

# Department of Public Safety and Correctional Services

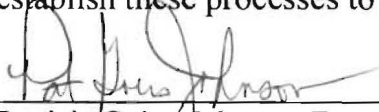
## Clinical Services & Inmate Health




### Operations Manuals

Administration	Medical Records
Chronic Disease Management	Pharmacy Services
Infection Control	Pregnancy Management
Infirmatory Care	Sick Call
Inmate Deaths	Substance Abuse
Medical Evaluations	

By signing this cover page, DPSCS officials responsible for the care and treatment of persons confined to their facilities give approval that the policies and procedures, reviewed and updated as needed annually and found herein, formally establish these processes to be acceptable to DPSCS.

  
 Patricia Goins-Johnson, Executive Director Field Support Services

  
 Sharon L. Baucom, MD Director of Clinical Services

  
 Adaora Odunze, RN, PhD, Director of Nursing

Date Reviewed	1/2013
	11/2014
	1/2015
	2/2016

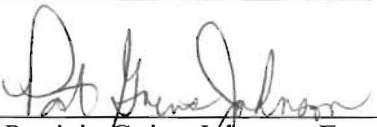


# Department of Public Safety and Correctional Services

## Clinical Services & Inmate Health



## Sick Call Manual

Date	2/22/2012
Reviewed	8/2013
	11/2014
	1/2015
	2/20/2016


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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
OFFICE OF CLINICAL SERVICES/INMATE HEALTH

SICK CALL MANUAL

Chapter 1

SICK CALL

- I. Policy: All inmates in DPSCS facilities shall have access to health care evaluation and treatment which shall be conducted in regularly scheduled clinics in accordance with the requirements of health care contracts, law, regulation and established procedures. Juveniles in the system are to have equal access to care with assured separation from adults.
- II. Procedure;
  - A. Sick Call Slips/Requests shall be triaged daily.
    1. Sick call slips shall be collected daily by the medical contractor and immediately triaged by a registered nurse (RN) or above who shall:
      - a. stamp date and time on each slip and legibly sign with name and title; and
      - b. deliver immediately to the appropriate contractor/provider sick call slips deemed not to constitute an emergency.
    2. All sick call requests deemed to constitute an emergency shall be:
      - a. marked by the individual conducting the triage with an "E" on the upper left hand corner of the slip; and
      - b. delivered to an appropriate provider immediately.
      - c. At any time a provider is not available on site to be told about emergencies, the regional on call provider shall be consulted by telephone by the evaluating health care professional and that conversation shall be recorded in the EMR.
    3. Medical, dental and mental health providers shall be responsible for conducting a subsequent triage and shall direct scheduling based on acuity of those cases brought to their attention. This triage shall determine the level of

- practitioner who may conduct the initial sick call clinic encounter consistent with licensing and certification requirements.
- a. Non-sick call related issues will not be subject to the above time frame.
  - b. Non-sick call related issues will be sent to the appropriate department for processing and/or scheduling.
4. Medical triage and actual sick call encounter must be conducted by RNs, physicians, physician's assistants or nurse practitioners based on an acuity system established by the contractor and approved by the department. The acuity designation shall be indicated in the upper right hand corner of the slip circling E for emergent visit, U for urgent visit, or R for routine visit.
  5. Mental health triage must be conducted by psychiatrists, licensed psychologists, psychology associates, LCSW-Cs, LCPCs, psychiatric RNs, physicians assistants or nurse practitioners based on an acuity system established by the contractor. The acuity designation shall be marked on the upper right hand corner of the slip.
  6. Dental triage must be conducted by dentists or dental hygienists based on an acuity system established by the contractor. The acuity designation shall be marked on the upper right hand corner of the slip.
- B. Each sick call clinical, regardless of discipline shall continue until it is completed, i.e. when each inmate scheduled to be seen during that sick call and who shows up for the appointment or to sign a refusal to be seen form has been seen.
1. Sick call clinics will be scheduled and conducted by the medical, dental and mental health contractors five (5) days a week as approved by DPSCS-Clinical Services and the facility management.
    - a. A day is considered to be eight hours.
    - b. There may be time permitted for administrative duties constituting one of those eight hours.
  2. Sick call clinic schedules will be published not later than five (5) business days before the month of service.
  3. Sick call for each discipline will have a fixed time schedule.

