



Virginia Department of Corrections

Health Services

Operating Procedure 701.1

Health Services Administration

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

*The content owner reviewed this operating procedure in November 2022 and necessary changes are being drafted.
The content owner reviewed this operating procedure in October 2023 and necessary changes are being drafted.*

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

Allied Health Care Staff - Radiology, Laboratory, and Optometry.

Corrections Health Assistant (CHA) - A credentialed person authorized to provide health care to inmates and CCAP probationers/parolees under the direction of a licensed physician within the Department of Corrections.

Dental Auxiliary Staff - Registered Dental Hygienists, Certified Dental Assistants, and Dental Assistants.

Dental Health Authority - The individual who functions as the administrator of the facility dental department; usually the Regional Dental Director.

Facility - Any institution or Community Corrections Alternative Program.

Facility Unit Head - The person occupying the highest position in a DOC residential facility, such as an institution, field unit, or Community Corrections Alternative Program.

Health Authority - The Health Administrator or agency responsible for the provision of health care services at a facility or system of institutions, the responsible Physician may be the Health Authority.

Health Care Staff - Licensed/Certified workers who typically provide direct patient care, including MD, RN, LPN, CHA, PAC, Nurse Practitioner, Certified Nursing Assistant, Dental Hygienist, Dental Assistant, Lab Technician, Psychology Associate, and X-Ray Technician.

Lead Health Care Staff - The facility's highest ranking person in their specialty, i.e., Physician, Midlevel Practitioner, Head Nurse, or Dentist; the Chief Physician, Chief Nurse, or Chief Dentist will designate the appropriate lead health care staff for each facility.

Licensed Independent Practitioners (LIP) - Persons who are licensed by the Virginia Board of Health Professions, who can be autonomous in their practice (not DOC employees), but are supervised by DOC staff. Duties are determined by each facility and written into contracts.

Medical/Dental Authority - The lead facility health care or dental care practitioner. Clinical supervision is provided by the Chief Physician or Chief Dentist.

Mid-level Practitioner - Nurse Practitioner and Physician Assistant.

Nurse Practitioner - A person who is licensed by the Board of Nursing and Medicine to diagnose and treat medical conditions under the supervision of a Physician licensed in Virginia.

Physician Assistant - A person who is licensed by the Board of Medicine to diagnose and treat medical conditions under the supervision of a Physician licensed in Virginia.

Quality Assurance Monitor and Intake Dentist - The facility designated Dental Authority or lead provider who is tasked with monitoring the Quality Assurance, Continuous Quality Improvement, and Intake protocols as directed by the Dental Health Authority.

Regional Dental Director - A Dentist who reports to the Chief Dentist; supervises the Dental Clinical Authority and the Dentists; and serves as the Dental Health Authority at the facilities within their assigned region.

Regional Dental Hygienist - The Registered Dental Hygienist who provides hygiene care at several facilities.

Regional Nurse Manager - A Registered Nurse who reports to the Chief Nurse and supervises the Health Authorities at the facilities within their assigned region.

Treatment Guidelines - Written medical and nursing guidelines for management of specific health or medical conditions.

PURPOSE

This operating procedure establishes organization, responsibility, and authority of the Health Services Unit (HSU) and defines the relationship of the HSU within the Department of Corrections (DOC).

