POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER E-07	TOTAL PAGES 6 ATTACHMENTS 2
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-E-07 (essential), J-E-07 (essential), MH-E-05 (essential) ACA: 5-ACI-6A-03, 5-ALDF-4C-03	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	**SUBJECT: NONEMERGENT HEALTHCARE REQUESTS AND SERVICES**	
APPROVED BY THE BUREAU CHIEF: Bureau Chief Michael Records (signature on file with BHSAMH)		
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE: Commissioner Terra Taylor, August 21, 2026 (signature on file with BHSAMH)		
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: 11 *Del. C.* §6536 Medical Care

II. PURPOSE: To ensure that patients/incarcerated individuals(individual) are able to initiate requests for non-emergency healthcare services.

III. APPLICABILITY: All Delaware Department of Correction (DOC) staff and contract provider staff, individuals, and any outside healthcare provider servicing DOC individuals.

IV. DEFINITIONS: See Glossary

V. POLICY: It is the policy of the DOC that individuals' nonemergent healthcare needs are met.

Compliance Indicators for Health Services in Prisons and Jails:

A. All individuals, regardless of housing assignment, are given the opportunity to submit oral or written health care requests at least daily.

B. The frequency and duration of responses to health services requests are timely and sufficient to meet the health needs of the individual population.

C. Medical, dental, and mental health care requests are retrieved daily by health staff or the health care liaison, if applicable.

D. Health care requests are reviewed and prioritized daily by qualified health care professionals (QHCPs) or the health care liaison, if applicable.
E. A face-to-face encounter for a health care request is conducted by a QHCP, or the health care liaison (if applicable), within 24 hours of receipt by health staff.

F. Individuals are evaluated in a clinical setting as indicated.

G. All aspects of the health care request for nonemergent health care services process are documented, dated, and timed. These include the following:

    1. Retrieval/receipt of the nonemergent health care request.

    2. The face-to-face encounter, when applicable.

    3. The sick call encounter, when applicable.

H. Provider referral guidelines are developed and implemented for repeat nonemergent health requests.

I. All aspects of the standard are addressed by written policy and defined procedures.

Compliance Indicators for Mental Health Services in Correctional Facilities:

A. All individuals, regardless of housing assignment, are given the opportunity to submit oral or written mental health care requests at least daily.

B. The frequency and duration of responses to mental health services requests are timely and sufficient to meet the health needs of the individual population.

C. Mental health care requests are retrieved daily by mental health staff, health staff, or a mental health liaison, if applicable.

D. Mental health care requests are reviewed and prioritized daily by qualified mental health care professionals (QMHPs), qualified health care professionals (QHCPs), or the mental health liaison, if applicable.

E. A face-to-face encounter for a mental health care request is conducted by a QMHP, QHCP, or the mental health liaison (if applicable), within 24 hours of receipt by mental health staff, health staff, or mental health liaison, if applicable.

F. Individuals are evaluated in a clinical setting as indicated.

G. All aspects of the mental health care request for nonemergent mental health care services process are documented, dated, and timed. These include the following:

    1. Retrieval/receipt of the nonemergent mental health care request.

2. The face-to-face encounter, when applicable.

3. The mental health sick call encounter, when applicable.

H. Provider referral guidelines are developed and implemented for repeat nonemergent mental health requests.

I. All aspects of the standard are addressed by written policy and defined procedures.

II. PROCEDURES: It is the policy of the DOC that individuals are able to initiate requests for non-emergency healthcare and mental health services. This is accomplished in the following manner:

A. All individuals, regardless of housing location, are given the opportunity to submit verbal, written (Attachment A), or electronic healthcare requests daily.

1. Healthcare requests generally fall into one of five categories:

a. Medical.

b. Dental.

c. Mental Health.

d. Pharmacy.

e. Administrative.

i. Some healthcare requests are not for clinical services and do not require a face-to-face evaluation by a clinician. These requests may be considered administrative requests (e.g., extra blanket, co-pay question).
ii. These requests must be answered in writing within four (4) business days of receipt of the request.
iii. This response must be documented in the individual's electronic health record (EHR).

