



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 4.5.16	Subject: <b>OFFENDER NON-EMERGENCY HEALTH REQUESTS AND SICK CALL</b>	
Chapter 4: FACILITY/PROGRAM SERVICES		Page 1 of 4
Section 5: Clinical Services		Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Brian Gootkin		Revised: 4/19/2021
Medical Director Signature: /s/ Dr. Paul Rees		
Clinical Services Division Administrator Signature: Connie Winner		

**I. POLICY**

The Department of Corrections facility health care units will provide offenders with a system to request health care on a daily basis and be evaluated and treated in a timely manner for non-emergent illness, injury, and mental health needs.

**II. APPLICABILITY**

All secure care facilities Department owned and contracted, as specified in contract.

**III. DEFINITIONS**

**Clinician’s Clinic** – A designated time and place for physicians, nurse practitioners, physician assistants, dentists, or mental health clinicians to respond to health services requests.

**Clinical Setting** – An examination or treatment room appropriately supplied and equipped to address the patient’s health care needs.

**Daily** – 7 days per week including holidays

**Health Care Request** – A verbal or written request for medical, dental, vision or mental health services.

**Health Care Staff** – Includes qualified health care professionals and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

**Mental Health Staff** – Qualified mental health professionals and mental health trained correctional staff who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

**Qualified Health Care Professionals** – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

**Responsible Health Authority** – The Clinical Services Division administrator who oversees all levels of health care and assures quality, accessible and timely clinical services for offenders. The individual is appointed by the Department director and reports directly to the Director or designee on matters of health care.

**Sick Call** – The evaluation and treatment of a patient by a qualified health care provider in a clinical setting, either on or off-site.

**Triage** – A process of sorting and classifying offender health requests to determine priority of need and the proper place for health care to be rendered.

#### **IV. DEPARTMENT DIRECTIVES**

##### **A. General Requirements**

1. Each facility will ensure that all offenders, regardless of housing, have the opportunity daily to request health care through oral or written requests.
2. Offenders must submit health care requests in accordance with facility procedures. Offenders may access care through:
  - a. a walk-in clinic;
  - b. written requests that are dropped into a locked box;
  - c. a staff-assisted telephone call to health care staff; or
  - d. a sign-up sheet on which offenders may place their names.
3. Non-health care staff may not determine whether an offender has access to or receives health care services.
4. In all cases, care should be taken to protect the confidentiality of offender health concerns.

##### **B. Health Care Requests**

1. Health care requests must be picked up daily by health staff.
2. Health care requests are reviewed and prioritized daily by qualified health care professionals, or the health care liaison, if applicable.
3. A face-to-face encounter for a health care request is conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt by health staff.
4. Patients must be evaluated in a clinical setting.
5. All aspects of the health care request process, from review and prioritization to subsequent encounter, are documented, dated, and timed.

##### **C. Mental Health Requests**

1. Oral or written requests for mental health care are picked up daily by qualified health care professionals and triaged within 24 hours. When a request describes a clinical symptom, a face-to-face encounter between the offender and mental health staff or a qualified mental health professional occurs within 24 hours. When the encounter is provided by mental health staff, they schedule offenders to be seen by a qualified mental health professional based on the protocols approved by the responsible mental health clinician.

2. When mental health staff or qualified mental health professionals are not on duty within a 24-hour period, a mental health liaison, using facility protocols established by the correctional and mental health authorities, reviews and responds to offenders' mental health requests.
3. Mental health staff are trained to triage and respond to offenders with mental health requests by training approved by the Clinical Services Division Mental Health Bureau Chief.
4. During mental health appointments, qualified mental health professionals make timely assessments in a clinical setting. Based on the protocols approved by the Clinical Services Division Mental Health Bureau Chief, qualified mental health professionals provide treatment according to clinical priorities or, when indicated, schedule patients for the next available specialty provider's clinic.
5. All offenders, regardless of housing assignment, have access to regularly scheduled mental health appointments.
6. The frequency and duration of appointments is sufficient to meet the mental health needs of the offender population

#### **D. Juvenile Requests**

1. Oral or written requests for health care are picked up daily by qualified health care professionals and triaged within 24 hours. When a request describes a clinical symptom, a face-to-face encounter between the juvenile and qualified health care professional occurs within 48 hours (72 hours on weekends).
2. When responding to health services requests, qualified health care professionals make timely assessments in a clinical setting. Qualified health care professionals provide treatment according to clinical priorities or, when indicated, schedule offenders as clinically appropriate.
3. All juveniles, regardless of housing assignment, have access to regularly scheduled times for nonemergency health services (i.e., sick call).
4. The frequency and duration of response to health services requests are sufficient to meet the health needs of the juvenile population.

#### **E. Sick Call**

1. All offenders, regardless of housing assignment, have access to regularly scheduled times for nonemergent health services (sick call). Sick call times and locations may vary among facilities to meet the needs of the offender population.
2. When a nursing assessment is required, the offender will be seen individually in a designated area to ensure privacy and confidentiality.
3. Qualified health care professionals will provide the offender with a verbal explanation of the assessment findings, any further recommended treatment or evaluation, and any patient education relevant to the health complaint.

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4. Qualified health care professionals will make timely assessments in a clinical setting according to clinical priorities or, when indicated, schedule offenders as clinically appropriate when:
  - a. indicated by protocol;
  - b. referred by nursing or a mid-level practitioner; or
  - c. an offender reports to sick call more than twice with the same complaint and has not seen a physician.
5. When an offender request does not require a nursing assessment, health care staff must respond to the request in writing and document their signature and date of response.

**F. Informing Offenders**

1. Staff will inform all offenders of the procedures for requesting health care attention during the facility admission/orientation process.

**G. Locked-Down Offenders**

1. Qualified health care professionals will conduct daily sick call for locked-down offenders in accordance with *DOC 4.5.21, Locked Housing Offender Health Assessment and Services*.

**H. Records**

1. Health care staff will document each offender request or complaint and disposition in the offender's health record.

**V. CLOSING**

Questions concerning this policy should be directed to the Clinical Services Division administrator.

**VI. REFERENCES**

- A. *ACA Standards for Juvenile Correctional Facilities, 2003*
- B. *National Commission on Correctional Health Care Standards for Health Services in Prisons, 201*
- C. *MH-E-05; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- D. *National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- E. *DOC Policy 4.5.21 Locked Housing Offender Health Assessment and Services*

**VII. ATTACHMENTS**

None