PROCEDURE

- I. Mission and Philosophy of DOC Health Care
 - A. As the unit responsible for provision of health care in DOC facilities, the HSU has the mission of providing adequate health care services to all inmates and CCAP probationers/parolees in a humane, cost-effective, and timely manner.
 - B. The DOC health care philosophy is to affirm the right of all persons in its custody to adequate health care, which respects their dignity and provides for continuity of care. The DOC recognizes that health care is preventative as well as curative, and encourages inmates and CCAP probationers/parolees to learn and develop responsibility for their own well-being.
 - C. The HSU and the medical department at each facility will develop measurable goals and objectives in support of the mission and philosophy of DOC health care, including, but not limited to, performance measures for timely access to care and medication; continuity of care and medication; coordination of care and clinical quality in accordance with DOC clinical guidelines and nursing protocols. These goals and objectives are reviewed annually and updated as needed. (5-ACI-6D-08)
- II. Organization of HSU (2-CO-4E-01)
 - A. The HSU is administered by a Health Services Director responsible to the Deputy Director for Administration for its management and operations. All health care staff within the DOC are responsible to the Health Services Director.
 - B. Contract vendors providing health services to facilities are responsible to provide administrative and clinical supervision to contract vendor staff under the oversight of the Health Services Director as contract administrator.
 - C. The Health Services Director is supported by the following HSU Chiefs who have primary responsibility for staffing within their specialty:
 1. Chief Physician
 2. Chief Dentist
 3. Chief Nurse
 4. Chief of Mental Health and Wellness Services
 5. Chief Pharmacist
 6. Chief Psychiatrist
 - D. Administration of Mental Health and Wellness Services is covered in Operating Procedure 730.1, *Mental Health and Wellness Services: Administration*.
 - E. The Chief Nurse supervises Regional Nurse Managers (one for each region) who are responsible for Health Authorities in DOC facilities.
 - F. The HSU must designate a Health Authority and a Medical Authority for each facility. (5-ACI-6B-01)
 1. The Health Authority is responsible for the administration of the facility medical department. The Health Authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the medical services program.
 2. The Health Authority and the facility administration should remain in constant communicate to ensure



- that provision of health services is integrated into facility operations so health care can be provided with minimal inconvenience to medical staff and minimal impact on other facility operations.
3. The Health Authority is usually the Head Nurse or administrator of the facility medical department (4-ACRS-4C-02) Final clinical judgments rest with a single, responsible physician designated as the Medical Authority.
 4. By written agreement, contract, or job description, the designated Health Authority has responsibility for ongoing health care services. (4-ACRS-4C-02)
 5. The Health Authority's responsibilities include the following:
 - a. Establish a mission statement that defines the scope of health care services.
 - b. Develop mechanisms, including written agreements when necessary, to assure that the scope of services is provided and properly monitored.
 - c. Develop the facility operational health policies and procedures.
 - d. Identify the type of health care staff needed to provide the determined scope of services.
 - e. Establish systems for the coordination of care among multidisciplinary health care providers.
 - f. Develop a quality assurance program.
 6. The Health Authority is responsible to the appropriate Regional Nurse Manager in administrative clinical matters. Clinical decisions are the sole province of the responsible health care provider and are not countermanded by non-clinicians. (5-ACI-6B-02)
 7. The Health Authority will be both administrative and clinically responsible for all nurses, correctional health assistants, allied health care staff, and medical records/clerical staff.
 8. The Health Authority is responsible to the Facility Unit Head in matters regarding safety, security, sanitation, and good order of the facility.
 9. The Health Authority must report to the Facility Unit Head any serious health threats that may affect staff, inmate, or CCAP probationer/parolee health and safety.
 10. The Health Authority is exempt under the Fair Labors Standard Act and managed on a 28-day or monthly schedule.
 11. The Health Authority will have administrative responsibility that may include employment processes, leave approval, training, discipline, audits, other administrative functions, and management of staff time and time sheets.
 12. The Health Authority will have responsibility to ensure that facility health care services comply with audit requirements and responsibility to provide documentation of compliance.
 13. The Health Authority or Facility Unit Head will approve specific nonprescription (over-the-counter) medications that inmates and CCAP probationers/parolees have access to through the facility commissary. (5-ACI-6A-44)
 - a. The items offered are approved by the DOC Commissary Committee.
 - b. Policies and procedures related to nonprescription medications are approved jointly by the Facility Unit Head and the Health Authority.
- G. All physicians will report to the Chief Physician clinically and to the Health Authority administratively.
- H. All dentists will report to their assigned Regional Dental Director or the Chief Dentist if the Regional Dental Director position is vacant.
1. The Chief Dentist supervises Regional Dental Directors who serve as Dental Health Authorities for their assigned DOC facilities.
 2. The Dental Health Authority's duties and responsibilities to the facility dental program mirror the Health Authority's duties and responsibilities to the facility medical program as listed above.

