Department of Public Safety and Correctional Services
Clinical Services & Incarcerated Individual Health

SICK CALL MANUAL
OPS.130.0005

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SICK CALL MANUAL

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6.0	12/11/2023	Oscar Jerkins Chief Medical Officer	Revised – Substantive Changes, Formatting, and Legal Review

Table of Contents

SICK CALL MANUAL

I. Purpose.

To mandate process for the evaluation and documentation of incarcerated individual's health related complaints by qualified health care professionals.

II. Scope.

OPS.130.0005 – Sick Call Manual is applicable to all Department of Public Safety and Correctional Services (Department) facilities and shall be the only authorized process for sick call encounters with incarcerated individuals in the care and custody of the Department.

III. Definitions.

A. In this Manual, the following terms have the meanings indicated.

B. Terms Defined.

1. "Electronic patient health record (EPHR)" means the Department approved system of record for an incarcerated individual's medical, mental health, dental and related patient records.
2. Emergency sick call request.
    (a) "Emergency sick call request" means a request for immediate medical attention of a serious or life threatening illness or injury.
    (b) "Emergency sick call request" includes but is not limited to life threatening symptoms such as chest pain, confusion, dizziness, falling, fever, or shortness of breath.
3. "Healthcare vendor (vendor)" means vendors contracted by DPSCS to provide medical, mental health and dental services to incarcerated individuals.
4. "Incarcerated individual" has the meaning stated in CSA, §1-101, Annotated Code of Maryland.
5. Non-sick call request.
    (a) "Non-sick call request" means request for administrative medical services that do not necessarily require an encounter with a healthcare provider as determined by the triage nurse.
    (b) "Non-sick call request" includes but is not limited to a request for:
        (i) Medical records;

(ii) Medication refill;

(iii) Medical appliance repair (i.e. glasses); and

(iv) Work clearance.

6. "Patient" means an incarcerated individual who has made a sick call request or is receiving health care services from the Department or Department's vendor.

7. Routine sick call request.

   (a) "Routine sick call request" means a request for medical services that is not an emergency or urgent.

   (b) "Routine sick call request" includes but is not limited to requests for medical history review, physical exam, health discussion, screening tests, or vaccination.

8. Urgent sick call request.

   (a) "Urgent sick call request" means a request for healthcare attention that is not considered serious or life threatening illness or injury.

   (b) "Urgent sick call request" includes but is not limited to symptoms such as body aches, chills, coughing, sneezing, or sore throat.

IV. Procedures.

A. Receipt and Distribution of Sick Call and Other Healthcare Requests.

1. OPS.130-5aR Sick Call Request form ("sick call slip") (Appendix A) shall be completed by an incarcerated individual and immediately placed in a designated sick call box at each correctional facility.

2. The healthcare vendor ("vendor") shall collect the sick call slips from all sick call boxes in each facility daily.

3. The vendor's designated registered nurse (RN), or higher-level health care professional, shall:

   (a) Immediately stamp the receipt of each sick call slip using an automated date/time stamp;

   (b) Complete the initial triage of the sick call slip within 2 hours of receipt;

   (c) Legibly print and sign their name and title at the top right corner of the sick call slip; and

   (d) Scan the sick call slip into the incarcerated individual's EPHR.

4. The designated RN or higher-level healthcare professional conducting the initial triage shall indicate the appropriate triage decision for all sick call slips describing clinical symptoms by utilizing the following acuity system:

    (a) "E" – emergency sick call request;

    (b) "U" – urgent sick call request; and

    (c) "R" – routine sick call request.

5. Emergency Sick Call Slips.

    (a) The RN who triages a sick call slip with a somatic concern designated "E" for emergency sick call request shall deliver the sick call slip to the appropriate healthcare provider within 2 hours of receipt. Upon receiving the emergency sick call slip, the healthcare provider shall request custody staff, through a Shift Commander or designee, to bring the patient to the clinic for evaluation and treatment. The healthcare provider shall document the time of notification to custody staff in the patient's EPHR.

