POLICIES & PROCEDURES

ATTACHMENTS / FORMS:
(A.) Sick Call Activity Record.

AUTHORITY / REFERENCES:
22 AAC 05.155        AS 33.30.011
AS 33.05.010        AS 33.30.021
AS 33.16.180        AS 44.28.030
DOC P&P 803.11      DOC P&P 807.02
DOC P&P 807.25

POLICY:

I. It is the policy of the Department of Corrections (DOC) to have in place uniform sick call procedures for prisoners’ medical care within the Department.

II. The Department shall schedule regular sick calls for prisoners to register their non-emergent health complaints.

APPLICATION:

This policy and procedure will apply to all Department employees and prisoners.

DEFINITIONS:

As used in this policy, the following definitions shall apply:

Sick Call:
Sick call is an opportunity for a prisoner to receive health care services by initiating a visit with a health care provider during a designated time of day. Health care requests are evaluated and treated in a clinical setting. It is through this system that a prisoner reports for and receives health services for non-emergent illness or injury.

PROCEDURES:

I. Access To Sick Call:
A. The Superintendent shall establish special procedures for prisoners identified to have security risk status in order to afford them access to sick call.

B. Prisoners in administrative or punitive segregation shall have the same access to sick call as other prisoners.

C. Health care personnel shall conduct rounds in segregation units daily and perform welfare checks on each prisoner housed in the unit.

D. Rounds are recorded in the segregation log in accordance with DOC P&P 803.11, Permanent Record Logs. Welfare checks are recorded in the medical record when health care staff identifies a medical or mental health need.

E. The institutional health practitioner shall establish procedures for meeting the special access needs of disabled, elderly, mentally disabled, or patients with communicable disease.

II. Sick Call Schedule:

A. A physician or health practitioner shall conduct sick calls for prisoners with the following minimum frequency and as posted or announced within the institution:

1. At least one (1) day per week in institutions of fewer than 50 prisoners;
2. At least three (3) days per week in institutions of 50 to 200 prisoners;
3. At least four (4) days per week in institutions of 200 to 600 prisoners;
4. At least six (6) days per week in institutions of 600-1500 prisoners.

B. Nursing sick call is conducted under established protocols. (See DOC P&P 807.25, Nursing Protocols.) Nursing sick call does not substitute for provider sick call.

III. Sick Call Services:

Health care staff shall perform the following services during sick call. All information shall be documented in the prisoner’s medical record on the health care progress notes (see DOC P&P 807.06, Health Care Record), a nursing protocol form and on the Sick Call Activity Record (SCAR) (Attachment A):

A. Obtain the prisoner’s name, medical complaint, and medical history;

B. Perform indicated examination and provide appropriate treatment to the extent possible or refer to a higher level of care as needed.

IV. Sick Call Activity Record (SCAR):
Each institution’s medical unit shall keep a SCAR to record daily sick call activity. Health care staff shall indicate on the SCAR the name of each in person contact with patients including, but not limited to, provider, nurse, and dental staff.

A. Health care staff shall record:

1. The patient’s chief complaint, or reason for visit;
2. The intervention(s) that occurred during the visit;
3. The disposition of the patient; and
4. The initials of the staff member seen during the visit.

B. The SCAR shall be retained in the medical office for three (3) years.