JULIE L. JONES
SECRETARY

PROCEDURE NUMBER: 403.006

PROCEDURE TITLE: SICK CALL PROCESS AND EMERGENCIES

RESPONSIBLE AUTHORITY: OFFICE OF HEALTH SERVICES

EFFECTIVE DATE **FEBRUARY 23, 2018**

INITIAL ISSUE DATE: APRIL 18, 2001

SUPERSEDES: NONE

RELEVANT DC FORMS: DC2-813, DC4-650B, DC4-683 SERIES, DC4-698A, DC4-698B, DC4-698C, DC4-701, DC4-711A, DC4-714E, DC4-781M, DC6-236

ACA/CAC STANDARDS: 4-4346 AND 4-4403

STATE/FEDERAL STATUTES: SECTION 945.6037, F.S.

FLORIDA ADMINISTRATIVE CODE: NONE

PURPOSE: To establish guidelines for inmate access to the health care system and triage process.

DEFINITIONS:

(1) **Clinician**, where used herein, refers to clinical staff (Physician, Physician's Assistant, or Advanced Registered Nurse Practitioner) providing direct patient care.

(2) **Covered Inmate**, where used herein, refers to any deaf/hard of hearing inmate (D/HOH), blind/visually impaired/disabled inmate (IVD), or inmate with a mobility impairment/disability (IMD) with a physical impairment/disability that substantially limits the inmate's hearing, seeing, or ability to move as defined in the Americans with Disabilities Act, 42 U.S.C. § 12102.

(3) **Emergency**, where used herein, refers to any condition which, lacking timely intervention, would subject the inmate to substantial risk of personal injury, or cause other serious degradation of the inmate's health status. A health care staff member will make this decision after an evaluation is conducted.

(4) **OTC**, where used herein, refers to any over-the-counter drug or medication that can be sold legally without a doctor's prescription, or over-the-counter drugs.

(5) **Self-declared Emergency**, where used herein, refers to a situation in which the inmate identifies the problem as an emergency. The self-declared emergency may be a medical, dental, or mental health problem.

(6) **Sick Call**, where used herein, refers to the process by which an inmate requests access to non-emergency health care.

(7) **Special Housing**, where used herein, refers to administrative confinement, disciplinary confinement, protective management, and close management units.

(8) **Triage**, where used herein, refers to a process of determining the urgency of a health problem and appropriate intervention.

SPECIFIC PROCEDURES: Prior to conducting all screenings and evaluations, the inmate will be provided reasonable accommodations or auxiliary aid or service based on her/his disability as identified by the inmate or observed by the health care staff.

(1) **ACCESS:**

(a) Sick call provides access for requested medical attention for **non-urgent** health needs. During the initial institutional health services orientation, information will be provided to inmates regarding available hours and access to sick call for both emergency and non-emergency health care needs. Sick call sign up times and sick call hours will be posted in the medical area and inmate dormitories. FDC will utilize reasonable efforts to remind vision impaired inmates of necessary events, such as sick call sign up times.

(b) Sick call will be provided in a clinical setting at least five days a week. The process to initiate requests for sick call services will be available to inmates on a daily basis.

(c) The Department shall make available an interpreter to any D/HOH inmate whose effective means of communication is sign language or speech-reading/lip-reading for medical, dental, and mental health visits and appointments. The phrase "make available" includes making an interpreter available by video remote interpreting (VRI) service, or by an on-site appearance. **VRI shall not be used when it is not effective.** VRI will not be utilized if:
1. A qualified sign language interpreter is available to provide on-site interpretation;
2. The event at issue is long or complex;
3. The individual has a secondary disability (e.g., low vision, or physical mobility) that may impede the ability of the inmate to fully access the communications; and
4. The individual has cognitive, psychiatric, or linguistic difficulties which impede effective communication through VRI.

(d) The following nursing staff are responsible for the delivery of health care within their scope of practice, license/certification, and training:
1. Registered Nurse (RN);
2. Licensed Practical Nurse (LPN);
3. Registered Paramedic (RP);
4. Licensed Emergency Medical Technician (EMT); and
5. Certified Nurse Assistant (CNA).

(e) The Nursing Manual, nursing protocols, interventions, FDC Health Services Bulletins, and FDC procedures provide the framework for the delivery of the sick call process.

(2) **SICK CALL SIGN-UP PROCESS:** The sign-up process should accommodate the needs of security, health care staff, and inmates.

