

Segregation (Seg) Round – Guide for New Doctors in Prison

What is Segregation? Segregation (often called “the Block” or “Seg”) is a unit within the prison where prisoners are removed from the general population under Rule 49 of the Prison Rules. This is usually due to disciplinary reasons, safety concerns, or to manage behavioural issues. Prisoners in Seg are often vulnerable and require daily health reviews.

Rule 49 – Removal from Association (Segregation) Rule 49 of the Prison Rules 1999 provides the legal authority for a prison governor to remove a prisoner from association with others. This is the formal basis for placing someone in segregation (Seg).

When can Rule 49 be used? A prisoner can be segregated under Rule 49 for the following reasons:

- Good order or discipline – e.g. violent or disruptive behaviour.
- Their own interests – e.g. risk to their safety from other prisoners.
- The interests of others – e.g. if their presence poses a threat to another prisoner.

Why this matters for healthcare staff:

- Prisoners in segregation must be reviewed daily by healthcare to monitor physical and mental wellbeing.
- The healthcare professional must assess and document whether the prisoner is fit to remain in segregation.
- If a doctor determines segregation is harmful to the prisoner’s health, this must be communicated to the governor and can influence decisions to end segregation.

Frequency of the Seg Round:

- A Seg round is conducted daily, 7 days a week.
- It may be completed by a doctor or a nurse.
- Typically, a doctor is expected to carry out the round at least every 3 days.
- Check with the Healthcare Lead at your site for local expectations and rota.

On Arrival to the Seg Unit:

- Introduce yourself to the Seg unit staff. Let them know you are doing the healthcare round.
- Ask for a handover, including:
 - Any prisoners asking to see healthcare.
 - Dirty protest cases.
 - Injuries, recent incidents, or new concerns.
 - Any ACCTs (Assessment, Care in Custody & Teamwork documents).
- Check the whiteboard in the officers' room — this usually lists:
 - Names and cell numbers of prisoners currently in Seg.
 - Notes about their status (e.g., "on ACCT," "dirty protest," "new arrival").
- Take a copy of the up-to-date prisoner list with you during the round — this helps ensure no one is missed.
- Sign in (and also out) on the Segregation unit visitors log with your:
 - Name
 - Role
 - Date and time of visit
- Some sites also have history sheets you have to make an entry in for each prisoner.

Verifying Identity: Before engaging with each prisoner:

- Check their identity.
- The ID is usually displayed outside the cell (often next to the door).
- Verify that the name matches the list you've been given.
- Only proceed once you're confident you're speaking to the correct individual.

Conducting the Round:

- Visit each cell individually, accompanied by a prison officer if available.
- Speak face-to-face where possible, or through the hatch if needed. Ensure patient confidentiality is maintained.
- If a prisoner refuses to engage, observe and document what you can.
- Pay particular attention to anyone on an ACCT, dirty protest, or in distress.

What to Ask Each Prisoner: Suggested questions:

- “How are you feeling physically and mentally?”
- “Are you eating and drinking okay?”
- “Do you have any medical concerns?”
- “Any issues with your medication?”
- “Would you like to speak to anyone from healthcare or mental health?”

For those on an ACCT, add:

- “Have you had any thoughts of harming yourself?” (Explore and escalate as appropriate.)
- “How are you coping in Seg?”
- “Would you like a referral to mental health or another support service?”

Documentation Requirements:

1. **Electronic Medical Record (SystemOne)** Record a clear, factual entry for each patient:
 1. “Seen in Seg. Alert and engaging. No acute medical or mental health concerns. Eating and drinking. Fit to remain in Seg. No action required.”
 2. “Declined to attend door. Observed through hatch. Mobile, alert. No concerns raised by staff. No visible signs of distress.”
- Add the patient to the appointment’s ledger. It may be helpful to write "Segregation Unit" in the booking notes section to clearly identify these patients. Some sites may have a dedicated section of the ledger for Seg round reviews.
2. **Segregation History Sheet (if used):**
 - Write a short line summarising your visit (e.g., “Seen, fit to remain. No new concerns.”)
 - Ensure you sign, date, and write your full name and designation.
3. **ACCT Booklet (if applicable):**
 - Document in the Healthcare Section of the ACCT.

When to Escalate: Immediately inform Seg staff and document if:

- The prisoner expresses suicidal thoughts or shows signs of psychological distress.
- They are withholding food/fluids.
- There is a dirty protest, injury, or unmanageable behaviour.
- You believe they are unfit to remain in Seg.
- Urgent mental health or safeguarding input is needed.

Medication Management in Segregation:

When a prisoner is moved to Segregation, their medication access may change depending on the prison's local policy and the reason for segregation (e.g. aggression, misuse, self-harm risk).

Key Points to Be Aware Of:

- In some establishments, all in-possession medications are removed when a prisoner enters Seg — even tablets or capsules they were previously allowed to self-administer.
- This includes routine medications like antihypertensives, SSRIs, or painkillers.

What You May Need to Do:

- On SystmOne, change the medication setting from “In possession” to “Not in possession”
- This ensures medication is administered by nursing staff and doses are not missed.
- Always check local policy with the site's pharmacist or nurse in charge.

Items Often Still Kept by the Patient:

- Inhalers
- Topical creams or ointments
- Certain eye drops or nasal sprays These are usually allowed to remain in possession unless there's a specific risk identified.

Final Tips for New Doctors:

- Segregation is a high-risk environment — always remain vigilant.
- Confirm ID before speaking to any prisoner.
- Ask staff if unsure about protocols — local procedures vary.
- Keep documentation objective, concise, and professional.
- Assume your notes may be reviewed by external bodies (HMIP, legal teams, etc.).
- Respect prisoners' dignity, even in difficult conditions.