3. The facility Dental Authority is responsible for making decisions about day-to-day clinical processes and general operations of the dental program.
 4. For individual dental treatment issues and treatment planning (provider-to-patient), final clinical judgments lie with the facility Dentists as guided by licensure and DOC operating procedures.
 5. Dental assistants are under the supervision of the facility Dentists, unless a dentist is not assigned in which case the dental assistant will be under the supervision of the Dental Health Authority.
 6. A Quality Assurance (QA) Monitor and Intake Dentist will be assigned as the administrative dental supervisor to all assigned dental assistants and certified dental assistants, to include those that are clinically assigned to other dentists.
 7. Dental Hygienists are under the supervision of the assigned facility Dental Authority.
- I. Health care staff will have authority over the practice of medicine, dentistry, mental health, or nursing without restrictions imposed upon them by the facility administrators; however, security regulations applicable to facility staff also apply to all health care staff.

III. Adequate Resources for Provision of Health Care (2-CO-4E-01)

- A. Each facility will be responsible for providing support services including, but not limited to utilities, telephone, food, clothing, building maintenance, procurement, and human resources.
1. Physical plant
 - a. Adequate space is provided for administrative, direct care, professional, and clerical staff. This space includes conference areas, a storage room for records, a public lobby, and toilet facilities.
 - b. Health care encounters, including medical and mental health interviews, examinations, and procedures, should be conducted in a setting that respects the inmate's or CCAP probationer's/parolee's privacy. (5-ACI-6C-10)
 - c. Exercise areas are available to meet exercise and physical therapy requirements of individual inmate and CCAP probationer/parolee treatment plans. (5-ACI-6C-15)
 2. Staffing expenditures:
 - a. All facility health care positions are on the facility payroll.
 - b. Budgets should be established in Program 398-10 (Medical) at each facility to absorb the costs associated with the recruitment of health care staff. The facility will be responsible for placing the advertisements and payment of services.
 3. Travel expense:
 - a. The Regional Nurse Manager will approve travel requests for the Health Authority and return them to the facility for processing the payment and charging the expense to the facility medical budget.
 - b. Other facility health care staff will submit travel requests and vouchers to the Health Authority for approval.
 - c. The facility will process the payment and charge the expense to the facility medical budget.
 4. Equipment:
 - a. If approved by the Health Services Director or designee, the funding for an authorized equipment purchase may be expended by the operating unit.
 - b. Each facility will be responsible for the procurement of the equipment, payment of the invoice and processing of all necessary fixed asset accounting and control system forms.
 5. Supplies (medical, mental health, dental, pharmacy, and office):
 - a. Equipment, supplies and materials for health services are provided and maintained as determined by the Health Authority. (5-ACI-2A-03)
 - b. Budgets should be established in Program 398-10 (Medical) at each facility for costs associated

with supply needs. The facility is responsible for procurement of the supplies and payment of the invoices.

- B. The Health Services Director has the responsibility to manage expenditure of health care resources as prudently and effectively as possible.
1. Health care expenditures require approval by persons authorized by the Health Services Director.
 2. Operating budget and capital requests will be developed by the Health Services Director at the beginning of each budgetary cycle and during the interim as necessary. Such requests will be submitted for consideration in the DOC's annual budget requests.