- a. That schedule shall be provided to the ACOM for the area one week prior to the start of any month.
  - b. No clinics shall be cancelled, changed, or relocated without expressed agreement from the ACOM for that area or the ACOM's designee in the event that ACOM is absent.
- C. Clinical services for non-emergency sick call requests shall be provided by the appropriate provider as designated during the triage process within forty-eight (48) hours of receipt when received Sunday to Thursday. Services shall be provided within 72 hours when received on Friday, Saturday and holidays.
- D. Clinical services for emergency sick call requests shall be provided by the appropriate provider as designated during the triage process within twenty-four (24) hours of receipt of the request regardless of when the request was received.
- E. Unscheduled sick call shall be available as needed by the detainee/inmate to assure access to care in a timely fashion.
  - 1. If an inmate feels he has a medical problem but has not signed up for sick call, he may make a request to the correctional officer in charge of the housing unit for a sick call visit.
  - 2. The correctional officer in charge shall contact an RN, physician, PA or NP, relay the inmate's request, and follow instructions provided by the medical professional regarding having the patient seen for his or her complaint.
  - 3. The provider contacted by the correctional officer shall have face-to-face contact with the inmate who should be brought to the dispensary area to determine if the request constitutes an emergency.
    - a. If the request constitutes an emergency, immediate care shall be provided by the appropriate provider and documented on EMR.
    - b. If the request constitutes a non- emergency, the inmate shall be instructed to submit a sick call slip and this instruction shall be documented in the inmate's medical record.
- F. Confinement housing detainees/ inmates shall have the same access to medical attention as those not confined in this manner.

1. Special confinement inmates shall have access to scheduled and unscheduled sick call in all DPSCS institution which is equivalent to sick call services available to the general population.
2. A registered nurse, or a higher level provider (for all disciplines), shall conduct daily medical rounds in all DPSCS special confinement housing units. Daily is defined as seven days per week.
3. During rounds, which consist of both verbal and visual contact of each detainee/inmate, each inmate shall be provided an opportunity to vocalize medical, dental or mental health complaints to the registered nurse or provider conducting rounds.
  - a. To accomplish this, these rounds shall be made at a time when inmates would normally be awake and able to respond.
  - b. The registered nurse or the provider conducting rounds shall have visual contact of each inmate and make a verbal inquiry as to the inmate's health condition. If doors windows are covered, correctional officers shall be asked by the RN to remove those covers to enable this contact.
  - c. The registered nurse or the provider conducting rounds shall determine if evaluation of the complaint can be postponed to the next scheduled sick call or whether an immediate unscheduled sick call evaluation is indicated.
    - i. If immediate attention is needed, the RN shall follow the unscheduled sick call as described above.
    - ii. If the request is not emergent, the RN shall provide the detainee/inmate with a sick call slip and shall collect the sick call slip from the inmate or direct him or her to submit that slip through the usual processes if he/she so desires.
    - iii. The nurse shall record the patient complaint on the traffic sheet and add that a sick call slip was provided or collected from the inmate, and the nurse shall record this into the EMR as with all other abnormal findings.
  - d. Documentation of routine rounds shall be done using custody "Traffic" Sheets, which shall become the record or log of the rounds having been

completed, and the nurse shall document any abnormal (that is requests for care or medical needs) in the electronic medical record which shall include:

