



Department of Public Safety and Correctional Services

DIVISION OF PRETRIAL DETENTION AND SERVICES OFFICE OF THE COMMISSIONER

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STATE OF MARYLAND

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CHANGE NOTICE #1

PDSD # 130-114

Date: 6-15-01

Title: Routine Health Services

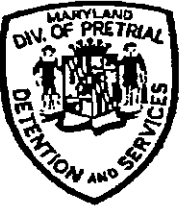

Effective Date: October 31, 2005

1. Insert the following procedure at § VI. B.3, **Unscheduled Sick Call**:
 - d. **In the event that a medical provider refuses to see an arrestee/resident and an officer believes that medical attention is needed:**
 - i. **The officer shall immediately contact a supervisor;**
 - ii. **The supervisor shall review the circumstances and, if in the supervisor's opinion medical treatment is warranted, the supervisor may direct that the arrestee/resident be taken to the infirmary and, if so, shall notify the medical department that the arrestee/resident is being sent to the infirmary**
 - iii. **The supervisor shall prepare a Matter of Record regarding the refusal of the medical provider to see the arrestee/resident and forward copies to: the Agency Contract Operations Manager; the A/W for Medical and Dietary; and the Deputy Commissioner.**
2. Ensure that this update has been made to all copies of PDSD #130-114 in your possession. List this change notice in your copy of the PDSD Table of Contents.
3. Inform all appropriate staff of this change.


William J. Smith, C.C.E., Commissioner

Distribution: C
DPDS #259-94

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF PRETRIAL DETENTION AND SERVICES

	PROGRAM: Primary/Specialty Medical Services
	PDSD: 130-114
	TITLE: Routine Health Services
	ISSUED: June 15, 2001
	APPROVED: LaMont W. Flanagan  COMMISSIONER

- I. References: DPSCSD #130-100, Primary/Special Medical Services, Section 114-Sick Call
MCCS .02F
Duvall, et. al. V. Glendening , et. al., Civil Action No. JFM-94-2541 as applicable to BCDC
- II. Applicable to: The Division of Pretrial Detention and Services
- III. Purpose: To establish policy and procedure ensuring routine health services to inmates committed to the Division of Pretrial Detention and Services, including awareness for processing non-emergent medical complaints.
- IV. Definitions:
- Clinician - Any physician, physician assistant, or nurse practitioner whose responsibilities include the diagnosis and treatment of medical conditions.
- Triage - The process whereby qualified medical personnel evaluate and treat, where applicable, medical complaints based upon examination of the patient within an established time frame.
- Sick Call - The examination, evaluation and treatment, if necessary, of inmates in a clinical setting by a clinician.
- V. Policy: It is the policy of the Division of Pretrial Detention and Services (DPDS) to provide timely medical treatment to routine health care needs of the inmate population committed to DPDS. This includes access to scheduled sick call 5 days a week, Monday through Friday, and timely referral of special medical problems to qualified clinicians. All inmates and all staff will receive orientation on the procedure for accessing medical services.

VI. Procedure:

A. Requesting Routine Health Services

Inmates will complete a Sick Call Request/Encounter Form (Appendix A) for all non-emergent health care and deposit it in the locked-box provided on each housing section. Forms will be available on each housing section.

B. Health Care Services

a. Triage visits will be conducted per the following schedule:

INMATE POPULATION	FREQUENCY	SITE	CLINICIAN(S)
BCDC	Daily Monday through Friday	Each Housing Unit	Triage Team
BCBIC	Daily, Monday through Friday	Designated Health Suite	Triage Team
Special Confinement	Daily, Monday through Friday	All Special Confinement Units	Physician Asst./ Registered Nurse

b. Special confinement inmates shall have access to scheduled and unscheduled sick call services which is equivalent to access afforded to the general population (and consistent with security requirements of the institution.) Special confinement rounds will provide inmates with an opportunity to vocalize medical complaints to the PA/RN.

The PA/RN 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 medically indicated. A log of the PA/RN's medical rounds, to include the start/completion times of each round, shall be signed by the PA/RN and maintained on file in each special confinement housing unit.

2. Procedure for Handling Sick Call Request Forms

- a. Submission and collection of request forms shall be conducted by medical personnel only.
- b. Forms shall be collected and triaged as determined by the contract, applicable standards, consent decrees, and be consistent with DPSCSD #130-100, Section 114-Sick Call.
- c. Forms shall be date stamped upon receipt. They shall be screened by medical personnel and prioritized in a timely manner according to acuity. Requests for dental services shall be given to Dental Services.

- d. All requests deemed to be **emergent** shall be evaluated and service shall be provided immediately. Sick call requests determined to be **urgent** should be scheduled for the next available sick call.
- e. Clinical services for **non-emergency** sick call requests shall be provided within 48 hours of receipt when received Sunday to Thursday. Services shall be provided within 72 hours of receipt on Friday, Saturday and Holidays.
- f. For all inmates requiring medical evaluation in a clinical setting, the triage team will prepare an Inmate Sick Call Services List and forward it to the facility traffic office. The list and original Sick Call Request/Encounter form will be forwarded to the clinic to ensure evaluation and treatment, when necessary, **within 24 hours of triage, 72 hours on weekends.**
- g. Sick call encounters shall be conducted in a manner permitting confidential communication between patient and the health care provider. All inmates shall be evaluated at sick call by a provider, as defined above. Nurses may evaluate inmates at sick call or in housing units and initiate a treatment plan in accordance with established protocols approved by DPSCS.
- h. Inmates with **serious medical problems or abnormal vital signs** on initial evaluation shall be referred to a clinician and seen within the time frame established for emergent requests for further medical evaluation and treatment. PAs and Nurse Practitioners shall provide treatments in accordance with established protocols approved by DPSCS. Physicians shall provide supervision of PAs and Nurse Practitioners, as well as the necessary co-signatures in compliance with the Board of Physicians Quality Assurance.
- i. Inmates with **unstable vital signs or other emergent problems** shall be referred to a physician immediately. Whenever a physician is not available on-site, the regional on-call physician shall be consulted, via telephone, by the health care provider.

