

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

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

PAGE 1 of 3

SUBJECT: Sick Call

EFFECTIVE DATE: July 2012
SUPERCEDES DATE: March 2011

References

Related ACA Standards

**4th Edition Standards for Adult Correctional
Institutions 4-4346**

PURPOSE

To insure every inmate has access to sick call.

POLICY

Every inmate will be informed on how to access healthcare through the sick call process. Healthcare will be accessible to all inmates through the sick call process, inmate declared emergencies and/or telephone triage on a 24-hour, 7-day basis. Sick call shall be conducted by licensed nurses. LPN's may participate in the assessment of inmates during sick call in accordance with their scope of practice as specified by the N.C. Nurse Practice Act.

SICK CALL SCHEDULE

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

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

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

If an inmate 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 inmate should be referred to a physician or physician extender for a third sick call complaint.

To promote continuity of care, if an inmate has submitted a sick call request but is transferred, the receiving facility will be informed of the sick call request.

SICK CALL BY APPOINTMENT

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 inmate work schedules or program assignments. There may be exceptions requiring inmates to be held in to attend sick call.

The following procedure will facilitate Sick Call by Appointment:

1. DC-602, Sick Call Request/Disposition forms will be placed where they are readily available to the inmate population, i.e., Sergeant's Office, Dormitory Office, etc.
2. The inmate will complete the top section of DC-602, Sick Call Request form to include name, number, dormitory, work assignment, and date. The inmate will describe his/her complaint or request in the space provided and sign the form. All unsigned request forms will be returned for signature.
3. The inmate will place the completed Sick Call Request form in a locked box. The inmate should then continue his/her regular assignment until their appointment time. The location of the locked box(es) will be determined by the Responsible Health Authority in conjunction with facility head/designee.

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PAGE 2 of 3

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4. Keys to the locked box(es) will be controlled by the medical staff. Non-medical staff will not have access to the contents of the locked box(es).
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.All facilities should have this process clearly outlined in their SOP's (Standard Operating Procedures).
6. DC-604, Sick Call Schedule is to be used to record appointments and information/instructions. Mental Health appointments and other confidential information will not be listed on the DC-604. Sick call appointment schedules and information/instructions will be submitted to the OIC for posting on inmate bulletin boards in the dormitories. The Sergeant's Office and the Program Office will also receive daily copies of the appointment schedule. The DC-604 Sick Call Schedule will be kept on file for 3 months at the Facility.
7. It is the responsibility of each inmate to check the posted schedules for the appointment time and other pertinent information. Custody staff will inform those inmates in segregation, or otherwise not having access to posted schedules, of their appointment.

It is the inmate'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 inmate 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 inmate declares an emergency, the nurse on duty will evaluate and if it is deemed to be an emergency then the inmate will be assessed and documentation will be noted on the DC 387 and if it is deemed by the nurse not to be an emergency, the inmate 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 inmate orientation to health care.
11. Any inmate with a disability covered under the American Disability Act, needing assistance in requesting or accessing sick, call should contact correctional staff for assistance.

TRIAGE AND RECORDING OF TREATMENT

1. Triage note shall include the date received, the nurse name, title, date, and time of triage and disposition.
2. The nurse shall ensure that each inmate's visit to sick call is recorded in his/her outpatient health record. Documentation will be on the DC-602, Sick Call Request/Disposition form under "Action Taken." Documentation will include the date, time, complaint, treatment prescribed (if any), and legible signature and discipline of the clinician. Assessment will be in SOAP format.
3. The original DC602 will be filed in Section IV, Outpatient Health Record under the physician order sheet at the time of encounter.

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PAGE 3 of 3

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SICK CALL IN SEGREGATION

1. If an inmate's custody status precludes attendance at sick call, arrangements must be made to provide sick call services at the place of the inmate'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-Inmates in Segregation.)
2. The DC-141 Daily Report of Segregated Inmate is a custody log on which custody should note that the nurse visited for sick call, medication administration, etc.
3. Medical treatment for specific complaints is to be recorded on the DC 602, sick call request form in the inmate's health record.

TRANSFERS PRIOR TO ATTENDING SICK CALL

1. If an inmate is to be transferred prior to attending sick call and medical is aware:
 - a. the sending facility will place the sick call request form (DC602) in the medical record,
 - b. the sending facility notes on the Transfer Form DC 387A that a sick call request has been submitted and needs to be scheduled
 - c. the sending facility informs the inmate to follow-up his request to sick call at the next facility.
2. If the inmate has been transferred to another facility prior to attending the requested sick call, and medical was unaware of the transfer, the facility is to fax or mail the sick call request form (DC 602) to the facility where the inmate was transferred.



7/30/12

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

SOR: Director of Nursing