

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Public Safety
Prison

SECTION: Care and Treatment of
Offender
POLICY # TX I-1

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SUBJECT: Sick Call

EFFECTIVE DATE: January 2016
SUPERCEDES DATE: July 2014

References:

Related ACA Standards

4th Edition Standards for Adult Correctional
Institutions 4-4346

PURPOSE

To insure every offender has access to sick call.

POLICY

Healthcare will be accessible to all offenders through the sick call process, offender declared emergencies and/or telephone triage on a 24-hour, 7-day basis. Every offender will be informed on how to access care through this process. Sick call shall be conducted by licensed nurse accordance with their scope of practice as specified by the N.C. Nurse Practice Act.

I. SICK CALL SCHEDULE

A. Sick call clinic

Sick call clinics will be scheduled during times offenders are not at work.

Facilities will conduct nurse and physician or physician extender (provider) sick call clinics according to the following schedule:

1. In prisons with up to two-hundred offenders, a minimum of once a week;
2. In prisons above two-hundred, but not more than five- hundred offenders, a minimum of twice a week;
3. In prisons with over five-hundred offenders, a minimum of three times a week.

B. Sick Call Request

1. If an offender reports to sick call more than two (2) times in two (2) weeks with the same complaint that has not been evaluated by a physician or physician extender, a referral will be made to the provider. Upon the completion of two courses of nurse protocol standing orders then the offender should be referred to a physician or physician extender for a third sick call complaint.

II. SICK CALL BY APPOINTMENT

A. Appointment Schedule

Non-urgent, non-emergency medical requests that do not indicate a need for evaluation by a provider and can be effectively addressed by the nursing staff will be managed by appointment. Appointments will be scheduled to avoid conflict with offender work schedules or program assignments. There may be exceptions requiring offenders to be held in to attend sick call.

The following procedure will facilitate Sick Call by Appointment:

1. DC-602, Sick Call Request forms will be placed where they are readily available to the offender population, i.e., Sergeant's Office, Dormitory Office, etc.
2. The offender will complete the top section of DC-602, Sick Call Request form to include name, number, dormitory, work assignment, and date. The offender will describe his/her complaint or request in the space provided and sign the form.

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3. The offender will place the completed Sick Call Request form in a locked box. The offender should then continue his/her regular assignment until their appointment time. The location of the locked box(es) will be determined by the Nurse Manager in conjunction with facility head/designee.
4. Keys to the locked boxes) will be controlled by the medical staff. Non-medical staff will not have access to the contents of the locked boxes).
5. A member of the healthcare staff will collect the sick call requests. Sick call requests must be reviewed and triaged by the Registered Nurse (RN).
 - a. Facilities operating 24 hours/7 days a week, must have sick call requests reviewed and triaged daily.
 - b. Facilities that do not have daily medical coverage will conduct sick call reviews and triage on a day when a nurse is present at the facility.
 - c. All sick calls shall be scanned into the document manager and scheduled immediately after the nurse completes the triage.All facilities should have this process clearly outlined in their SOP's (Standard Operating Procedures).
6. Sick call appointment schedules and information/instructions will be submitted to the OIC for posting on offender bulletin boards in the dormitories. The Sergeant's Office and the Program Office will also receive daily copies of the appointment schedule. Mental Health appointments and other confidential information will not be listed.
7. It is the responsibility of each offender to check the posted schedules for the appointment time and other pertinent information. Custody staff will inform those offenders in segregation, or otherwise not having access to posted schedules, of their appointment.
8. It is the offender's responsibility to report to the Nurse's Office on the day and time of the appointment. Failure to appear within 15 minutes past the scheduled appointment time will constitute a no-show for sick call and all records of the request will be filed. If an offender wishes to be seen in the future for the same complaint, it will be necessary to complete another Sick Call Request Form (DC602).
8. Access to sick call will not be denied, but will be done by appointment unless urgent or emergency situations exist. Emergency is defined as threat to life and/or limb. Emergencies will be seen as they occur.
9. If an offender declares an emergency, the nurse on duty will evaluate and if it is deemed to be an emergency then the offender will be assessed and documentation will be noted in the health care record, the offender will be told to submit a sick call request. Refer to sick call co-pay policy for additional information.
10. The procedure to access sick call will be included in the facility's written offender orientation to health care.
11. Any offender with a disability covered under the American Disability Act, needing assistance in requesting or accessing sick call, should contact correctional staff for assistance.

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III. TRIAGE AND RECORDING OF TREATMENT

A. Triage Documentation in EHR

1. The triage note shall include the date triaged, time, the nurse's name, the disposition shall be checked and the name of the nurse who scheduled the sick call shall be recorded on the DC-602.
2. The appointment shall be scheduled in the electronic health record. The comment section shall indicate the reason for the appointment and the appointment priority shall be indicated as low, normal or high. New complaints shall be combined with previously scheduled appointments to allow all complaints to be evaluated during one appointment.
3. High priority and oldest appointments shall be seen first. Nurse and provider sick call appointment dates shall not be changed on the scheduler to facilitate viewing accurate wait times.
4. The assessment and plan shall be recorded in the health record. When triage is done by a LPN, the LPN shall indicate in the note any consult with the RN or provider where applicable. The LPN shall indicate in the note any consult with the RN or provider where applicable.

IV. SICK CALL IN SEGREGATION

A. Sick Call Procedure in Segregation

1. If an offender's custody status precludes attendance at sick call, arrangements must be made to provide sick call services at the place of the offender's detention. In order to address sick call requests, the facility will establish schedule to provide routine sick call twice a week. (Refer to Policy A-5-Offenders in Segregation.)
2. The DC-141 Daily Report of Segregated Offender / Electronic Rounds Tablet is a custody log on which custody should note that the nurse visited for sick call, medication administration, etc.
3. Medical care provided at the cell will be documented in the health care record as soon as possible.

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V. TRANSFERS PRIOR TO ATTENDING SICK CALL

II. TRANSFERS PRIOR TO ATTENDING SICK CALL PROCEDURE FOR ELECTRONIC HEALTH RECORD

A. Pended Appointment

1. If an offender is to be transferred prior to attending sick call the pended appointment will appear on the exit summary.
2. Upon arrival at the receiving facility, the nurse shall review the exit summary and note any medical appointments. Sick call appointments scheduled at the sending facility shall automatically transfer to the appointment schedule of the receiving facility.

Paula Y. Smith, M.D.

1/31/2016

Paula Y. Smith, M.D., Chief of Health Services Date

SOR: Director of Nursing

Addendum:

[Form DC 602 sick call request](#)

Form DC 141 Daily Report of Segregated Offender / Electronic Rounds Tablet