    (b) When the appropriate healthcare provider is not available on-site to address an emergency sick call request, the RN who triages the sick call slip with a somatic concern designated "E" for emergency sick call request shall consult the facility's on-call healthcare provider via telephone within 2 hours of receipt. Following the telephone consultation, the RN shall request that custody staff, through a Shift Commander or designee, to bring the patient to the clinic for evaluation and treatment. The RN shall document the time of consultation with the on-call provider, the time of notification to custody staff, and any interventions in the patient's EPHR.

    (c) If the sick call slip indicates that the incarcerated individual is suicidal or self-harming, the RN who triages the sick call slip with a mental health concern designated "E" for emergency sick call request shall request custody staff, through a Shift Commander or designee, to bring the patient to the clinic immediately for evaluation. The RN shall document the time of notification to custody and any interventions in the patient's EPHR.

6. After completion of initial triage, the designated RN or higher level healthcare professional shall:

    (a) Enter all sick call slips into the electronic log as stated in §IV.I of this manual;

(b) Separate the sick call requests from the non-sick call requests;

(c) Deliver the sick call slips to the appropriate medical, dental and mental health staff; and

(d) If not already completed, scan the sick call request document into the patient's EPHR and attach it to the corresponding medical/dental/mental health records.

7. Each medical, dental and mental health discipline receiving a sick call slip shall:

(a) Be responsible for conducting a subsequent triage to determine the level of practitioner who shall conduct the initial sick call clinic encounter consistent with licensing and certification requirements; and

(b) Direct scheduling based on the acuity of those cases brought to their attention.

8. The sick call slip shall be available physically or electronically within the EPHR during all patient encounters with the vendor.

9. Sick Call Requests Response Timeframes.

(a) **Emergency sick call requests.** The vendor shall conduct a face-to-face encounter with the patient for all emergency sick call requests no later than 2 hours after the designated RN or higher-level healthcare professional has completed the initial triage of the patient's sick call slip.

(b) **Routine and urgent sick call requests.** The vendor shall conduct a face-to-face encounter with the patient for all non-emergency sick call requests within 24 hours after the designated RN or higher-level healthcare professional has completed the initial triage of the patient's sick call slip.

(c) **Non-sick call requests**. (e.g. medical records, medication refill, status of consultation requests, medical appliance repair) The vendor shall address non-sick call requests within 48 hours of the date and time of the initial triage by the designated RN or higher-level healthcare professional, depending on the nature of the request.

B. Healthcare Providers.

1. A subsequent encounter is based on the acuity system established by the vendor, approved by the Department, and as designated on the bottom right corner of the sick call slip.

2. The vendor shall submit a schedule of the assigned physicians to the Agency Contract Operations Manager (ACOM).
3. A dentists or dental hygienist must conduct dental triage and dental related face-to-face sick call encounters 5 days a week, Monday through Friday. The acuity system established by the vendor and approved by the Department determines a subsequent encounter, as designated in the bottom right-hand corner of the sick call slip.

C. Scheduled Sick Call Clinics.

1. Each medical and dental sick call clinic shall continue to operate for the day until healthcare professionals see and evaluate each patient who arrives for a(n):
   (a) Scheduled appointment is seen and evaluated by a healthcare professional and, if appropriate, provided with treatment or care;
   (b) Scheduled appointment is seen, refuses either evaluation, treatment or care, and signs an *OPS.130-5bR Release of Responsibility form* (Appendix B); and
   (c) Unscheduled appointment is evaluated as stated in §IV.D of this manual.
2. The vendor shall schedule and conduct sick call clinics daily as directed by the contract. The dental contractor shall schedule and conduct sick call clinics no fewer than 5 days a week as directed by the contract.
3. The vendor shall submit sick call clinic schedules to the ACOM and publish them in the Department's document management system no later than 10 days before the first day of the month of services.
4. Sick call clinics shall have a fixed time schedule (e.g. 7:00am to 3:00pm, 9:00am to 5:00pm).
   (a) The vendor shall provide the sick call clinic schedule to the ACOM for the area and the designated facility administrator (i.e., managing official, assistant managing official, facility administrator, security chief, and shift commander) 1 week prior to the start of any month.
   (b) The vendor shall not cancel, change, or relocate any sick call clinic without the expressed agreement of the ACOM for that area or the ACOM's designee in the event of the ACOM's absence.
5. The appropriate healthcare provider shall provide clinical services for routine and urgent sick call requests 7 days a week, within 24 hours of receiving the request, following the triage decision.

