



PRISONS
Health and Wellness Services
Policies and Procedures

Title		Clinical Services		
Section	TX I-17	Issue Date June 9, 2021	Supersedes Date New	Next Review Date June 2022

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-01(M), 5-ACI-6A-02, 5-ACI-6A-03, 5-ACI-6A-04; Nursing Practice Act G.S. 90-171.20(7) and (8); 21 NCAC 36.0024 Components of Nursing Practice for the Registered Nurse; 21 NCAC 36.0225 Components of Nursing Practice for the Licensed Practical Nurse

I. PURPOSE

To insure every offender has access to health and wellness clinical services through Sick Call, Offender Declared Emergencies, and/or Telephone Triage on a 24-hour, 7-day basis.

II. POLICY

- (a) *At the time of admission/intake facilities shall provide to offenders a written orientation to health and wellness services to include the procedure to access sick call, offender declared emergencies, and for submitting grievances. (5-ACI-6A-01(M))*
- (b) Sick call shall be conducted by a licensed nurse accordance with their scope of practice as specified by the N.C. Nurse Practice Act.
- (c) *Clinic Services are health and wellness treatment, care and service encounters that are available to offenders in a clinical setting at least five (5) days a week and are performed by a health care practitioner or other qualified health care professional. (5-ACI-6A-03)*
- (d) *Health and Wellness services shall not be denied for any reason. (5-ACI-6A-01(M))*
- (e) *Offenders shall be advised in writing of the Co-payment program. If appointments or services, to include follow-up appointments, are initiated by Health and Wellness staff, then copayment fees shall be waived. (5-ACI-6A-02)*



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III. PROCEDURE

- (a) **Sick Call Clinic** - Facilities shall conduct nurse and/or provider sick call clinics according to the following schedule:
 - (1) Facilities with up to two-hundred offenders, a minimum of once a week;
 - (2) Facilities above two-hundred, but not more than five- hundred offenders, a minimum of twice a week;
 - (3) Facilities with over five-hundred offenders, a minimum of three times a week.

- (b) **Triage** of Sick Call Appointment Requests shall be completed be triaged by a Registered Nurse (RN).
 - (1) Facilities operating nursing services 24 hours/7 days a week, shall triage sick call appointment requests daily.
 - (2) Facilities that do not have nursing services 24 hours/7 days a week shall triage sick call appointment when nurses are on-site.
 - (3) After the nurse completes the triage of the Sick Call Appointment Request, an appointment shall be scheduled immediately in the patient’s health care record.
 - (A) The appointment priority shall be indicated as low, normal or high. High Priority and oldest appointments shall be seen first.
 - (B) In order to accurately collect, monitor, and analyze wait times, appointment dates shall not be changed in the patient’s health care record.
 - (C) When feasible, new complaints shall be combined with previously scheduled appointments to allow for all to be evaluated during one appointment.



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- (D) If an offender reports to sick call more than two (2) times in a two week period with the same complaint and has been treated with the applicable Nursing Protocols/Standing Orders, an appointment shall be scheduled with the provider.
- (4) When an offender complaint is triaged to be urgent and deemed life, limb or health threatening, the offender shall be called to the clinic for an evaluation/assessment.
- (5) Sick Call Appointment Request forms shall be scanned into the patient’s health care record.
- (c) **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 shall be managed by appointment.
 - (1) Appointments shall be scheduled to avoid conflict with offender work schedules or program assignments. There may be exceptions requiring offenders to be held in from work assignments or programs to attend sick call.
 - (2) The DC-602, Sick Call Appointment Request forms shall be readily available to the offender population, i.e., Sergeant’s Office, Dormitory Office, etc. The offender shall:
 - (A) Complete the top section of DC-602, Sick Call Appointment Request form, including a signature and date.
 - (B) Place the completed Sick Call Appointment Request form in a locked box at a location determined by the Nurse Manager and Warden/designee.
 - (i) Keys to the locked boxes shall be controlled by health and wellness staff who have the responsibility to collect Sick Call Appointment Request forms when nursing staff are on site. Non-health and wellness staff shall not have access to the contents of the locked boxes.



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- (C) Offenders needing assistance in requesting or accessing sick call, shall contact correctional staff.

- (3) Sick call appointment schedules and information/instructions will be submitted to the Officer-in-Charge (OIC) for posting on offender bulletin boards in the dormitories.
 - (A) The Sergeant’s Office and the Program Office shall receive daily copies of the appointment schedule.
 - (B) Mental Health appointments and other confidential information will not be included on the schedule.
 - (C) It is the responsibility of offenders to check the posted schedules for the appointment time and other pertinent information.
 - (i) The offender is responsible to report to the Clinic on the day and time of the appointment.
 - (ii) Failure to appear within 15 minutes past the scheduled appointment time will constitute a no-show.
 - (iii) Missed appointments shall not be rescheduled unless the offender submits another Sick Call Appointment Request form.

- (4) Custody staff shall inform offenders in restrictive housing, and offenders who otherwise may not have access to the posted appointment schedules.

- (d) **Sick Call in Restrictive Housing**
 - (1) Custody Officers are responsible to document nurse and/or provider sick call visits on the DC 141 Daily Report of Segregated Offender/Electronic Rounds Tablet.



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- (2) Nursing and provider care provided at the restrictive housing cell shall be documented in the patient’s healthcare record as soon as possible.

- (e) **Transfer prior to Sick Call Appointment:** If an offender is transferred prior to attending a scheduled sick call appointment, the pending appointment will appear on the Exit Summary.
 - (1) *Upon arrival at the receiving facility, the nurse shall review the Exit Summary and note any health and wellness appointments. (5-ACI-6A-04)*
 - (2) Sick call appointments scheduled at the sending facility shall automatically transfer in the patient’s health care record to the receiving facility.

- (f) **Offender-Declared Emergencies.** An Emergency is defined as threat to life and/or limb.
 - (1) When and offender declares an emergency, the nurse on duty shall evaluate/ assess the patient to determine, using clinical judgement, if the situation is an emergency.
 - (2) If the after the evaluation/assessment, the nurse deems the situation to be an Emergency, the patient will receive care as dictated by the evaluation/assessment.

- (g) **Chronic Care/Chronic Disease Clinics:** Patients with certain chronic diseases (e.g., seizures, heart disease, diabetes, hypertension, TB and chronic obstructive pulmonary disease) require supervision and follow-up by the facility nurse and provider. The frequency and intensity of supervision and follow-up will depend on level of acuity and stability.
 - (1) *Professionally recognized chronic care guidelines shall be available to providers. This, along with chronic disease guidelines established specifically for an offender population, can be used to develop a treatment plan for each patient. The provider may augment the established treatment plan within department policy; but the guidelines must be followed as an established minimum. (5-ACI-6A-18(M))*