- j. Every sick call encounter shall include measurement and documentation as follows:

SICK CALL SITE	REQUIREMENTS
Housing Site	Temperature; Pulse; Respiration and Blood Pressure
Dispensary	Temperature; Pulse; Respiration; Blood Pressure and Weight
All Sick Call Encounters	<ul style="list-style-type: none"> ▪ Complete progress note (Subjective data-history, Objective data-vital signs/ examination, Assessment of medical problems, Treatment Plan, Patient Education and Specific Instructions as to the disease process. ▪ Sick call conducted to permit confidential communication between inmate and clinician. ▪ Original form is filed in the inmate's medical chart, whether or not evaluation/treatment were provided.

- k. Inmates evaluated 3 times for the same complaint will automatically be referred to the next highest credential medical provider at the time of the third complaint.
- l. Inmates appearing for an initial sick call appointment shall be required to sign the Sick Call/Triage Log (Appendix B) in compliance with PDSD #245-8, Inmate Medical Co-Pay. The health care provider shall maintain a copy of the Log for review and audit.

3. **Unscheduled Sick Call**

- a. When an inmate deems himself/herself to have a medical problem, but has not signed-up for sick call, the inmate may request a sick call visit through the housing unit's correctional officer.
- b. The correctional officer shall: contact the dispensary; relay the inmate's request; and follow instructions provided by the dispensary staff.
- c. Inmates with **acute medical problems** shall be seen in sick call on an unscheduled basis.

4. **Failed Clinic Appointments**

The clinician will:

- a. Document each failure to appear for a clinic appointment on the original Sick Call Request/Encounter Form, to include the reason for the failed appointment, (court date, release, etc.);
- b. Reschedule any inmate who remains in custody for the next available sick call;

- c. Notify the Shift Commander if an inmate misses sick call for 3 consecutive days, and request a personal escort for the inmate to sick call;
- d. Should an inmate refuse health care evaluation/treatment:
 - i. Complete the Release of Responsibility form (Appendix C);
 - ii. Secure the inmate's signature. If the inmate refuses to sign, secure the signature of correctional staff as the second witness;
 - iii. Sign the form; and
 - iv. File the form in the inmate's medical record.

5. Inmate Orientation

- a. Each inmate committed to DPDS will receive orientation from Classification staff during the intake process. Orientation includes verbal and written instructions on how to access routine health care services. Accessing routine health care is also described in the Inmate Orientation Handout, provided to inmates who are committed to DPDS.
- c. The Inmate Handbook provides a summary of health care services and is available to inmates, upon request, through the inmate library.

6. Staff Awareness

All staff will receive orientation for this directive in compliance with PDSD # 30-8, Staff Awareness.

VII. Attachments: Appendix A - Sick Call Request/Encounter Form
Appendix B - Sick Call/Triage Log
Appendix C - Release of Responsibility

VIII. Rescissions: PDSD #130-114, Routine Health Services (4-30-00)

Distribution: C



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

Inmate is to complete Section I only. Section II is to be completed by Medical Staff.
Inmate must state specific reason for requesting Medical/Dental Service at Sick-Call.

Name: _____ DOC#: _____ CELL: _____ INST.: _____

ALLERGIES: _____ DATE: _____

I. STATE YOUR PROBLEM/HOW CAN WE HELP YOU/PLEASE BE SPECIFIC:

A. WHERE DOES IT HURT? _____

B. WHEN DID IT START? _____

C. HAS IT HAPPENED BEFORE? _____ HOW OFTEN? _____

SECTION II: TO BE COMPLETED BY MEDICAL PERSONNEL - ACTION TAKEN - SOAP FORMAT

S: _____

O: T: _____ P: _____ R: _____ BP: _____ WT: _____

A: _____

P: _____

PROVIDER DATE/TIME PHYSICIAN DATE/TIME

SICK CALL / TRIAGE LOG

Section	Detainee #	Detainee Name (print)	Date of Birth	Date Seen	\$2 Co-pay	* Detainee's Signature	Status/ Comments

*Inmates being charged a co-pay must sign above prior to receiving medical/dental services. The inmate's signature indicates awareness that a co-pay of \$2 will be deducted from the inmate's commissary account for services rendered.

Signature of Assistant Warden Date
DISTRIBUTION: Original to Finance
 Copy to Medical Provider
 Copy to Health Services Director

Signature of Health Care Provider Date
STATUS: 1-No further TX
 2-Refer to Disp
 3-Refer to MD/PA

Division of Pretrial Detention and Services
Release of Responsibility

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED BY
APPROPRIATE MEDICAL PERSONNEL AS TO MY MEDICAL
CONDITION *(STATE THE NATURE OF THE CONDITION)*

AGAINST THE ADVICE OF SAID MEDICAL 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 HEALTH SERVICES STAFF FROM RESPONSIBILITY/LIABILITY
FOR ANY COMPLICATIONS OR UNDESIRABLE RESULTS ARISING
FROM MY REFUSING THE ABOVE STATED TREATMENT.

INMATE SIGNATURE _____

INMATE DOC # _____

WITNESS SIGNATURE _____

2ND WITNESS
SIGNATURE*: _____

*Required if the inmate refuses to sign