6. The appropriate healthcare provider shall provide clinical services for emergency sick call requests 7 days a week, within 2 hours of the triage decision, following receipt of the sick call request.

D. Unscheduled Sick Call Requests.

1. An RN or higher-level medical provider shall be available in all facilities at all times, 7 days a week, to ensure that incarcerated individuals have access to care in a timely manner.
2. If an incarcerated individual feels they have a medical problem but has not submitted a sick call slip, they may request an unscheduled sick call clinic encounter from the correctional officer in charge of the housing unit.
3. The correctional officer in charge shall contact the designated healthcare professional, relay the incarcerated individual's request, follow the instructions provided by the health care professional, and document the action in the unit log book.
4. The healthcare professional who the correctional officer contacts shall instruct the officer to have the incarcerated individual brought to the dispensary area for evaluation and to determine if the request constitutes an emergency.
5. If the incarcerated individual's request constitutes an emergency, the appropriate healthcare provider shall provide immediate care and document it in the incarcerated individual's EPHR.
6. If the incarcerated individual's request is a non-emergency, the healthcare professional shall instruct the incarcerated individual to submit a sick call slip and document the instruction in the incarcerated individual's EPHR.

E. Restrictive Housing.

1. An incarcerated individual assigned to restrictive housing shall receive the same access to medical attention as those assigned to other types of housing units.
2. An incarcerated individual assigned to restrictive housing shall have access to scheduled and unscheduled sick call clinics in all Department correctional facilities, equivalent to the sick call services available to the general population.
3. An RN or higher-level healthcare professional from the vendor shall conduct daily sick call rounds in all Department restrictive housing units.
4. During sick all rounds, the RN shall make both verbal and visual contact with each incarcerated individual and provide an opportunity for each individual to vocalize medical, dental, or mental health complaints.

(a) The RN shall complete sick call rounds between 6:00 a.m. and 6:00 p.m., consistent with custody staff's ability to provide escort into the area.

(i) The healthcare professional shall request the need for a sick call round escort to the Shift Commander of designee.

(ii) Sick call round escorts shall be conducted by the medical escort officer assigned by the Shift Commander.

(iii) Times for sick call rounds may vary by facility and shall not be conducted during shift change, count times, meal services, or any time that may compromise the safety and security of a facility.

(b) The RN shall have visual contact with each incarcerated individual and make a verbal inquiry about the individual's health condition. The RN shall document the visual/verbal (v/v) contact on the traffic sheet/alpha roster. If doors or windows are covered, the RN shall ask the correctional officer to remove the covers to enable this contact.

(c) The RN conducting sick call rounds shall determine whether the evaluation of a complaint can be postponed to the next scheduled sick call clinic or whether an immediate unscheduled sick call evaluation is necessary.

(i) If immediate attention is needed, an RN shall follow the unscheduled sick call process as described in §IV.D of this manual.

(ii) If the request is non-emergent, an RN shall provide the incarcerated individual with a sick call slip and collect the sick call slip from the incarcerated individual, or direct them to submit the sick call slip through the usual process.

(iii) An RN shall record the incarcerated individual's complaint on the traffic sheet/alpha roster and add that a sick call slip was provided or collected from the incarcerated individual. The RN shall document the complaint and disposition in the patient's EPHR as with all other abnormal findings.

(d) The RN who conducts sick call rounds shall use the custody traffic sheet/alpha roster provided by custody to document the rounds, which will serve as the record or log of the completed rounds. The RN shall document the following on the traffic sheet/alpha roster:

(i) Name, discipline, and credential(s) (e.g. MD, RN, CRNP, etc.) of staff conducting the rounds;

(ii) Date, start time, and end time of the conducted round;

(iii) Inscription (v/v) against each individual's name on the traffic sheet/alpha roster; and

(iv) Brief description of complaint or abnormal finding (example: complained of foot pain; appeared disheveled).

