

#### DEPARTMENT OF PUBLIC SAFETY

EFFECTIVE DATE: October 20, 2015 POLICY NO.: COR.10.1E.07

SUPERSEDES (Policy No. & Date): COR.10.1E.07 (4/21/05)

# CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES

SUBJECT:

# NON-EMERGENCY HEALTH CARE REQUESTS AND SERVICES

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#### 1.0 PURPOSE

The purpose of this policy is to establish standards for the provision of routine health care for incarcerated patients.

#### 2.0 REFERENCES AND DEFINITIONS

#### .1 References

- a. Hawaii Revised Statutes, Section 26-14.6, <u>Department of Public Safety</u>; and Section 353C-2, <u>Director of Public Safety</u>, <u>Powers and Duties</u>.
- b. National Commission on Correctional Health Care, <u>Standards for Health</u> Services in Prisons and Jails, (2014).

#### .2 Definitions

- a. <u>Clinical Setting</u>: An examination or treatment room appropriately supplied and equipped to address the patient's health needs.
- b. <u>Daily</u>: In this policy daily means seven (7) days per week including holidays.
- c. <u>Medical Request</u>: Written petition from an inmate for medical, dental or mental health services using Form DOC 0450. With the exception of an emergency, a sick call request by an inmate is comparable to an individual living in the community calling for an appointment with a provider.
- Qualified Health Professional: includes physicians, nurses, psychologists, psychiatric social workers, nurse practitioners, dentists, mental health professionals.
- e. <u>Sick Call</u>: A scheduled evaluation and treatment of a patient in a clinical setting, either on or off site, by qualified health care professionals.
- f. <u>Triage:</u> is the sorting and classifying of inmate's medical, dental, and mental health requests to determine priority of need and the proper place for health care to be rendered.

### 3.0 POLICY

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- .1 All patients, regardless of their housing assignment, shall have the daily opportunity to request medical, dental and mental health services.
- .2 Inmates' verbal or written requests for medical services shall be documented and reviewed for immediacy of need and the level of care and intervention required.
- .3 Qualified health care professionals shall conduct evaluations and treatments in a clinical setting.
- .4 Inmates may access the health care system by walking into the clinic, submitting a medical request, or using a sign-up sheet.

#### 4.0 PROCEDURES

- .1 Patient requests for medical services shall be documented. The disposition of the request shall also be documented. The following methods may be used:
  - A walk-in clinic. Complaints are logged, triaged and scheduled on the same day or within twenty-four (24) hours (or seventy-two (72) hours on weekends).
  - b. Written requests using Form DOC 0450, Medical Request. The patient completes the top part of the form and retains the patient copy before placing it in the locked Health Care Box.
    - A sign-up sheet in the patient housing area. The sign-up sheet shall maintain patient medical confidentiality and be collected daily by nursing staff.
    - ii) Nursing shall retrieve patient requests from the health care locked box daily and triage them within twenty-four (24) hours.
    - iii) When a request describes a clinical symptom, a face to face encounter between the patient and a qualified health professional shall occur within forty-eight (48) hours (seventy-two (72) hours on weekends).
- .2 Sick Call Clinic shall be conducted within a clinical setting a minimum of two (2) days a week for a facility with fewer than one hundred (100) inmates; three (3) days a week for facilities with one hundred one (101) to two hundred (200) inmates; and five (5) days a week in facilities with more than two hundred (200) inmates.

## **NOT-CONFIDENTIAL**

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- .3 When indicated, referral to a provider clinic is made for the patient to see a nurse practitioner or physician.
- .4 Patients presenting for non-emergency health services for more than two times with the same complaint and have not seen a provider shall have an appointment set up with a provider.

### 5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:	
Gory David Soldane, "	<b>₩</b> 0CT 1 9 2015
Acting Medical Director	Date
who is fr	OCT 1 9 2015
Health Care Division Administrator	Date
arr. ant	10-20-15
Deputy Director for Corrections	Date
APPROVED:	
Director Director	
October 20, 2015	
Date	

#### **HEALTHCARE DIVISION**

### **MEDICAL REQUEST**

Name:		SID #
Facility/Housing:	Concern:	
		<u> </u>
Inmate Signature:		Date:
Date Received:	( ) Seen by Nurse in Sick Call ( )App	pointment Made w/
Comments:		
Health Care Staff Signatu	ire:	Date:
		atient (Keep Copy Before Sending)
DOC 0450 (04/13)	CONFIDENTIAL	