



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

Policy No. DOC 4.5.16	Subject: OFFENDER NON-EMERGENCY HEALTH REQUESTS AND SICK CALL	
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3	
Section 5: Clinical Services	Effective Date: Jan. 1, 1998	
Department Director Signature: /s/ Mike Batista	Revised: 03/21/2016	
Medical Director Signature: /s/ Tristan Kohut, M.D.		
Clinical Services Division Administrator Signature: /s/ 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 or injury.

II. APPLICABILITY

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

III. DEFINITIONS

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.

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.

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 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;

Subject: OFFENDER NON-EMERGENCY HEALTH REQUESTS AND SICK CALL

- 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. All facility health care units will ensure that a qualified health care professional will collect, document and triage each offender health care request within twenty-four hours. Documentation for each request will include the date of receipt, the staff member that triaged the request, the clinical disposition, the date of the disposition and the staff member that made the determination.
 4. When a request describes a clinical symptom, a face-to-face encounter between the patient and a qualified health care professional occurs within forty-eight hours. (72 hours on weekends).
 5. Non-health care staff may not determine whether an offender has access to or receives health care services.
 6. In all cases, care should be taken to protect the confidentiality of inmates' health concerns.

B. Sick Call

1. Sick call times and locations may vary among facilities; however, facility sick call schedules will meet the following minimum requirements:
 - a. two days a week for facilities with fewer than 100 offenders
 - b. three days a week for facilities between 101 and 200 offenders
 - c. five days a week for facilities with more than 200 offenders
2. Qualified health care professionals must have offender health care records available at the time of the sick call contact.
3. When a nursing assessment is required, the offender will be seen individually in a designated area to ensure privacy and confidentiality.
4. 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.
5. 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.
6. 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.

C. Informing Offenders

Subject: OFFENDER NON-EMERGENCY HEALTH REQUESTS AND SICK CALL

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

D. 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*.

E. 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. *P-A-09; P-E-07; P-E-11; P-H-02, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014*
- C. *Y-A-09; Y-E-07; Y-E-11; Y-H-02, National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- D. *DOC Policy 4.5.21 Locked Housing Offender Health Assessment and Services*

VII. ATTACHMENTS

None