(e) The RN shall document any abnormal findings in the patient's EPHR and include:

(i) Date and time rounds were conducted as it appears on the custody traffic sheet/alpha roster;

(ii) Nature of any complaint along with medical or mental health observation;

(iii) Disposition resulting from the patient's complaints;

(iv) Identification of the RN, or higher level provider with their name, discipline, and credential(s) (e.g. MD, RN, CRNP, etc.) included on the traffic sheet used to conduct rounds; and

(v) Additional comments as necessary.

(f) The vendor shall keep the traffic sheets as logs of the restrictive housing sick call rounds and store them in the dispensary areas of the appropriate facility.

F. Sick Call Encounters and Referrals to a Higher Level of Care.

1. Medical and dental sick call encounters shall:

(a) Be conducted in a manner that permits confidential communication between the patient and the health care professional; and

(b) Include a review of the incarcerated individual's hard copy medical record and EPHR.

2. Sick call encounters shall include measurement and documentation of:

(a) Any special needs for a patient diagnosed with a chronic disease or who appears to have a condition(s) that merits special tests (e.g., oxygen saturation or finger stick);

(b) Blood pressure;

(c) Pulse;

(d) Respiration;

(e) Temperature; and

(f) Weight.

3. Sick call requests that require a face-to-face encounter, regardless of discipline, shall include a completed progress note with the following patient information:

   (a) "S" – subjective data history;

   (b) "O" – objective data history;

   (c) "A" – assessment of medical/mental health/dental problems;

   (d) Reference to patient education and specific instructions; and

   (e) Abnormal test results with a documented treatment plan.

4. If an RN conducts the sick call encounter, the RN shall utilize the nursing protocol in the EPHR. In addition to following the nursing protocol, the RN should refer to the patient for higher-level care when:

   (a) The patient has abnormal vital signs;

   (b) The evaluation requires diagnostic tools or tests that exceed the limits of the nursing protocol;

   (c) The RN is unable to come to a diagnostic conclusion; and

   (d) The patient's complaint has not been resolved or has been seen more than twice for the same complaint.

5. When an RN refers a patient for a higher level of care, the healthcare provider shall see the patient the same day, within 4 hours of the referral.

6. Abnormal vital signs that require referral to the higher level of care include but are not limited to the following:

   (a) Blood Glucose: <70 or >300;

   (b) Blood Pressure: <90/<60 or >160/>100;

   (c) Pulse Oximeter: <90%;

   (d) Respiratory Rate: <12 or >24; and

   (e) Temperature: <97.0° Fahrenheit or >100.4° Fahrenheit.

7. If the patient receives an intervention during a sick call encounter and requires referral to a higher level of care, the higher-level provider must conduct an encounter within 24 hours of the referral if urgent, or within 48 hours if routine.

8. Whenever a higher-level provider is not available on-site, the appropriate regional on-call healthcare provider shall be consulted by telephone. The RN shall document all telephone orders in the patient's EPHR, and the on-call provider shall countersign them within 12 hours, or by the close of business on the first business day following the on-call provider's telephone order if it is a weekend.
9. A patient evaluated 2 times by a specific level of provider for the same complaint shall be automatically referred to and evaluated by the next highest credentialed provider at the time of the third complaint, however, any complaint that merits an encounter to the next level shall be done at the same time as the original encounter.
    (a) There shall not be a delay in the referral to the next level provider.
    (b) A patient with a complaint deemed to be serious enough to need attention by the next level healthcare provider shall not be required to wait until they have seen the original healthcare provider 2 times.
        (i) The third encounter is continued until the patient has been seen by the next level of provider during the same encounter.
        (ii) Next level provider is defined as RN to PA or CRNP, mid-level to physician, physician to medical director.
        (iii) The need to progress shall be recorded in the patient's EPHR with rationale and outcomes resulting from the next level's attention.

G. Failure to Appear for Appointment and Refusal of Care.

1. The healthcare professional shall record a documented reason for an incarcerated individual's failure to appear for a sick call clinic appointment in the patient's EPHR. The healthcare professional shall obtain the reason for the failure to appear from the Shift Commander or designee.
2. Reasons for failure to appear for an appointment may include:
    (a) Refusal of care;
    (b) Scheduling conflict (e.g. court appointment, other medical appointment); and
    (c) Transfer or release.
3. Refusal of Care.