(a) Either of the methods below (or a combination) may be used at an institution for sick call sign-up.
1. An inmate in open population may sign up at a location designated by the institution (usually in the health services department or the dormitories) using an "Inmate Sick Call Sign-Up," DC4-698B. Upon arrival at the sick call area, the inmate will fill out an "Inmate Sick Call Request," DC4-698A, with the required information and give it to health services staff; **or**
2. An inmate may complete a DC4-698A prior to sick call and place it in a secured box. The box(es) used for this purpose should be set up in an area(s) accessible to all general population inmates.
    a. Only health care staff will have access to open this container, which will be picked up or emptied daily by health care staff at a designated time.
    b. The forms will be triaged daily by nursing staff.
    c. Inmates will report to sick call via institutional call out or at the designated institutional time to be seen.

(b) Although inmates may access dental and mental health care through medical sick call, they may also continue to access dental and mental health care through the written request processes (submission of an "Inmate Request," DC6-236) implemented by these disciplines.

(c) Inmates who cannot make a written request due to language, impairment and/or disability, or educational barriers may access care by verbal request with the assistance of an interpreter as necessary. When barriers are present that prevent the inmate from completing the DC4-698A, the nurse, with the assistance of an interpreter, will complete the DC4-698A in the presence of the inmate and continue the sick call process as directed by procedure.

(d) Inmates at work camps will complete a DC4-698A for **routine** sick call requests. Inmates will place their requests in a secured box. Security staff will provide the requests to the health services department at the institution on a daily basis for daily triage by nursing staff. The requests will be provided to the health services department by secured facsimile or hand-delivery in the secured box. Security staff assigned the responsibility of providing the requests to the health services department by secured facsimile will execute an "Acknowledgement of Responsibility to Maintain Confidentiality of Medical Information," DC2-813. When the requests are provided by secured facsimile, security staff must make sure that the fax is sent with a cover sheet that includes a confidentiality statement and security staff will call the health services department at the institution immediately before and after sending the faxed requests to ensure that they are expected and received for daily triage by nursing staff. Original DC4-698A requests that are provided by secured facsimile to the health services department at the institution will be returned to a secured box and hand-delivered to the Nursing Supervisor, Charge Nurse, or Health Services Administrator as soon as practicable to be maintained as provided in section (3)(d) of this procedure.

(e) Work camp inmates, and other inmates located at satellite facilities, requesting sick call will be added daily to the "Sick Call Triage Log," DC4-698C. Refer to section (3)(e) of this procedure for instructions on assigning a triage level to each patient and on completing the DC4-698C appropriately.

(f) At the completion of sick call, security staff will be notified of any inmates that signed a DC4-698B, but failed to arrive in the health services department. If a DC4-698A has been completed, the inmate must report to the health services department to either be assessed or refuse sick call. If the inmate refuses sick call she/he will be asked to sign a "Refusal of health Care Services," DC4-711A, and no co-pay will be charged.

(3) **TRIAGE PROCESS:**

(a) Nursing staff will review each DC4-698A daily to determine the urgency/seriousness of the inmate's complaint. Inmates will then be seen during sick call in priority order according to the seriousness of their complaints.
NOTE: If there are concerns related to the seriousness of the complaint, the inmate can be called out to the medical department immediately.
1. Emergencies (declared or actual) will be evaluated immediately.
2. Requests for prescription renewals, information, or passes will be processed immediately after all Emergent (Triage Level 1) and Urgent (Triage Level 2) patients have been seen

and evaluated by a licensed nurse, so the affected inmates may return to work assignments.

3. Other requests for routine/non-urgent care (Triage Level 3) will be evaluated, and the inmates **will be seen in a timely manner** based on their assigned Triage level (Level 3).
4. All inmate complaints will be addressed at the sick call encounter or through a follow-up appointment.
5. Simple & quick repairs to ADA/disabled inmates' equipment and supplies may be handled through sick call. (e.g., eye glasses repair, hearing aid battery replacement). Simple repairs are to be documented on the "Chronological Record of Health Care," DC4-701, by the sick call nurse. Requests for more involved repair issues (e.g., torn wheelchair arm is abrading skin) or actual equipment replacement are to be referred to the Impaired Inmate Nurse. This referral is to be documented on the DC4-701.
   a. ADA/disabled inmates being seen in sick call for a problem with her/his equipment/supplies issued to them for their disability are not to be charged for the sick call visit.
   b. Inmates with a temporary impairment (non-ADA) will be charged for the sick call visit, unless the visit is related to the need for repair of issued equipment. No co-pay will be charged for repair or replacement of temporarily issued equipment.
6. During the initial review of the DC4-698A, the nurse should note if the inmate wants an interpreter present for her/his sick call visit. At that time the sick call nurse should initiate locating an interpreter if the inmate does not already have an Inmate Assistant interpreter assigned to them. However, if the nurse believes the inmate needs to be assessed ASAP, the assessment of the inmate should begin while staff make arrangements for an interpreter (either through video conferencing or using an interpreter present at the institution). The request for an interpreter, attempts to obtain one, and the time at which the inmate has access to the interpreter is to be documented on the DC4-701.