- i. the nature of any complaint along with medical or mental health observation; and
  - ii. the disposition resulting from the inmate's complaints (such as appointment to sick call, request for eyeglass follow up and result, medication renewal, etc.).
  - iii. Identification of the nurse or higher level provider (regardless of discipline) with their title shall be included on the form used to conduct rounds.
  - iv. Date and time the rounds are conducted must appear on the form.
  - v. Comments as necessary;
  - vi. These traffic sheets shall be kept as logs of the segregation rounds and shall be kept in the dispensary areas of the appropriate facilities for a length of time in keeping with regulatory bodies such as NCCHC, MCCA, or ACA.
4. A registered psychiatric nurse or a higher level mental health provider shall conduct rounds in each special confinement area one (1) time per week, in every service delivery area, except in Baltimore City Pretrial where those rounds shall be conducted two (2) times per week and shall follow the same processes as those of the somatic RN described above.

G. Sick call encounters for all disciplines shall be conducted in a manner permitting confidential communication between the patient and the health care professional and must include a review of the hardcopy medical record and the electronic medical record of the patient.

1. Every somatic sick call encounter shall include measurement and documentation of the inmate's
  - a. temperature,
  - b. pulse,
  - c. respiration,

- d. weight; and
  - e. blood pressure.
  - f. Any special needs for inmates with chronic disease or who appear to have conditions that merit special tests (such as O2 saturation or finger stick)
2. Every sick call encounter that requires a face to face encounter due to clinical indications, regardless of discipline shall include a complete progress note including (S) subjective data-history; (O) objective data-vital signs and examination; (A) assessment of medical/mental health/dental problems, and (P) treatment plan.
    - a. Progress notes shall include reference to patient education and specific instructions given.
    - b. Abnormal test results will be addressed in the progress note with a documented treatment plan.
  3. Inmates with serious health problems or abnormal vital signs shall be referred to the appropriate provider for further evaluation and treatment immediately (or within twenty-four {24} hours of the findings)
  4. Inmates with unstable vital signs or other urgent problems shall be referred to a provider not less than a PA or CRNP immediately.
    - a. Whenever a provider is not available on site, the appropriate regional on-call provider shall be consulted by telephone by the health care professional.
  5. Inmates evaluated three (3) times by a specific level of provider for the same complaint shall automatically be referred to the next highest credentialed provider at the time of the third complaint; however any complaint that merits a visit to the next level shall be done at the same time as the original visit. There should be no delay in the referral upward. At no time shall a patient have a complaint deemed to be serious enough to need attention by the next level (by any reasonable health professional such as the state CQI nurse, reviewing the chart) be required to wait until he has seen the original professional level three times.



- a. The third encounter is continued until the detainee/inmate has been seen by the next level of provider.
  - b. Next level provider is defined as nurse to PA or CRNP, mid-level to physician, physician to medical director.
  - c. The need to progress shall be recorded in the EMR with rationale and outcomes resulting from the next level's attention.
- H. Each failure to appear for a clinic appointment shall have a reason for each failed clinic appointment documented by a health care professional sick call slip/medical record.
1. The health care professional shall obtain the reason for the failure to appear from the appropriate custody official.
    - a. If the failed clinic appointment is a refusal for evaluation or treatment by the inmate, custody shall be asked to transport the inmate to clinic so that the health care professional shall have inmate sign the "Release of Responsibility {ROR}" form (Form #130-250-1).
    - b. If the inmate is not available to sign, the reason will be documented on the form.
      - i. When a detainee/inmate refuses to sign, two representatives from medical, mental health or dental shall sign the refusal form, documenting the patient's refusal to sign.
      - ii. In rare cases, such as segregation, this may require that medical staff travel to the housing unit for the refusal signature. (See H-1-above)
    - c. The signed form shall be placed in the medical record regardless of whether signed by the detainee/inmate or by health care staff.
  2. Unless there has been a refusal of care, the inmate will be scheduled for the next clinic.
    - a. Persons not coming to sick call secondary to other responsibilities such as being out to court, or conflicting appointments with other disciplines will be scheduled to be seen during the next scheduled clinic.