(a) If the incarcerated individual's failure to appear for the sick call clinic appointment is the result of incarcerated individual's refusal for evaluation or treatment, then:

(i) The Shift Commander or designee shall be asked to transport the incarcerated individual to clinic;

(ii) The healthcare professional shall explain to the patient the consequences for refusing evaluation or treatment; and

(iii) The patient shall sign *OPS.130-5bR – Release of Responsibility form* (Appendix B).

(b) If the patient refuses to sign:

(i) The reason shall be documented on OPS.130-5bR – Release of Responsibility form (Appendix B); and

(ii) Two healthcare professionals shall sign OPS.130-5bR – Release of Responsibility form (Appendix B), as witnesses that the patient refused. If two healthcare professionals are not available due to extenuating circumstances, a custody officer may sign as the second witness.

(c) In cases where a patient is in restrictive housing or is known to have a serious or chronic health condition, healthcare professionals are required to be accompanied by custody staff to the individual's housing unit to:

(i) Conduct a safety check; and

(ii) Obtain a signed *OPS.130-5bR – Release of Responsibility form* (Appendix B).

(d) The signed OPS.130-5bR – Release of Responsibility form (Appendix B) shall be scanned/placed into the patient's EPHR.

(e) An incarcerated individual who missed a sick call appointment due to a refusal of care, shall not be rescheduled for a sick call clinic unless they submit a new sick call request. The individual shall be advised of this at the time of signing the OPS.130-5bR – Release of Responsibility form (Appendix B).

4. Scheduling Conflicts and Transfers.

(a) If an incarcerated individual misses a sick call clinic appointment due to other obligations outside the individual's control, such as being "out to

court" or conflicting appointments with other disciplines, the healthcare provider shall schedule the individual for the next sick call clinic.

(b) If an incarcerated individual misses a sick call clinic appointment due to transfer to another facility, the healthcare provider shall schedule and see the individual in the receiving facility during the next scheduled sick call clinic. The incarcerated individual will not need to submit another sick call request in the receiving facility.

H. Non-Sick Call Healthcare Requests.

1. Services.

(a) The appropriate healthcare provider, as designated during the triage process, shall provide services for non-sick call healthcare requests within 48 hours of receipt when received Sunday to Thursday.

(b) The appropriate healthcare provider, as designated during the triage process, shall provide services for non-sick call healthcare requests within 72 hours when received on Friday, Saturday, and holidays.

2. Non-sick call requests will allow for tracking and storing the request within the patient's EPHR, after the appropriate department or agency has completed it.

3. Non-sick call requests may not require a face-to-face encounter but must be addressed within 24 to 48 hours of receipt of the request.

4. If medication refill is requested by the patient, within 24 hours of receipt of the request, the RN shall do the following:

(a) Process the request through the ezMAR (electronic medication administration record);

(b) Ensure that the sick call slip is logged in the sick call log as a medication refill request; and

(c) Follow the medication administration process for the facility to deliver the medication to the patient.

I. Electronic Logs, Documentation, and Records.

1. Sick call slips shall be scanned into the EPHR or electronically submitted, and attached to the corresponding medical, dental, or mental health record.

2. The vendor shall maintain an electronic log of all sick call slips, requests, and referrals if an electronic log is not available in the Department's EPHR system.

3. The electronic log shall contain the following, at a minimum:

(a) Incarcerated individual/patient's name and SID number;

(b) Date sick call slip was submitted;

(c) Date sick call slip was picked up by staff;

(d) Nature of the patient's complaint;

(e) Name and credential of person making the triage decision;

(f) Date of triage decision;

(g) Triage decision;

(h) Date scheduled to be seen if triaged to a sick call encounter;

(i) Name and credential of staff that saw the patient;

(j) Date of sick call encounter;

(k) If applicable, date of referral to provider to include the provider's name and discipline;

(l) Date seen for the referral;

(m) If applicable, reason for missed appointment; and

(n) If applicable, date seen for rescheduled appointment.