2. Written requests for healthcare services shall be placed in a locked box that is located in all individual housing locations or via DOC-approved electronic devices.

a. Individuals may also hand a healthcare request to a member of the healthcare staff.

b. If a healthcare request is handed in to a healthcare staff member, the request will be placed with that day's healthcare requests to be triaged accordingly.

B. All written healthcare requests are picked up daily by a healthcare staff member from all housing locations.

1. The healthcare staff member picking up healthcare requests shall immediately complete the appropriate section of the healthcare request form, indicating the date and time the request was picked up.

C. Healthcare requests are reviewed and prioritized daily by a QHCP, within 24 hours of receipt by health staff.

D. Mental health care requests are reviewed and prioritized daily by a QMHP, or QHCP, within 24 hours of receipt by mental health staff or health staff.

E. A face-to-face encounter for a healthcare request is conducted by a nurse within 24 hours of picking up the request by healthcare staff.

1. The nurse conducting the face-to-face encounter must operate within their defined scope of practice.

2. A healthcare request is considered received when the healthcare staff first possesses the request.

3. Once a face-to-face encounter has occurred, the healthcare request can be reviewed and prioritized by the nurse conducting the face-to-face encounter.

4. The nurse reviewing and prioritizing the requests must have been adequately trained and demonstrated competence to perform the task of triaging healthcare requests. This training must be approved by the responsible physician and the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH).

5. Prioritization shall be based on the urgency of the individual's situation and the potential implications of delaying intervention.

6. It is important that the nurse performing this function has real-time access (by phone, email, or in person) to a peer or more senior nurses, such as a charge nurse or the Director of Nursing (DON, for consultation when there is a question as to how urgent an individual's condition is and how prioritization should be determined.

F. Individuals are evaluated in a clinical setting as indicated.

G. All aspects of the healthcare request process, from review and prioritization to subsequent encounter, are documented, dated, and timed. At a minimum, the following must occur:

    1. Healthcare request forms must be stamped with the date and time received and signed by the healthcare staff reviewing the request. For electronically generated requests, this is done automatically by the system.

    2. Written healthcare request forms must be manually entered/documented and scanned/uploaded into the EHR.

    3. Electronic healthcare requests are manually entered into the EHR and uploaded to the EHR documents section of the EHR.

    4. The healthcare encounter must be scheduled, the results of the encounter documented into the EHR, and a progress note completed for each encounter.

        a. A confirmation number must be documented in the EHR for filled pharmacy requests.

            i. The confirmation number must be documented on the paper sick call form when the EHR is unavailable.

    5. The frequency and duration of response to healthcare service requests must be sufficient to meet the healthcare needs of the individual population.

H. Healthcare services shall be available seven (7) days a week at all DOC facilities.

I. The following situations must trigger a referral of an individual to a provider:

    1. An individual presents with a complaint whose level of acuity requires care that is beyond the nurse's scope of practice.

    2. An individual presents with a complaint that requires an intervention beyond the established nursing protocols.

    3. An individual’s complaints or condition remain unresolved after 2 sick call visits with the nurse.

    4. An individual who submits a non-emergent sick call and is found on evaluation to have unstable vital signs, an acute change in mental status from their baseline, or a condition that is imminently life or limb-threatening requires immediate provider notification and activation of the emergency response system if indicated.

J. When an individual is referred to a provider, the provider must (at a minimum) review the individual's chart:

   1. Decide if and when the individual should be seen by the provider for further management of the healthcare condition.

   2. Document the decision in the individual's chart, including what went into the decision-making process, such as results of recent labs, whether the individual is known to the provider, the individual's recent provider visit, and acuity of the individual's symptoms.

