropriate | | | | | | | | | | | | | | | |
| The authorising Governor must have read the ACCT Plan.  If they decide it is safe to segregate the at-risk prisoner, they must explain in the segregation history sheet what alternative options were considered prior to making the decision. | | | | | | | | | | | | | | | |
| Confirm the ACCT Plan has been read. | | | | | | | | | | | | | YES\* | | NO\* |
| Confirm alternative options have been considered and recorded. | | | | | | | | | | | | | YES\* | | NO\* |
| Signature | |  | | Name |  | | | Time |  | | Date | |  | | |