

## **POLICY**

**SUBJECT: Non- Emergency Health Care Requests and Services - Sick Call**

**NUMBER: HC-306-15**

**APPLICABLE TO: All DJS youth and Residential Services employees**

**APPROVED:** \_\_\_\_\_ /signature on original/

**Sam Abed, Secretary**

**DATE:** \_\_\_\_\_ 8/19/15

**I. POLICY**

Youth in the care and custody of the Department of Juvenile Services (DJS) are provided appropriate health care and are referred to an appropriate Qualified Health Care Professional for treatment.

**II. AUTHORITY**

- A. Md. Code Ann., Human Services, §9-203, §9-204, §9-216, §9-221 and §9-227.
- B. National Commission of Correctional Health Care – Juvenile Health Standards 2011 Y-E-07

**III. DIRECTIVES/POLICIES RESCINDED**

- A. Sick Call/Nurse's and Physician's Clinic, 01.12.06

**IV. FAILURE TO COMPLY**

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

**V. STANDARD OPERATING PROCEDURES**

Standard operating procedures have been developed.

**VI. REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF /REVISION
Revised policy issued – revised sick call reporting and documentation procedures; and policy renumbered and reformatted.	8/19/15

## PROCEDURES

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**Linda McWilliams, Deputy Secretary**

**DATE:** \_\_\_\_\_ 5/15/15

### **I. PURPOSE**

To establish a process for evaluation and documentation by qualified health care professionals of non-emergency health complaints made by DJS youth in residential care.

### **II. DEFINITIONS**

*Facility Nurse* means an employed or contractual Registered Nurse (RN) or Licensed Practical Nurse (LPN) responsible for the provision of health services at the facility.

*Facility Staff* means persons employed or contracted to work at the facility to provide direct care services to the youth.

*Health Complaint* means the communication by a youth of a perceived medical concern.

*Qualified Health Care Professional* includes physicians, physician's assistants, dentists, nurses, nurse practitioners, nurse midwife, mental health professionals and others who by virtue of their education, credentials, licensure, and experience are permitted by law to evaluate and care for youth.

*Sick Call* means an organized procedure conducted by a facility nurse or, if necessary, another Qualified Health Care Professional to evaluate and treat the non-emergent health complaints of youth.

*Triage* means the prioritizing of a youth's health requests by a facility nurse.

**III. PROCEDURES**

- A. During orientation at the facility, assigned staff shall advise youth, both verbally and in writing, of the process to access health services. The sick call procedure shall be clearly explained and understood by youth who are unable to read or are non-English speaking. Youth shall sign the **Sick Call Acknowledgment Form (Appendix 1)** indicating they have received this information. The signed document shall be filed in the Youth Health Record.
- B. Youth shall complete a **Sick Call Request Form (Appendix 2)** if s/he has a health complaint and place the completed form in the designated secured sick call box. The youth shall be seen by a Nurse at the next sick call. If a youth has a health complaint requiring immediate attention, s/he shall complete the **Sick Call Request Form** and the facility staff shall immediately notify the Nurse on behalf of the youth.
- C. The Nurse on duty shall review and triage sick call requests and see the youth the same day, or within 72 hours at facilities that do not have a Nurse on duty Saturday, Sunday and Holidays. When a Nurse is not on duty, the facility staff shall have protocols in place to respond to youth health complaints.
- D. The Nurse shall document the Sick Call encounter and include the following in the health center Sick Call Log:
  - 1. Date of encounter;
  - 2. Name of youth;
  - 3. Health complaint; and
  - 4. Disposition of health complaint.
- E. The Nurse or designee shall file the completed **Sick Call Request** in the youth's health record file

**VII. RESPONSIBILITY**

Facility Superintendents and the Health Administrator are responsible for implementation and compliance with this procedure.

**VIII. INTERPRETATION**

The Deputy Secretary of Operations shall be responsible for interpreting and granting any exceptions to these procedures.

**IX. LOCAL OPERATING PROCEDURES REQUIRED**

Yes

**X. DIRECTIVES/POLICIES REFERENCED**

- A. No policies referenced.

**XI. APPENDICES**

- 1. Acknowledgment form
- 2. Sick Call Request form



# **DJS POLICY AND STANDARD OPERATING PROCEDURES**

## **Statement of Receipt and Acknowledgment of Review and Understanding**

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I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

***SEND THE ORIGINAL, SIGNED COPY TO VERNELL JAMES IN THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.***