(b) Any requests for access to care for disciplines other than medical (such as dental or mental health) will be forwarded to those entities the same day.

(c) Inmates who present to sick call three times with the same complaint as unresolved will be referred to a clinician, but may be referred prior to that as determined by the assessor.

(d) The DC4-698A is to be filed chronologically by date on the right side of the Outpatient Medical Record.

(e) **<u>"Sick Call Triage Log," DC4-698C:</u>**

1. A DC4-698C form will be initiated daily.
2. All inmate requests for sick call (DC4-698A) will be reviewed and triaged daily by an RN.
3. Each sick call request will be triaged as follows:
   a. Emergent → "1" – patient needs to be seen immediately.
   b. Urgent → "2" – patient needs to be seen within 24 hours.
   c. Routine/Non-Urgent → "3" – patient needs to be seen in a timely manner not to exceed one week.

4. Each sick call request, including those from confinement inmates and satellite facility (e.g., work camps, work release centers) inmates, are to be listed daily on the DC4-698C.
5. Each line on the DC4-698C will be completed in its entirety.

(4) **SICK CALL:**

(a) Based on the evaluation of the problem, nursing staff will make a clinician referral or will treat the inmate within the scope of their practice.

(b) Every attempt should be made to address the inmate's complaint/s at the initial sick call encounter (i.e., the day the DC4-698A is triaged). This ensures:
1. a significant illness issue is identified (that may not have been recognized based on the inmate's written complaint) and addressed in a timely manner; and
2. a back log of sick call requests doesn't occur.

(c) The majority of inmate sick call issues can be handled by the sick call nurse using the available "Nursing Protocols," DC4-683 series, "Standing Orders for OTC Medications," DC4-714E, and FDC HSBs, Procedures, and Infection Control Manual. A follow-up appointment with a clinician may be required following the nurse's assessment (Nursing Protocol/SOAPE note) of the inmate's complaint and symptoms.

(d) Complaints of respiratory distress, chest pain, new onset of change in mental status, and new onset of neurological deficits **require** immediate notification of the clinician as indicated on the respective protocols. However, the nurse **always** has the option to notify the clinician if, based on her/his nursing evaluation and judgment, s/he believes something is going on with the patient that should be reported and discussed with the clinician.

(e) If nursing staff determines that a referral to a clinician is needed, it can be done immediately if the licensed clinician is present or the inmate can be scheduled for doctor's call out, depending on the urgency of the problem.

(f) All sick call encounters require the checking of vital signs with the exception of prescription renewals, passes, minor equipment repairs, supply acquisition, and informational inquiries.

(g) All sick call encounters require documentation in the inmate's medical record using the appropriate DC4-683 series protocol form or the DC4-701, using Subjective Objective Assessment Plan Education (SOAPE) note format, if there is not a nursing protocol that matches the inmate's complaint. Passes (initial and renewal), prescription renewals, and informational inquiries, if applicable, may be documented as an incidental note on the DC4-701.

(h) Health care staff performing sick call should have the inmate's record at the time the inmate is evaluated. If the record is not available, the inmate shall still be evaluated for her/his complaint.

(i) When an LPN assists with sick call or an emergency, their completed Nursing Protocol or SOAPE note (if no applicable Protocol is available) is to be reviewed and cosigned by a RN or clinician before the end of the shift. If no RN or clinician is scheduled on the LPN's shift, an RN or clinician on the next shift is responsible for reviewing and cosigning the LPN's assessment/s. The LPN's patient assessment is to be reviewed for timeliness of patient assessment, patient assessment thoroughness, and appropriateness of patient disposition. Findings of concern should be addressed by issuing a "call out" for the patient for additional evaluation.

(j) Inmates will be charged a co-payment fee for each sick call visit in accordance with "Co-Payment Requirements for Inmate Medical Encounter," Procedure 401.010, and section 945.6037, F.S.

(k) If FDC refers a covered inmate for a medical visit to assess the need for an accommodation, aid, or service, no medical co-pay is to be charged to the covered inmate. No charges shall be assessed to the referred covered inmate for accommodations, aids, or services, including batteries to use the accommodation device, that are or have been previously approved by FDC.

(l) Inmate initiated sick call visit for assessment of decline in vision, hearing, or mobility will be charged a medical co-pay and referred to the Impaired Inmate Nurse (IIN) if appropriate.

(5) **SPECIAL HOUSING:**

(a) Inmates in special housing shall have access to sick call seven days a week.

(b) An inmate in special housing will use a DC4-698A to sign-up for sick call. After filling out the form, the inmate will:
1. keep the pink copy; and
2. give the white copy to nursing staff during special housing rounds.

(c) Nursing staff will initial and date the white copy upon receipt.