4. The vendor shall submit electronic log reports for each facility to the ACOM in each area by the 10th day of the month following the month for which the report is submitted and store the electronic log reports in the designated report storage system.

5. All health care records shall be maintained for the length of time established in accordance with the *Department of General Services Records Management Division Records Retention and Disposal Schedule, Schedule No. 2424-12 (Incarcerated Individual's Health and Mental Health)* (Appendix C).

V. References and Standards.

National Commission on Correctional Health Care:

A. Standards for Health Services in Prisons, 2018, P-E-07 Nonemergency Health Are Requests and Services.

B. Standards for Health Services in Jails, 2018, J-E-07 Nonemergency Health Care Requests and Services.

American Correctional Association (ACA) Standards:

ACI 4th Edition	*ACI 5th Edition*	
4-4344 (M)	5-ACI-6A-01 (M)	Access to Care
4-4346	5-ACI-6A-03	Clinical Services
4-4347	5-ACI-6A-04	Continuity of Care
4-4348	5-ACI-6A-05	Referrals
4-4352	5-ACI-6A-09	Infirmary Care
4-4360	5-ACI-6A-19	Dental Care
4-4361	5-ACI-6A-20	Health Education
4-4363 (M)	5-ACI-6A-22 (M)	Health Screening
4-4367	5-ACI-6A-27	Periodic Examinations
4-4368	5-ACI-6A-28	Mental Health Program
4-4372	5-ACI-6A-33	Mental Health Evaluation
4-4375	5-ACI-6A-40	Prostheses and Orthodontic Devices
4-4396 (M)	5-ACI-6C-03 (M)	Confidentiality
4-4397 (M)	5-ACI-6C-04 (M)	Informed Consent
4-4412	5-ACI-6D-04	Staffing

American Correctional Association (ACA) CORE Standards:

ACI 4th Edition	*Reference*	
1-CORE-4C-01 (M)	4-ALDF-4C-01 (M)	Access to Care
1-CORE-4C-01 (M)	4-ALDF-4C-02 (M)	Continuity of Care
1-CORE-4C-01 (M)	4-ALDF-4C-03 (M)	Emergency Plan
1-CORE-4C-04	4-ALDF-4C-09	Infirmary Care
1-CORE-4C-08	4-ALDF-4C-20	Dental Care
1-CORE-4C-12	4-ALDF-4C-25	Mental Health Program
1-CORE-4C-12 (M)	4-ALDF-4C-27 (M)	Mental Health Program
1-CORE-4C-12 (M)	4-ALDF-4C-28 (M)	Mental Health Program
1-CORE-4D-07 (M)	4-ALDF-4D-13 (M)	Confidentiality
1-CORE-4D-08 (M)	4-ALDF-4D-14 (M)	Informed Consent
1-CORE-4D-11	4-ALDF-4D-17	Privacy

1-CORE-4D-18	4-ALDF-4D-26	Health Records

Maryland Commission on Correctional Standards (MCCS):

- MCCS .02E Emergency Medical Services
- MCCS .02F Routine Health Services
- MCCS .02N Medical Judgement
- MCCS .02R Mental Health Services
- MCCS .02S Case Records

VI. Appendix.

A. OPS.130-5aR, Sick Call Requests/Encounter Form.

B. OPS.130-5bR, Release of Responsibility Form.

C. Records Retention and Disposal Schedule, Schedule No. 2424-12 (Incarcerated Individual's Health and Mental Health).

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SICK CALL REQUEST/ENCOUNTER FORM

DIRECTIONS:

Section I: To be completed by incarcerated individual.

Section II: To be completed by clinician.

Incarcerated individual must state specific reason for requesting Medical/Dental/Mental Health services.