IV. Health Services Staffing

- A. A health care staffing analysis will be developed to establish essential positions necessary to provide the scope of health services required for the facility. (5-ACI-6D-04)
1. A staffing plan is developed and implemented from this analysis.
 2. This plan will be reviewed and updated annually by the Health Authority to determine if the number and type of staff is appropriate to facility needs.
- B. Appropriate health care staff in conjunction with the HSU will manage the vacancies and hiring of lead health care staff.
1. The appropriate HSU Chief must be notified of all lead health care staff resignations as they occur. A face-to-face exit interview should be completed by the facility Human Resource Officer (HRO) and sent to the DOC employee manager within ten working days after the interview; see Operating Procedure 175.1, *Employee Separations*.
 2. The HSU will determine whether to fill any health care position (including contract staff) and where the position will be located to meet the needs of the DOC. The facility will be responsible for advertising the position, choosing the appropriate media for advertising, notifying applicants, and scheduling interviews.
 3. The appropriate HSU Chief or designee will be the appointing authority for lead health care staff and will chair, or designate the chair for the final interview. The Facility Unit Head or designee will participate in the final interview.
 4. The Health Authority will chair interviews and will be the appointing authority for all facility medical staff. When the Health Authority is not available, the Regional Nurse Manager will arrange for a substitute.
 5. The facility Dentist will conduct interviews for dental assistant positions. The facility Dentist will be the appointing authority.
 6. Corrections Health Assistants (CHA) must be interviewed and approved by the facility Medical Authority prior to hiring. (2-CO-1C-14)
 - a. After the selection of the CHA, the following documents must be sent to the HSU for review and registration.
 - i. Completed credentialing form, including a list of duties.
 - ii. Copy of high school diploma, GED, military separation forms (where applicable), and training credentials.
 - b. After review and approval, the HSU will return the above named documents to the facility. The original should be placed in the employee's personnel file and copies provided to the supervising physician and the nursing supervisor.
 - c. Re-registration is required every 12 months and the Health Authority at each facility is responsible for obtaining timely renewals.
 - d. When the Medical Authority changes at the facility, the new Medical Authority will interview the



CHA and write a letter accepting responsibility. The letter will be sent to the HSU within 30 days of employment of the new physician.

7. Prior to hiring, the HSU must conduct a *National Practitioner Data Bank Query 701_F7* for all final candidates for the positions of physician, mid-level practitioner, dentist, and any licensed psychologist.
8. At a minimum, the following information must be available before employment will be authorized:
 - a. Completed state application (employees only)
 - b. Acceptable background investigation
 - c. National Practitioner Data Bank Query (Physicians, Psychiatrists, Dentists, Physician Assistant and Virginia Board of Health Professions licensure look-up – Physicians and all licensed professionals)
 - d. Current Cardiopulmonary Resuscitation (CPR) Certification if required by discipline
9. At a minimum, the following information must be available before contracting with Licensed Independent Practitioners:
 - a. Curriculum Vitae (professional health care contracts only)
 - b. Acceptable background investigation
 - c. National Practitioner Data Bank Query (Physicians, Psychiatrists, Dentists, Nurse Practitioners, Physician Assistant, and Virginia Board of Health Professions licensure look-up – Physicians and all licensed professionals)
 - d. All licensed/certified health care professionals, state and contract, will have a current Virginia license or must be eligible for licensure as designated by the appropriate licensing board.
 - e. All contract Physicians, Psychiatrists, Optometrists, and Dentists must have written approval from the DOC Health Services Director to subcontract and meet the same credentialing standards. Applicable forms are available in the Professional Medical Services Contract that can be obtained by contacting the facility buyer or DOC Headquarters Procurement Unit.
10. The facility HRO is responsible for the completion of all documentation required during the recruitment, selection, hiring, evaluation, and disciplinary processes. The Facility Unit Head will provide input when appropriate into employee work profiles, performance evaluations, employee discipline, and grievance responses.