(d) Confinement inmates requesting sick call will be added daily to the DC4-698C. Refer to section (1)(e) of this procedure for instructions on assigning a triage level and on completing the log appropriately.

(e) A list of inmates who have requested sick call will be provided to security staff, using the DC4-698B.

(f) Inmates who cannot make a written sick call request, due to language, impairment, or educational barriers, may access health care by verbal request with the assistance of an interpreter as necessary. Nursing staff conducting daily special housing rounds will place the name of any inmate unable to complete a written request on a DC4-698B to ensure the inmate will be scheduled.

(g) Copies of the DC4-698B (for special housing only) will be maintained in a file by the Nursing Supervisor or Health Services Administrator for six months and then discarded. Copies of the DC4-698A will be maintained in the same manner as open population.

(h) The following conditions/problems may be addressed at the cell front (vital signs are still required) at the discretion of the nurse; however, any of these conditions that fail to respond to two courses of treatment with OTC medication or that require access to sick call two consecutive times will require an expanded assessment outside the cell or referral to the Physician:
1. headache without visual changes;
2. insect bites;
3. blisters;
4. calluses/corns;
5. simple rash;
6. jock itch;
7. sinus;
8. sore throat; and/or
9. mild sunburn.

(i) Nurses **will not** perform sick call at the cell front nor in the cell except in an emergency or when addressing the health problems identified in section (5)(h) of this procedure. Vital signs are still required for these complaints. Inmates with vital signs outside the normal parameters will be assessed outside of the cell. Health care staff performing sick call should have the inmate's record at the time the inmate is evaluated. If the record is not available the inmate shall still be evaluated for his/her complaint.

(j) Complicated or special procedures will continue to be performed in the health services department, as the clinician deems necessary. However, when possible, a room in the special housing unit will be identified and equipped with appropriate equipment and supplies to allow for sick call and examinations (both nursing and clinician) to be held. If no area can be established for these purposes, inmates will be seen in the health services department.

(k) If any changes in an inmate's medical condition are identified (e.g., new diagnosis) that would affect the use of chemical restraint agents or electronic immobilization devices, a new "Risk Assessment for the Use of Chemical Restraint Agents and Electronic Immobilization Devices," DC4-650B, must be completed by healthcare staff and provided to security staff replacing the previous DC4-650B.

(l) If an inmate has a condition that may be exacerbated by the use of chemical restraint agents such as asthma, chronic obstructive pulmonary disease, emphysema, chronic bronchitis, tuberculosis, congestive heart failure, dysrhythmia, angina pectoris, cardiac myopathy, pacemaker, pregnancy, unstable hypertension greater than 160/110, multiple sclerosis, muscular dystrophy, and/or seizure disorder, the clinician shall either recommend to approve or disapprove use of the chemical agent. The clinician decision can be obtained verbally by the nurse and noted on the DC4-650B.

(m) If an inmate has a condition that may be exacerbated by the use of electronic immobilization devices (EID) such as seizure disorder, multiple sclerosis, muscular dystrophy, pacemaker, and/or pregnancy, the clinician shall either recommend to approve or disapprove the use of the EID. The clinician decision can be obtained verbally by the nurse and noted on the DC4-650B.

(6) **EMERGENCIES:**

(a) A health care provider will make the decision regarding whether a medical complaint constitutes an emergency, self-declared or otherwise, after an assessment.

(b) Medical emergencies shall be responded to in accordance with this procedure and "Medical Emergency Care Plan and Guidelines," HSB 15.03.22.
1. Medical emergencies, inmate declared or referred, are to take immediate precedence over all routine activities in the medical department including narcotic count, medication administration, sick call inmates, etc.
2. All emergencies, inmate-declared or referred, **must** be evaluated. **All** findings will be documented on the appropriate DC4-683 series protocol form, and placed in the inmate's medical record. Staff will document on the DC4-701 if there is no form to match the inmate's complaint. The documentation will include whether or not the complaint/condition is a true emergency.

(c) Nurses are to notify the on call clinician for those inmates who present twice with the same complaint (continued or worsening symptoms, within a 24-hour period) after regular business hours when no clinician is on site to evaluate the inmate.

(d) All inmate emergency encounters, whether inmate-declared or referral, shall be documented on the "Emergency Nursing Log," DC4-781M.

(e) If health care staff determines that the problem/event was not an emergency, the inmate **will not be treated,** and s/he will be referred to the next sick call if necessary.
1. Appropriate education to prevent the problem from exacerbating **is not considered treatment** and will be provided.
2. A co-payment fee will be charged for the current visit, and an additional co-payment fee will be assessed if the inmate presents at the subsequent sick call.

(f) If the health care provider determines the complaint/condition is a true emergency, no co-payment fee will be charged.

(g) An event or situation can also be declared an emergency by other Departmental staff or another inmate.

/S/
Chief of Staff