

**OFFICE OF TREATMENT SERVICES**  
**OFFICE OF INMATE HEALTH SERVICES**



**SICK CALL MANUAL**

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All Policies and Procedures will be reviewed, at a minimum, annually by Office of Inmate Health Services Staff

OFFICE OF TREATMENT SERVICES  
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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 General
    1. Sick call slips shall be collected daily by the medical contractor and immediately triaged by a Registered Nurse (RN) or above who shall:
      1. Stamp date and time on each slip and legibly sign with name and title,
      2. 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:
      1. Marked by the individual conducting the triage with an "E" on the upper left hand corner of the slip, and
      2. Delivered to an appropriate provider immediately.
        - a. Whenever a provider is not available on site, the regional on call provider shall be consulted by telephone by the evaluating health care professional.
    3. Medical, dental and mental health providers shall be responsible for conducting a subsequent triage and directing 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.

1. Medical triage must be conducted by RNs, physicians, 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.
  2. Mental health triage must be conducted by psychiatrists, licensed psychologists, psychology associates, LCSW-Cs, LCPCs, psychiatric RNs, physicians assistants and 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.
  3. 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.
4. Each sick call clinic 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 has been seen.
  5. 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 when received on Friday, Saturday and holidays.
    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 the Office of Inmate Health Services and the facility management.
    2. Sick call clinic schedules will be published not later than five (5) business days before the month of service.

#### B. Unscheduled Sick Call

1. If an inmate deems their self to have a medical problem but has not signed up for sick call, (s)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 that person.

3. The provider contacted by the correctional officer shall speak to the inmate to determine if the request constitutes an emergency.
  1. If the request constitutes an emergency, the provider shall complete a sick call slip and follow the procedure set forth in Section A.2 above.
  2. If the request does not constitute an emergency, the inmate shall be instructed to submit a sick call slip.
    - a. This instruction shall be documented in the inmate's medical record.

C. Sick Call-Special Confinement Housing

1. Special confinement inmates shall have access to scheduled and unscheduled sick call in all DPSCS institutions which is equivalent to sick call services available to the general population.
2. A registered nurse, or a higher level provider, shall conduct daily medical rounds in all DPSCS special confinement housing units.
3. During rounds each inmate shall be provided an opportunity to vocalize medical, dental or mental health complaints to the to the registered nurse or provider conducting rounds. 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.
4. 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.
5. 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,
6. Special confinement area rounds shall be documented on a Special Confinement Form (Form OTS 130-100-1) and entered into an electronic record on a daily basis.
  1. Special confinement round documentation shall include:

- a. The name and title of the employee making the rounds;
- b. Date and time of the round;
- c. The location of where the round occurred;
- d. The inmate name and number;
- e. Note that visual and verbal contact did occur;
- f. Nature of complaint – medical or mental health observation;
- g. A disposition related to the inmate's complaints;
- h. Enter comments as necessary.

2. Special Confinement Rounds shall be scheduled on the Monthly Facility Services Schedule (MFSS)

#### D. Sick Call Encounter

1. Every sick call encounter shall be conducted in a manner permitting confidential communication between the patient and the health care professional.
2. Every sick call encounter shall include measurement and documentation of the inmate's:
  1. Temperature
  2. Pulse
  3. Respiration
  4. Weight
  5. Blood Pressure
3. Every sick call encounter 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.
  1. Progress notes shall include reference to patient education and specific instructions given.

2. Abnormal test results will be addressed in the progress note with a documented treatment plan.
4. Inmates with serious health problems or abnormal vital signs shall be referred to the appropriate provider for further evaluation and treatment.
5. Inmates with unstable vital signs or other urgent problems shall be referred to a provider immediately.
  1. Whenever a provider is not available on site, the appropriate regional on call provider shall be consulted by telephone by the health care professional.
6. Inmates evaluated three (3) times for the same complaint will automatically be referred to the next highest credentialed provider at the time of the third complaint.
  1. This information shall be documented on the Sick Call Encounter form (#114aR) and EPHR.
7. Information obtained during the encounter shall be documented in the Electronic Patient Health Record (with a note made on Form #114 aR indicating that has occurred) or on Form #114 aR if EPHR was not available.

#### E. Failed Clinic Appointments

1. Each failure to appear for a clinic appointment shall have a reason for each failed clinic appointment documented by a health care professional on the sick call slip/medical record/EPHR.
  1. The health care professional shall obtain the reason for the failure to appear from the appropriate custody official.
2. If the failed clinic appointment is a refusal for evaluation or treatment by the inmate, the health care professional shall have the inmate sign the "Release of Responsibility" form (Form #130-250-1).
  1. If the inmate is not available to sign, the reason will be documented on the form.
  2. The form shall be placed in the medical record.
3. Unless there has been a refusal of care, the inmate will be scheduled for the next clinic.

## F. Reporting

1. The Contractor shall maintain, using MS Excel, an electronic log of all slips and referrals if such a log is not available in the EPHR/HMIS system. The log shall contain, at a minimum, the following:
  1. Inmate name and number,
  2. Date sick call slip was submitted,
  3. Nature of complaint,
  4. Triage decision
  5. Date scheduled to be seen,
  6. Date of referral to provider to include name, if known, and provider discipline,
  7. Date of triage decision,
  8. Name and credential of person making the triage decision.
2. The log shall be submitted for each facility to the Office of Inmate Health Services not later than the tenth day of 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: DPSCSD 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