V. Health Services Staff Credentials and Licensure

- A. All professional staff must comply with applicable Virginia and federal licensure, certification, or registration requirements. (4-ACRS-4C-18)
- B. All health care staff including, but not limited to physicians, nurses, dentists, optometrists, pharmacists, X-ray technicians, and dental hygienists must provide documentation of current licensure and license renewals.
- C. All licensed health care personnel (i.e., nurses, X-ray technicians, physicians, and optometrist) must provide a copy of their current license and applicable Drug Enforcement Administration (DEA) Certificate to the Health Authority at their facility. The Health Authority must review the license, maintain it on file, and ensure timely renewals to keep all licenses current.
- D. All dentists must provide a copy of their current license and applicable DEA Certificate to the Dental Health Authority.
- E. The assigned facility Dentist must maintain a copy of the Dental Hygienist's license.
- F. Verification of current credentials is on file in the facility. (5-ACI-6B-03; 4-ACRS-4C-18)
- G. The Regional Nurse Manager must maintain a copy of the Health Authority's license.



VI. Health Services Staff Job Descriptions and Performance Reviews

- A. Health care services are provided by qualified health care staff whose duties and responsibilities are governed by written job descriptions, contracts, or written agreements that are approved by the appropriate Health Authority and are on file in the facility. (5-ACI-6B-03; 4-ACRS-4C-18)
- B. The facility Health Authority will write and approve employee work profiles and conduct performance evaluations on all facility health services staff except dental staff.
- C. The Health Authority will complete performance reviews on all physicians with input from the Chief Physician as applicable. The Facility Unit Head will also be given the opportunity to provide feedback for the performance reviews. The Regional Nurse Manager will be the reviewer.
- D. The Health Authority should receive input from the Medical Authority for performance reviews of CHA's.
- E. The Chief Dentist will be responsible for performance planning and evaluation of the facility dentist(s) with input from the Dental Health Authority and review by the Health Services Director.
- F. The facility Dental Authority will be responsible for performance planning and evaluation of dental auxiliary staff with input from the Regional Dental Director or the Chief Dentist.
- G. The assigned facility Dentist will be responsible for performance planning and evaluation of the Dental Hygienist.

VII. Health Services Staff Orientation and Training

- A. Appropriate DOC staff, the Academy for Staff Development (ASD), and outside authorities must provide staff training as required by this operating procedure and other applicable DOC training procedures.
- B. Orientation and training for Health Services staff must be completed and documented in accordance with Operating Procedure 102.6, *Staff Orientation*, Operating Procedure 350.2, *Training and Development*, and the *Training Matrix* developed by the ASD.
- C. The content and expense of health care training will be prescribed and approved by the Health Services Director or designee. The appropriate Chief or designee must approve, in advance, any expenses for education and training.
- D. Training records must be maintained at the ASD with copies in the employee's training file at the facility.
- E. All new full time health care employees must complete the facility's 40-hour orientation program before undertaking their assignments in accordance with Operating Procedure 102.6, *Staff Orientation*.
- F. The Regional Nurse Manager and Health Authority or designee will provide additional orientation appropriate to the employee's health care duties, to be documented as follows:
 - 1. *Medical Orientation Checklist – Nurses 701_F3*
 - 2. *Medical Orientation Checklist – Ancillary Staff 701_F4*
 - 3. *Orientation Checklist – Health Authority 701_F5*
- G. All full time health care staff who have inmate or CCAP probationer/parolee contact must receive 40 hours of training, in addition to orientation training, during their first year of employment and 40 hours of training each year thereafter, in areas relevant to their position. (5-ACI-1D-14; 4-ACRS-7B-15)
 - 1. Part-time nurses working less than a 1500 hours/year will complete eight hours of classroom training specific to facility rules and security presented by the Facility Unit Head or designee. An additional eight hours minimum of training appropriate to their job assignment will be provided by the Health Authority or designee and documented by memo.
- H. The facility Health Authority or designee will provide formal orientation to part-time health care providers



and agency nurses appropriate to their assignments and additional training as needed. (5-ACI-1D-17; 4-ACRS-7B-18)