K. The contracted provider(s) shall develop, within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.

Attachments:
Attachment 1: Sick Call Request Form
Attachment 2: Sick Call Request Form Spanish version

4/13/2009, 4/23/2010, 6/27/2019, 8/03/2020, 10/20/2021, Revised 1/20/2023

PLACE THIS SLIP IN THE SICK CALL REQUEST BOX OR DESIGNATED AREA

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES

SICK CALL REQUEST FORM

(CIRCLE ONE)

MEDICAL MENTAL HEALTH DENTAL MEDICATION ADMINISTRATIVE

Print name_____ Date of Request_____

SBI Number_____Date of Birth_____ Housing location_____

Are you a worker: ☐ Yes ☐No If Yes, what hours do you work? _____

When is a good time to schedule: ☐ Before work ☐ After work?

Is this illness/injury work-related (while working within DOC)? ☐ Yes ☐ No

PROBLEM OR REQUEST:

_____

_____

_____

How long have you had this problem? _____

Signature:_____ Date_____

DO NOT WRITE BELOW THIS AREA- MEDICAL USE ONLY

Step 1:

Date picked up: _____ Time picked up: _____

By (print name): _____ Title: _____ Initials: _____

Step 2:

☐ Face-to-face conducted Date: _____ Time: _____, or ☐ Administrative ☐ Medication

Prioritized as: ☐ ROUTINE ☐ URGENT Categorized as: ☐ Medical ☐ Dental ☐Mental Health

☐ Pharmacy/Medication Date of order/refill_____ Confirmation #_____

Notes: _____

_____

Nurse Signature & Title:_____ Date: _____ Time:_____

Upon completion of this form, the nurse prioritizing the request shall immediately enter the information and scan the form into the Electronic Health Record (EHR).

Revised May 2026

Spanish VersionCOLOQUE ESTA DIAPOSITIVA EN LA CAJA DE SOLICITUD DE LLAMADA DE ENFERMOS O EN EL ÁREA DESIGNADA

ESTADO DE DELAWARE
DEPARTAMENTO DE CORRECCIÓN
OFICINA DE ATENCIÓN MÉDICA, ABUSO DE SUSTANCIAS Y SERVICIOS DE SALUD MENTAL

FORMULARIO DE LLAMADA SOLICITUD DE ENFERMOS (UN CÍRCULO)

MÉDICO SALUD MENTAL DENTAL MEDICAMENTO ADMINISTRATIVO

Imprimir nombre: _____ Fecha de solicitud_____

Número de SBI: _____ Fecha de nacimiento: _____ Ubicación de la vivienda_____

¿Es usted un trabajador recluso?☐ si ☐no Si es así ¿a qué horas trabaja?_____

Cuándo es un buen momento para programar: ☐ Antes del trabajo ☐ Despues del trabajo

¿Esta enfermedad/lesión está relacionada con el trabajo (mientras trabajaba dentro del DOC)? ☐ Sí ☐ No

PROBLEMA O SOLICITUD:

_____

_____

_____

Cuanto tiempo hace que tienes este problema? _____

Firma:_____ Fecha:_____

NO ESCRIBA DEBAJO DE ESTA ÁREA - SOLO PARA USO MÉDICO

Step 1:

Date picked up: _____ Time picked up: _____

By (print name): _____ Title: _____Initials: _____

Step 2:

☐ Face-to-face conducted Date: _____ Time: _____, or ☐ Administrative ☐ Medication

Prioritized as: ☐ ROUTINE ☐ URGENT Categorized as: ☐ Medical ☐ Dental ☐ Mental Health

☐ Pharmacy/Medication Date of order/refill_____ Confirmation # _____

Notes: _____

_____

Nurse Signature & Title:_____ Date: _____ Time:_____

Upon completion of this form the nurse prioritizing the request shall immediately enter the information

and scan the form into the Electronic Health Record (EHR).