

 <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: 08/17/23
	Supersedes: 500.00.04	Dated: 08/31/20
	Administrator's Approval: Sarah Cooper, Administrator – 07/28/23	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Reporting Health Concerns to On-Call Nursing Staff		

POLICY

The 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
Telephone Triage Protocols for Nursing, 6th edition, by Julie K. Briggs, Lippincott Williams & Wilkins (2020)
Wis. Stat. s. 302.38 – Medical Care of Prisoners
Wis. Stat. s. 302.385 – Correctional Institution Health Care
Wis. Stat. s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

DEFINITIONS, ACRONYMS AND FORMS

DAI – Division of Adult Institutions

DOC – Department of Corrections

EMS – Emergency Medical Services

HSM – Health Services Manager

HSU – Health Services Unit

Incident Report (WICS)

JBCC – John C. Burke Correctional Center

PIOC – Persons in Our Care

REECC – Robert E. Ellsworth Correctional Center

RN – Registered Nurse

RH – Restrictive Housing

WCCS – Wisconsin Correctional Center System

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WICS – Wisconsin Integrated Corrections System

WWCS – Wisconsin Women’s Correctional System

PROCEDURE

I. General Guidelines

- A. 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. New employees shall not participate in on-call during their orientation.
- D. The HSM shall ensure staff competency related to triage assessment and on-call prior to assigning new staff and then measure competency periodically.
- E. Facilities shall develop a procedure for contacting the on-call nurse.
- F. The on-call nurse is responsible and accountable for:
 1. Timely (within 10 minutes) response to facility phone calls.
 2. Prompt return to the facility (within 60 minutes) for assessment, patient intervention, documentation and follow-up care.
- G. 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.
- H. All patients require a nurse follow-up after an on-call triage assessment, the next operational day.
- I. Telephone triage services are provided in WCCS/WWCS.
 1. JBCC and DACC nurses do report to the facility.
 2. Medical emergencies shall be addressed using the EMS.
- J. The HSM is responsible to monitor On-call Care and treatment for appropriateness and address as necessary.

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. Security staff shall contact the on-call nurse anytime there are patient related health care concerns or questions.

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- B. If unable to reach the on-call nurse after two attempts or 10 minutes, the designated supervisor shall be notified.
- C. A decision to send the patient to the emergency room based on a serious or life-threatening medical condition can be made without consultation with the on-call nurse. The on-call nurse shall be contacted after the emergency.
- D. 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).
- E. Make a telephone accessible to the patient so the on-call nurse can triage the patient's condition.

IV. Responsibilities of the On-call Nurse

- A. Make available current contact information.
- B. Be available when on-call.
- C. Respond to all contacts.
- D. Talk directly to the patient to obtain assessment data unless it is determined the patient needs urgent/emergent care.
- E. Nursing assessment and intervention shall be based on utilization of the nursing process, the nurses' knowledge and level of competency.
- F. Provide specific instructions to both patients and staff.
- G. With the exception of WCCS/WWCS (excluding JBCC and DACCC), 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 to communicate pertinent medical information and ensure follow-up care needs are arranged.
- I. Contact the on-call ACP for direction as necessary.

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- J. Complete documentation on the ad-hoc Nursing Telephone Consultation for each call when next on site.

- K. Provide information to the HSU regarding patient on-call contacts to ensure follow-up.

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. PIOC

III. Other