1. The Facility Unit Head or designee will provide facility rules and security training specific to the facility not to exceed two hours of training.
 2. The Health Authority and Facility Unit Head or designee should document training content and delivery by memo.
- I. The Health Authority and/or Institutional Training Officer will document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in: (§115.35[a, c], §115.235[a, c])
1. How to detect and assess signs of sexual abuse and sexual harassment.
 2. How to preserve physical evidence of sexual abuse.
 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

VIII. Continuing Education for Staff:

- A. Full time health care staff will complete forty hours of continuing education annually in accordance with the *Training Matrix*. This training should be specific to health care staff as it relates to the facility setting and will, at minimum, include: (5-ACI-6B-08)
1. Response to emergency health-related situations within a four-minute response time
 2. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations
 3. Administration of basic first aid
 4. Use of Automatic External Defibrillator and certification in CPR in accordance with the recommendations of the certifying health organization
 5. Methods of obtaining assistance
 6. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
 7. Procedures for patient transfers to appropriate medical facilities or health care providers
 8. Suicide intervention
 9. Bloodborne pathogens and other health care related educational topics.
- B. All health care staff must submit a *Health Services Training Documentation 701_F6* to the Health Services Education Coordinator by January 31 and July 31 each year to document training received in the previous six months.

IX. Health Services Staff Disciplinary Actions

- A. All health care staff are responsible to the Facility Unit Head in matters regarding safety, security, sanitation, and good order of the facility. When a violation occurs in these matters, the Facility Unit Head or designee must approve any proposed discipline.
- B. Medical staff disciplinary actions
1. When there is a violation of policy regarding clinical care or health care management, the Health Services Director or designee in conjunction with the Regional Nurse Manager must approve the proposed discipline.
 2. For all subordinate health care staff, the Health Authority will administer written notices for issues pertaining to clinical care and management.



3. The Health Authority may consult with the Regional Nurse Manager at any time for input regarding a disciplinary issue with a subordinate.
4. Written notices for improper clinical actions or clinical management for lead health care staff will be administered by the Regional Nurse Manager after consultation with the appropriate HSU Chief.
5. The Health Authority will report all disciplinary investigations and actions to the Regional Nurse Manager and appropriate HSU Chief.

C. Dental staff disciplinary actions

1. Disciplinary actions for facility Dentists will be administered by the Chief Dentist or the Regional Dental Director in consultation with the Health Services Director, and Facility Unit Head or designee at the facility.
2. Disciplinary actions for the Dental Assistants will be administered by the facility Dentist, in consultation with the Chief Dentist, and Facility Unit Head or designee at the facility.
3. Disciplinary actions for the Dental Hygienist will be administered by the assigned facility Dentist, in consultation with the Chief Dentist, and Facility Unit Head or designee at the facility.

D. Disciplinary action, including termination, is to be carried out utilizing the appropriate Human Resources Officer.

E. The appropriate HSU Chief will determine whether to report a disciplinary action to the appropriate Health Regulatory Board in accordance with COV §54.1-2900 et seq., *Medicine and Other Healing Arts* or §54.1-3000 et seq., *Nursing*.

X. Grievance Resolution Steps

A. Employee grievances are initiated and resolved in accordance with Operating Procedure 145.4, *Employee Grievances*, and the Commonwealth of Virginia's *DHRM Employee Grievance Procedure*. The response and resolution steps for HSU staff are as listed below:

