

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.00.04	Page 1 of 5
	Original Effective Date: 05/01/02	New Effective Date: 02/16/18
	Supersedes: 500.00.04	Dated: 09/01/16
	Administrator's Approval:	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Reporting Health Concerns to On-Call Nursing Staff		

POLICY

All Division of Adult Institutions shall establish standards for reporting patient health concerns to the on-call nurse when medical staff is not on site.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-A-01 Access to Care, P-B-02 Patient Safety
Telephone Triage Protocols for Nursing, 5th edition, by Julie K. Briggs, Lippincott Williams & Wilkins (2015)

DEFINITIONS, ACRONYMS, AND FORMS

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2466 – Incident Report (WICS)

DOC-3437 – Nurse's Telephone Consultation

EMS – Emergency Medical Services

HSM – Health Services Manager

HSU – Health Services Unit

JBCC – John C. Burke Correctional Center

REECC – Robert E. Ellsworth Correctional Center

RN – Registered Nurse

RH – Restrictive Housing

WCCS – Wisconsin Correctional Center System

WICS – Wisconsin Integrated Corrections System

WWCS – Wisconsin Women's Correctional System

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PROCEDURE

I. General Guidelines

- A. The most current edition of Telephone Triage Protocols for Nursing shall be utilized as a clinical reference.
- B. A RN shall be scheduled on call when there is no RN on site.
- C. On-call is utilized when the facility does not provide 24/7 health care coverage.
- D. New employees shall not participate in on-call during their orientation.
- E. The HSM shall ensure staff competency related to triage assessment and on-call prior to assigning new staff and then measure competency periodically.
- F. Facilities shall develop a procedure for contacting the on-call nurse.
- G. The on-call nurse is responsible and accountable for:
 1. Timely response to facility phone calls.
 2. Prompt return to the facility for assessment, patient intervention and follow-up care.
 3. Appropriate documentation.
- H. Facilities shall make a telephone accessible to the patient for the on-call nurse to talk directly to the patient to obtain assessment data. Including patients in RHU.
- I. On call nurse is responsible for utilizing electronic technology, when available, to access patient information.
- J. All patients require a HSU/nurse follow-up to an on-call assessment, at minimum, the next operational day.
- K. Telephone triage services are provided in WCCS/MWCS.
 1. JBCC and REECC nurses do report to the facility.
 2. Medical emergencies shall be addressed using the EMS.

II. Scheduling – Facility HSU Manager/Designee Shall:

- A. Prepare an on-call nurse schedule.
- B. Ensure distribution of the on-call schedule to appropriate facility staff.
- C. Ensure up-to-date contact information for the on-call nurse is available.

III. Contacting the On-call Nurse

- A. Facilities shall establish a procedure for making contact with the on-call nurse utilizing home, pager and/or cell phone.

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- B. Facility staff shall contact the on-call nurse when there are medical needs or questions concerning a patient.
- C. If unable to reach the on-call nurse after two attempts or 10 minutes, the designated supervisor shall be notified.
- D. A decision to send the patient to the emergency room based on a serious or life-threatening medical condition prior to consultation with the on-call nurse requires a subsequent notification to the on-call nurse.
- E. Report information regarding the patient health concerns to the on-call nurse. The information shall include:
 - 1. Name of the staff member making the contact.
 - 2. Patient name.
 - 3. DOC number.
 - 4. Time of incident, if applicable.
 - 5. Description of the health concern/complaint or illness/injury.
 - 6. When the problem started.
 - 7. What has been done.
 - 8. Staff observations, i.e., vomiting, sweating, rash, difficulty breathing, etc.
- F. Make a telephone accessible to the patient so the on-call nurse can assess the patient's condition.
- G. DOC-2466 – Incident Report (WICS) shall be completed any time an on-call nurse is contacted. Include any instructions given by the on-call nurse for treatment of the patient.
- H. In an emergency or life threatening situation, activate EMS. Notify the on-call nurse of the EMS activation.

IV. Responsibilities of the On-call Nurse

- A. Make available current contact information.
- B. Be available by home telephone, pager or cell phone at all times when on call.
- C. Respond to all contacts in a timely manner.
- D. Talk directly to the patient to obtain assessment data. Nursing assessment and intervention shall be based on utilization of the nursing process, the nurses' knowledge and level of competency.
- E. Collect information and determine the appropriate response to the patient health concern.

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- F. Determine actions to be taken and provide staff specific instructions.
- G. With the exception of WCCS/WWCS (excluding JBCC and REECC), the on-call nurse shall arrive at the facility within one hour of the call if an on-site visit is determined necessary.
- H. If the patient is sent to an emergency room, the on-call nurse shall contact the emergency room with pertinent medical information to ensure the discharge plan recommendations can be met at facility.
- I. Contact the on-call physician for direction as necessary.
- J. Complete appropriate documentation which may include DOC-3437 – Nurse’s Telephone Consultation for each call and file in the patient’s Medical Chart when next on site. The nurse is responsible for ensuring appropriate patient and nursing interventions that were implemented, are included in the patient’s medical record.
- K. Provide information to the HSU regarding patient on-call contacts to ensure follow-up.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator’s Approval: _____ **Date Signed:** _____
James Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.00.04	Page 5 of 5
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Reporting Health Concerns to On-Call Nursing Staff		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES**DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

I.

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other