



POLICY DIRECTIVE

Policy:	DOC 4.5.16 OFFENDER NON-EMERGENCY HEALTH REQUESTS AND SICK CALL
Effective Date:	01/01/1998 Page 1 of 3
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

Department 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 (see Glossary)

IV. REQUIREMENTS

A. General Requirements

1. Each facility will ensure that all offenders, regardless of housing, have the opportunity daily to request health care through oral, written or electronic 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;
 - d. an electronic request from inmate authorized tablets; or
 - e. 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 received 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 private/clinical setting which affords patient confidentiality.
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, written, and electronic requests for mental health care are received 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 Health Services Bureau Mental Health Section Supervisor.
4. During mental health appointments, Qualified Mental Health Professionals make timely assessments in a clinical setting. 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, written, and electronic requests for health care are received 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 (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.
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 process for requesting health care attention during the facility admission/orientation process.

G. Restrictive Housing Offenders

1. Qualified Health Care Professionals will conduct daily sick call for Restrictive Housing offenders in accordance with *DOC 4.5.21 Restrictive 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 about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

- A. *ACA Standards for Juvenile Correctional Facilities, 2023*
- 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, 2022*