1. For grievances originated by DOC staff nurses and physicians within DOC facilities:
 - a. First Step Respondent is the facility Health Authority.
 - b. Second Step Respondent is the Regional Nurse Manager.
 - c. Third Step Respondent is the appropriate HSU Chief.
2. For grievances originated by the Health Authority in a DOC facility:
 - a. First Step Respondent is the Regional Nurse Manager.
 - b. Second Step Respondent is the Chief Nurse.
 - c. Third Step Respondent is the Health Services Director.
3. For grievances originated by Dental Hygienists or line Dental Assistants within DOC facilities:
 - a. First Step Respondent is the facility Dentist.
 - b. Second Step Respondent is the Regional Dental Director.
 - c. Third Step Respondent is the Chief Dentist.
4. For grievances originated by a facility Dentist:
 - a. First Step Respondent is the Regional Dental Director.
 - b. Second Step Respondent is the Chief Dentist.
 - c. Third Step Respondent is the Health Services Director.

B. The Health Authority or facility Dentist will advise the Unit Head when a Health Services staff member files a grievance and will keep the Unit Head informed as an appropriate grievance progresses without breaching confidentiality.



XI. Health Care Provided by Other than a Licensed Provider

- A. All facilities have qualified health care personnel. (5-ACI-6B-04)
- B. The facility Nurse must provide training approved by the Board of Nursing to non-medical employees needed to provide essential health care while the Nurse is not on duty.
 - 1. Non-medical staff must only provide the health care services for which they have been trained or pursuant to written standing or direct orders by personnel authorized by law to give such orders. (4-ACRS-4C-17)
 - 2. Non-medical staff should be trained in the administration and documentation of medication.
 - 3. Training must be documented in the employee's personnel file.
- C. In facilities where there is a dentist vacancy, the Regional Dental Hygienist, in cooperation with the Health Authority and Facility Unit Head, will provide interim leadership for the dental staff.
- D. If volunteers are used in the delivery of health care, there is a documented system for selection, training, staff supervision, facility orientation, and a definition of tasks, responsibilities, and authority that is approved by the Health Authority. (5-ACI-6B-10; 4-ACRS-4C-17)
 - 1. Volunteers may only perform duties consistent with their credentials and training.
 - 2. Volunteers agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.
- E. Any student, intern, or resident delivering health care in the facility, as part of a formal training program, will work under staff supervision commensurate with their level of training. (5-ACI-6B-11)
 - 1. There is a written agreement between the facility and training or educational facility that covers the scope of work, length of agreement, and any legal or liability issues.
 - 2. Students or interns agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.
- F. Unless prohibited by state law, inmates and CCAP probationers/parolees (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include the following: (5-ACI-6B-12)
 - 1. Peer support and education
 - 2. Hospice activities
 - 3. Assisting impaired inmates and CCAP probationers/parolees on a one-on-one basis with activities of daily living
 - 4. Serving as a suicide companion or buddy if qualified and trained through a formal program that is part of a suicide prevention plan
- G. Inmates and CCAP probationers/parolees are not to be used for the following duties: (5-ACI-6B-12)
 - 1. Performing direct patient care services
 - 2. Scheduling health care appointments
 - 3. Determining access of other inmates and CCAP probationers/parolees to health care services
 - 4. Handling or having access to surgical instruments, syringes, needles, medications, or health records
 - 5. Operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program

XII. Procedures and Guidelines

- A. The HSU will coordinate with the Policy and Initiatives Unit to maintain current operating procedures on



all relevant health care issues. These procedures will be maintained in the DOC Virtual Library.

- B. The Health Services Director or the appropriate HSU Chief must review each policy, procedure, and program in the health care delivery system at least annually and revise if necessary. The facility Health Authority will review each policy, procedure, and program in the facility health care delivery system at least annually and provide input for revision if necessary. (5-ACI-6D-10)
- C. The HSU will establish Treatment Guidelines to include *Nursing Evaluation Tools*, *Medical (Standard Treatment) Guidelines*, and *Nursing Guidelines* to guide staff in treatment issues; revising and updating as necessary.
- D. The Health Authority will ensure in writing that all health care staff have read and have access to all communications related to health care. Health care staff will be advised of the importance of complying with health care directives, policies, procedures, laws, and regulations.