MEDICAL TRIAGE: (E) (U) (R)

SIGNATURE DATE/TIME

VERIFICATION SIGNATURE DATE/TIME

SECTION I: TO BE COMPLETED BY INCARCERATED INDIVIDUAL

NAME:	DOB:	SID#:	CELL#:	FACILITY:
ALLERGIES:			Date:	

SICK CALL REQUEST

State your problem. How can we help you? (Please be specific) ☐ Medication not received

A. Where does it hurt?

B. When did it start?

C. Has it happened before? How often?

NON–SICK CALL - HEALTHCARE ISSUES

☐ Medical Records Request ☐ Work Clearance Request ☐ Dental Exam/Filling/Denture Request

☐ Medication Refill ☐ Eye Glass Repair Request ☐ Other: _____

PLACE MEDICATION REFILL STICKER HERE | PLACE MEDICATION REFILL STICKER HERE | PLACE MEDICATION REFILL STICKER HERE | PLACE MEDICATION REFILL STICKER HERE

SECTION II: TO BE COMPLETED BY HEALTHCARE PERSONNEL

Healthcare Encounter Documented in EPHR: (Comments)

Provider

Date / Time

SICK CALL REQUEST / ENCOUNTER **(E)** **(U)** **(R)**

FORM FORWARDED TO:

☐ DENTAL

☐ MENTAL HEALTH

☐ MEDICAL RECORDS

☐ OTHER: _____

DATE/TIME SENT DATE / TIME RECEIVED

SIGNATURE SIGNATURE

RESPONSE TO INCARCERATED INDIVIDUAL: _____

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
RELEASE OF RESPONSIBILITY FORM

Incarcerated Individual's Name: _____ Date of Birth: _____

SID #: _____ Sex: ☐ Male ☐ Female Facility: _____

I hereby acknowledge that I have been informed by appropriate healthcare personnel as to my healthcare condition.

(Specify nature of condition)

_____

_____

_____

Against the advice of said healthcare personnel, I refuse to have:

☐ BLOOD DRAWN ☐ PHYSICAL EXAM

☐ MEDICATION ☐ OTHER: _____

I further acknowledge that I have been informed of the risks involved, and accept full responsibility for this action, and hereby release the attending physician and other healthcare services staff from responsibility/liability for any complications or undesirable results arising from my refusing the above stated treatment.

Date _____

Incarcerated Individual's Printed Name: _____

Incarcerated Individual's Signature: _____

Witness #1 Printed Name: _____

Witness #1 Signature: _____

Witness #2 Printed Name: _____

Witness #2 Signature: _____

(A second witness is required if patient refuses to sign release)

DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE	Schedule No. 2424 – 12 Page 1 of 6
Agency Department of Public Safety and Correctional Services	**Division/Unit** Division of Correction

Item No.	Description	Retention
	This schedule supersedes Schedule No. 1406 – 12.	
	INMATE HEALTH CARE:	
I.	INMATE MEDICAL RECORDS: Medical forms, reports and other materials on inmate medical information, emergency treatment (after regular hours), treatment plans, sick call requests, physician's orders, etc.	
	A. Section I: Identification/Prescription 1. Inmate ID Sheet 2. Medical Staff Signature Sheet 3. Medication Order Sheet	Retain two (2) years after inmate is released, then send to State Records Center for thirteen (13) years, then destroy.
	B. Section II: General Status 1. Progress notes 2. Medication sheet 3. Intake histories and physicals 4. Periodic histories and physicals 5. Transfer sheets 6. Exit medical record review summaries 7. Continuity of Care	
	C. Section III: Tests and Reports 1. Lab tests 2. Radiology reports 3. Diagnostic reports	

Schedule Approved by Department, Agency, or Division Representative.	Schedule Authorized by State Archivist
Date 6/5/08	Date 31 Jan 09
Signature J. Michael Stouffer	Signature Edward C. Ingram
Typed Name J. Michael Stouffer	
Title Commissioner	

DGS 550-1

DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE (Continuation Sheet)	Schedule No. 2424 – 12 Page 2 of 6
Agency Department of Public Safety and Correctional Services	**Division/Unit** Division of Correction