- b. Persons refusing to come to sick call will not be re-scheduled for sick call unless they submit a new sick call request. They will be advised of this at the time of signing their ROR form.
  
- I. Non-sick call requests will allow for tracking and storing the request within the patient's healthcare record, after the appropriate department or agency has triaged it. Areas for review as non-sick call requests include medical records request, medication refill, eyeglass repair request, work clearance request, and dental exam/filling request, or denture request. An area for medication renewal stickers has been provided as well.
  - 1. Non-sick Call request may not require a face to face visit.
- J. Contractors shall maintain, using MS Excel, an electronic log of all slips and referrals if such a log is not available in the EMR/HMIS systems.
  - 1. The log shall contain, at a minimum, the following:
    - a. inmate name and number,
    - b. date sick call slip was submitted,
    - c. nature of complaint,
    - d. triage decision,
    - e. date scheduled to be seen,
    - f. date of referral to provider to include name, if known, and provider discipline,
    - g. date of triage decision; and
    - h. name and credential of person making the triage decision.
  - 2. The log shall be submitted for each facility to the ACOMs in each area not later than the tenth day of the month following the month following the month for which reporting is being submitted.

III. References:

- A. Appendix I, Sick Call request/ Encounter Form DPSCS Form 130-100, 114aR
- B. Appendix II, Special Confinement Form OTS 130-100-1
- C. Appendix III, Release of Responsibility Form DPSCS Form 130-250-1

IV. Rescissions: DPSCSSD 130-100 Section 114 dated April 15, 1999

DCD 130-100 Section 114 dated September 11, 1992

130-100-114 all issuances and versions

V. Issued: July 15, 2007  
Revised July 2009  
Reviewed and revised December 2010  
October 2012  
Reviewed and revised July 2013  
December 12, 2013  
Reviewed December 2014  
Reviewed December 2015

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



DIRECTIONS:

**Section I to be completed by**

**Section II to be completed by**

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

MEDICAL TRIAGE •E• •U• •R•

\_\_\_\_\_  
SIGNATURE DATE /TIME

\_\_\_\_\_  
VERIFICATION SIGNATURE (DATE REC'D)

**SECTION 1: TO BE COMPLETED BY INMATE/DETAINEE**

Name: \_\_\_\_\_ DOC/SID# \_\_\_\_\_ Cell#: \_\_\_\_\_ Facility: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date: \_\_\_\_\_

**SICK CALL RELATED ISSUES**

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 RELATED ISSUES**

<input type="checkbox"/> Medical Records Request <input type="checkbox"/> Medication Refill <input type="checkbox"/> Eye Glass Repair Request <input type="checkbox"/> Work Clearance Request <input type="checkbox"/> Dental Exam/Filling/Denture Request	<input type="checkbox"/> Other (Specify below) <hr/> <hr/>		
PLACE MED REFILL STICKER HERE	PLACE MED REFILL STICKER HERE	PLACE MED REFILL STICKER HERE	PLACE MED REFILL STICKER HERE
PLACE MED REFILL STICKER HERE	PLACE MED REFILL STICKER HERE	PLACE MED REFILL STICKER HERE	PLACE MED REFILL STICKER HERE

**SECTION II: TO BE COMPLETED BY HEALTHCARE PERSONNEL**

Healthcare Encounter Documented in EPHR Comments: <hr/> <hr/> <hr/>	<hr/> PROVIDER <hr/> DATE / TIME
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SICK CALL REQUEST / ENCOUNTER FORM FORWARDED TO:		
<input type="checkbox"/> DENTAL	<hr/>	<hr/>
<input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> MEDICAL RECORDS <input type="checkbox"/> OTHER (Specify): _____	DATE / TIME SENT <hr/>	DATE / TIME RECEIVED <hr/>
<hr/>	SIGNATURE	SIGNATURE
RESPONSE TO INMATE/DETAINEE: _____		