XIII. Medical Research (5-ACI-6C-09; 4-ACRS-4C-20; 2-CO-4E-01)

- A. Inmates and CCAP probationers/parolees do not participate in medical, pharmaceutical, or cosmetic experiments.
- B. Inmates and CCAP probationers/parolees may participate in medical or pharmaceutical research trials that are approved by the DOC *Human Subject Research and Review Committee* based on the inmate's or CCAP probationer's/parolee's need for a specific medical intervention; see Operating Procedure 020.1, *Research Conducted in DOC Units*. Any research performed in DOC facilities will be in compliance with all state and federal guidelines. (2-CO-1F-14)
- C. On the recommendation of the medical practitioner and with the approval of the HSU, inmates and CCAP probationers/parolees may be eligible for expanded access to investigational drugs, biological products, or devices based on the inmate's and CCAP probationer's/parolee's need for a specific medical procedure and in accordance with COV §54.1-3442.2, *Eligibility for expanded access to investigational drugs, biological products, and devices; written, informed consent to treatment*.

XIV. Meetings and Reports

- A. The Health Authority should have a system in place for reporting necessary health care information to other health care workers at shift change.
 - 1. Reporting may be by verbal, written, or taped reports.
 - 2. This report should include any pertinent information to include inmates and CCAP probationers/parolees admitted to medical beds, inmates and CCAP probationers/parolees out for medical appointments, and other information needed for continuity of care.
- B. Health care staff should meet among themselves at least monthly to receive current information and to communicate any changes in the delivery of health care. Attendance rosters and minutes will be maintained and filed at the facility.
- C. The Health Authority, Facility Unit Head, and other members of the health care staff will meet at least every three months to discuss health care services, quality improvement initiatives/findings, infection control efforts, inmate and CCAP probationer/parolee grievances, and other issues related to health care. (5-ACI-6D-01)
 - 1. Corrective actions and changes implemented since last meeting will be discussed.
 - 2. The Health Authority will submit monthly reports on the health services system and health environment, and submits plans to address issues raised.
 - 3. Minutes of these meetings will be maintained and filed at the facility.
- D. All lead health care staff will attend mandatory meetings scheduled by the HSU. The appropriate Health Services Chief will be the approval authority for excused absences from these meetings.

- E. The Health Authority must submit an electronic version of Attachment 1, *Health Services Monthly Activity Report Worksheet/Instructions*, to the Health Services Quality Improvement (HSQI) Unit outlining the facility's health service activities. This *Report* should be received in the HSQI Unit by the 16th of each month for the prior months' activities.
- F. The Dentist must submit a *Dental Services Monthly Activities Report 720_F28*; see Operating Procedure 720.6, *Dental Services*, to the HSU by the 15th of the following month.

REFERENCES

COV §54.1-2900 et seq., *Medicine and Other Healing Arts*.

COV §54.1-3000 et seq., *Nursing*.

COV §54.1-3442.2, *Eligibility for expanded access to investigational drugs, biological products, and devices; written, informed consent to treatment*.

DHRM Employee Grievance Procedure

Operating Procedure 020.1, *Research Conducted in DOC Units*

Operating Procedure 102.6, *Staff Orientation*

Operating Procedure 145.4, *Employee Grievances*

Operating Procedure 175.1, *Employee Separations*

Operating Procedure 350.2, *Training and Development*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 730.1, *Mental Health and Wellness Services: Administration*

Training Matrix

ATTACHMENTS

Attachment 1, *Health Services Monthly Activity Report Worksheet/Instructions*

FORM CITATIONS

Medical Orientation Checklist – Nurses 701_F3

Medical Orientation Checklist – Ancillary Staff 701_F4

Orientation Checklist – Health Authority 701_F5

Health Services Training Documentation 701_F6

National Practitioner Data Bank Query 701_F7

Dental Services Monthly Activities Report 720_F28