Item No.	Description	Retention
I. (cont'd)	INMATE MEDICAL RECORDS (cont'd): D. Section IV: Inpatient Days 1. Admission histories and physicals 2. Other inpatient records and charts E. Section V: Clinical 1. Consults (both on and off-site) 2. Specialty clinics 3. Psychiatry 4. Dental 5. Optometry 6. Dietary	Retain two (2) years after inmate is released, then send to State Records Center for thirteen (13) years, then destroy.
	F. Section VI: Miscellaneous Correspondence 1. Refusal sheets 2. Excuse from Work Sheet 3. Requests to Security 4. Legal correspondence 5. Receipts for equipment/prosthesis 6. Copies of various requests 7. Medical Alert forms 8. Concerns of Managing Officers 9. Consultant	Retain three (3) years and until all audit requirements are met, then destroy.
II.	QUALITY ASSURANCE SERIES: A. Interdepartmental Memos B. Pharmacy Services C. Rehabilitation Programs D. Basic Health Services E. Policy Review F. Survey Responses	Retain two (2) years, then send to State Records Center thirteen (13) years, then destroy

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DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE (Continuation Sheet)	Schedule No. 2424 – 12 Page 3 of 6
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Item No.	Description	Retention
II. (cont'd)	QUALITY ASSURANCE SERIES (cont'd): G. Procedural Manuals H. Audits I. Reports J. Occupational Health	Retain two (2) years, then send to the State Records Center thirteen (13) years, then destroy.
III.	MEDICAL CONTACT SERIES: A. Medical Contractors (e.g. Basil, PHP, CMS) B. Statistics C. Community Hospitals D. Dental Contracts	Retain two (2) years, then send to the State Records Center thirteen (13) years, then destroy.
IV.	BUDGET SERIES: A. Supplemental Budget requests B. Equipment C. Purchases D. Hospital Billing	Retain two (2) years, then send to the State Records Center thirteen (13) years, then destroy.
V.	RESEARCH FILES SERIES: A. Papers B. Nutrition	Permanent records to be periodically transferred to the State Archives

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DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE (Continuation Sheet)	Schedule No. 2424 – 12 Page 4 of 6
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Item No.	Description	Retention
VI.	MEDICAL STATISTICAL REPORTS SERIES: A. Monthly Medical Statistics B. Monthly Record – Inpatient Days C. Monthly Recording of Population Count D. Monthly Report of Number of Inmates Seen in On-Site Clinics E. Monthly Report of Inmates Seen in Off-Site Clinics	Retain two (2) years, then send to the State Records Center thirteen (13) years, then destroy.
VII.	INMATE MENTAL HEALTH RECORDS: Psychiatric and psychological reports, and other medical information. A. Front Cover Inmate's name and number displayed for each access and filing, by inmate identification number or last name. B. Section I: Open Chart 1. Admission/discharge checklist 2. Patient (Inmate) consent 3. Staff signature documentation C. Section II: Admission Status 1. Psychiatrist admission note 2. Psychologist admission note 3. Initial nursing assessment 4. Occupational therapists' assessment 5. Psychological testing results	Retain two (2) years, then send to the State Records Center thirteen (13) years, then destroy.

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DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE (Continuation Sheet)		Schedule No. 2424 – 12 Page 5 of 6
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Item No.	**Description**	**Retention**
VII. (cont'd)	INMATE MENTAL HEALTH RECORDS (cont'd): D. Section III: Orders 1. Physician orders sheets 2. Mental Health Unit order forms E. Section IV: Rehab and Therapy 1. Individual treatment plan 2. Other rehab forms F. Section V: Progress Notes 1. Nurses' notes 2. Psychiatrists notes 3. Psychologists notes G. Section VI: Special Reports 1. Lab Reports 2. Consultants H. Section VII: Other Status Reports 1. Seclusion/observation monitoring 2. Flow charts 3. Activity reports I. Section VIII: Treatment Records 1. Medication administration records 2. Abnormal involuntary movement scale	Retain two (2) years, then send to State Records Center thirteen (13) years, then destroy.

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DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE (Continuation Sheet)	Schedule No. 2424 – 12 Page 6 of 6
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Item No.	Description	Retention
VII. (cont'd)	INMATE MENTAL HEALTH RECORDS (cont'd): J. Section IX: History and Physical 1. Medical history 2. Physical examination form 3. Transfer chart review forms K. Section X: Miscellaneous Records 1. Prior discharge summaries 2. Prior treatment records 3. Security and disciplinary information 4. Inmate's consent to release information 5. Chart audit forms 6. Letters written by inmates to staff	Retain two (2) years, then send to State Records Center thirteen (13) years, then destroy.

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