

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Evaluation Services for Urgent and Emergent Healthcare Requests

Policy Number: 507.04.39

Effective Date: 01/25/2022

Page Number: 1 of 5

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

Health care staff will provide appropriate evaluation of offenders with urgent or emergent health care concerns. This procedure is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county prisons.

II. Authority:

- A. Ga. Comp. R. & Regs. R. 125-4-4.01;
- B. GDC Standard Operating Procedures (SOPs): 507.04.05 Charges to Offender Accounts for Health Care Provided, 507.04.20 Orientation of Offenders for Access to Health Services, and 507.04.37 Urgent/Emergent Care Services;
- C. NCCHC 2018 Adult Standards: P-D-07 and P-E-08; and
- D. ACA Standards: 5-ACI-6A-05, 5-ACI-6A-08, 5-ACI-6A-19, 5-ACI-6A-22, 5-ACI-6B-03, and 4-ALDF-4C-06.

III. Definitions:

- A. **Urgent/Emergent Health Care Request** - A request from an offender for immediate medical attention based on the belief that a medical condition, symptom or sign requires immediate attention by medical personnel.
- B. **Urgent Care** - Services provided for immediate treatment of a medical condition that requires prompt medical attention but where a brief time lapse before receiving services will not endanger life or permanent health.
- C. **Emergent Care** - Intervention in which delay in treatment could reasonably be expected to jeopardize the life or health of the person affected or could reasonably result in disfigurement or impaired faculties. Healthcare that cannot be deferred until the next scheduled sick call or clinic.

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IV. Statement of Policy and Applicable Procedures:

A. Access to Urgent/Emergent Care:

1. An offender will initially request urgent or emergency medical attention from the correctional officer on duty.
2. The initial response of correctional personnel to Urgent/Emergent Health Care Requests may include First Aid, CPR, defibrillation with an Automated External Defibrillator (AED) when indicated, and immediate notification of health care personnel. In the event of CPR in progress and if the AED is used, 911 should also be notified immediately.
3. Access to medical care for life-threatening or serious medical problems should be immediate.
4. Correctional Personnel will have the authority to decide the most appropriate choice of action in response to a medical emergency including:
 - a. Direct call to Medical Personnel in the event of a serious medical problem. (Chest pain, difficulty breathing, seizures, unconsciousness).
 - b. Direct call to "911" services in the event of a life-threatening emergency (e.g., cardiac arrest, uncontrolled bleeding), with immediate notification to medical personnel.
5. Correctional personnel will notify their supervisor about offenders with medical emergencies or serious medical problems after they have contacted the medical staff.
6. All offender requests for medical services will be noted in the security log according to procedure.
7. Every facility will have an on-call schedule for accessing health care services or personnel in the event of urgent or emergent requests for medical care.

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8. Medical encounters requested by the offender for services that are deemed non-Urgent/Emergent by medical staff may incur a monetary charge to the offender in accordance to SOP 507.04.05, Charges to Offender Accounts for Health Care Provided.

B. Health Care Personnel Response to Urgent/Emergent Health Care Requests:

1. When a health care provider receives notification by telephone that an offender needs medical attention, the health care provider has three options to evaluate the complaint:
 - a. To request to have the offender put on the telephone to better assess the offender's condition. The provider will then advise the correctional officer of the appropriate action to be taken (e.g., send to the medical unit or dispatch health care personnel to the site). Strategies that avoid unnecessary offender movement are preferred.
 - b. Arrange to have the offender brought to the medical unit for evaluation by health care personnel.
 - c. Arrange for health care personnel to go to the living unit to evaluate the offender.
2. If the situation is a potentially life-threatening medical emergency requiring Emergent Care (e.g., cardiac arrest, chest pain, seizure, difficulty breathing, severe bleeding and unconsciousness), health care personnel will respond to the site immediately. The medical response bag, portable oxygen and AED should be taken to the location.
3. A Nurse Practitioner, Physician Assistant, or Physician will be notified, and the health record retrieved and reviewed in anticipation of the patient's return to the medical unit. If appropriate, the emergency treatment room should be prepared for the offender's arrival.

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4. If the assessment indicates that the condition is one which requires Urgent Care (e.g., acute ear pain, dental pain), but that the patient can walk or be safely escorted to the medical unit, the health care professional will instruct the caller to send the offender and will have the health record retrieved in anticipation of the offender's arrival.
5. If the assessment indicates that the situation is clearly non-emergent/urgent (e.g., patient has a medical question, mild skin rash), the offender will be advised to submit a sick call request or treated and charged in accordance with SOP 507.04.05 (Charges to Offender Accounts for Health Care Provided).
6. All Urgent/Emergent Healthcare Request encounters will be documented in the health record and Urgent/Emergent tracking. Telephone encounters should be documented in the progress note in SOAPE format. If the telephone triage encounter leads to an encounter in the medical unit, a separate note identified as a continuation of the telephone triage encounter should be written. For events that are clearly non-emergent/urgent, deal primarily with issues of self-care (e.g., dry skin, special shoes) or are informational (e.g., lab test results), the health care professional will generate a health record entry to notate the encounter and indicate any further follow-up needed.
7. Emergency medical care will be provided to correctional personnel, staff, and facility visitors as clinically indicated, until arrangements can be made to have the patient transferred to the hospital for further stabilization and tertiary care.

C. Notification of On-call Medical Staff:

1. When an offender presents with an Urgent/Emergent complaint when health care staff are not at the facility, correctional staff will contact the on-call provider who will triage the offender's complaint via telephone.
2. Correctional personnel will be advised as to the decision made by the provider and what follow-up care is to be provided.

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3. On-call providers (not in the facility at the time of the request) will arrange appropriate evaluation in the facility or at a local medical facility if urgent or emergent medical care is indicated. The on-call provider will designate the method of transportation out of the facility, (e.g., van or ambulance).
4. All Urgent/Emergent encounters will be documented in accordance with 507.04.37, Urgent/Emergency Care Services. Each urgent or emergency request for services will require a progress note to be written using the SOAPE format. If the on-call provider is managing the offender request via telephone, the provider will document the time and date of the unscheduled urgent or emergent request, offender name, person with whom they provided direction and the direction provided. This documentation will be faxed on the next working day to the facility for entry into the offender health record.
5. The use of Urgent/Emergent care tracking is mandatory. Use this log for all unscheduled requests for medical care, including emergencies and telephone consults.

V. Attachments: None.

VI. Record Retention of Forms Relevant to this Policy: None.