



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.

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, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

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

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

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

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 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 Provider (HCP) - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience.

Health Care Staff - Licensed/Certified workers who typically provide direct patient care.

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 Authority.

Lead Health Care Staff - The facility's highest-ranking person in their specialty, i.e., Physician, Midlevel Practitioner, Head Nurse, or Dentist; the Chief Medical Officer, Chief Nurse Executive, 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 staff), but are supervised by DOC staff. Duties are determined by each facility and written into contracts.

Responsible Physician - Individual licensed to practice medicine and provide health services to the inmate population of the facility and/or the physician at an institution with final responsibility for decisions related to medical judgements.

Treatment Guidelines - Written medical and nursing guidelines for management of specific health or medical conditions that are evidence-based and consistent with community standards.

PURPOSE

This operating procedure establishes the 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 Community Corrections Alternative Program (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 will maintain specific measurable goals and objectives in support of the mission and philosophy of DOC health care, and will review them at least annually, updating as needed. (5-ACI-6D-08)
- II. Organization of HSU (2-CO-4E-01)
 - A. The Health Services Director is responsible for the management and operations of HSU and health care staff.
 - B. The Health Services Director and Assistant Health Services Director are supported by the following HSU Chiefs who are responsible for staffing within their specialty:
 1. Chief Medical Officer
 2. Chief Dentist
 3. Chief Nurse Executive
 4. Chief of Health Services Operations
 5. Chief Pharmacist
 6. Chief Psychiatrist
 - C. Administration of Mental Health and Wellness Services is covered in Operating Procedure 730.1, *Mental Health and Wellness Services: Administration*.
 - D. The HSU must designate a Health Authority and a responsible Physician for each facility. (5-ACI-6B-01)
 1. The Health Authority is responsible for the administration of the facility medical department.
 2. 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.
 3. The Health Authority and the facility administration should maintain communication strategies to ensure provision of health services is integrated into facility operations so health care can be provided with minimal impact on other facility operations.
 4. The Health Authority is usually the highest-ranking Nurse or Healthcare Program Manager of the facility medical department (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. Identify the type of health care staff needed to provide the determined scope of services.

- d. Establish systems for the coordination of care among multidisciplinary health care providers.
- e. Develop a quality assurance/improvement program.
- 6. The Health Authority is responsible to the appropriate Regional Nurse Manager or Regional Healthcare Administrator. Clinical decisions are the sole province of the responsible Physician and are not countermanded by non-clinicians. (5-ACI-6B-02)
- 7. The Health Authority will be administratively responsible for the clinical functioning of the entire medical program at the facility.
- 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 ensure that facility health care services comply with audit requirements and will provide documentation of compliance.
- E. All Health Care Providers will report to the Regional Medical Director clinically and to the Health Authority administratively.
- F. All Dentists will report to their assigned Regional Dental Director clinically, and to the Health Authority administratively.
- G. The Facility Unit Head may, when appropriate, provide input into employee work profiles, performance evaluations, staff discipline, and grievance responses.

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

- A. Each facility is 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 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 397004 (Medical) at each facility to absorb the costs associated with the recruitment of health care staff. Either the facility or the headquarters health services talent acquisition team will be responsible for placing the advertisements and for payment of services rendered.
 - 3. Supplies (medical 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 the medical program 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 must manage the 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 at least annually 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 offered 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 DOC needs.
 - 3. The health services talent acquisition team is responsible for advertising the position, choosing the appropriate media for advertising, notifying applicants, and scheduling interviews.
 - 4. 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.
 - 5. The facility Health Authority or Healthcare Program Administrator will be the appointing authority for all facility health services staff and should participate in the interview process for all facility health services staff whenever practical.
 - 6. The appropriate Regional Supervisor (i.e., Regional Nurse Manager or Regional Healthcare Administrator) will arrange for a substitute when the designated chair is not available.
 - 7. The facility Dentist will be the appointing authority and will conduct interviews for facility dental positions.

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)
 - 1. Prior to interview, the HSU will conduct a *National Practitioner Data Bank Query* 701_F7 for all final candidates for the positions of Physician, Mid-Level Practitioner, and Dentist.
 - 2. At a minimum, the following information must be available before employment will be authorized:
 - a. Completed state application (staff 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
 - 3. 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.
4. The facility HRO or headquarters human resources is responsible for the completion of all documentation required during the recruitment, selection, hiring, evaluation, and disciplinary processes.
- B. The HSU will maintain the enrollment of licensed healthcare personnel in the National Practitioner Data Bank and Nursys license registry systems.
1. Registered Nurses and Licensed Practical Nurses will be enrolled in the Nursys license registry system upon hire.
 2. Certified Nursing Assistants will be monitored via the Virginia Department of Health Professions License Lookup.
 3. All other licensed healthcare personnel will be enrolled in the National Practitioner Data Bank upon hire.
 4. Active licenses will be confirmed via the DHP License Lookup and reviewed monthly.
 5. The licensed healthcare staff member is responsible for ensuring their license remains active and they are in good standing with their respective medical Board.
- C. All licensed health care personnel must provide a copy of their current license, license renewals, 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 Authority.
- E. The assigned facility Dentist must maintain a copy of the Dental Hygienist's license.
- F. Verification of current credentials is kept 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, if applicable.

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 (in conjunction with human resources) will write and approve employee work profiles and conduct performance evaluations on all facility health services staff, except as outlined below.
 1. The Regional Medical Director will complete performance reviews on all Physicians with input from the Health Authority as applicable.
 2. The Chief Medical Officer will be the reviewer.
- C. The Chief Dentist and the Regional Dental Directors will be responsible for performance planning and evaluation of the facility dental Supervisors, dental staff, and Dentist(s) with input from the Dental Authority and review by the Health Services Director.

- D. The assigned facility Dentist will be responsible for performance planning and evaluation of dental auxiliary staff, to include Dental Hygienists, with input from the Regional Dental Director or the Chief Dentist.

VII. Health Services Staff Orientation and Training

- A. Orientation and training for health services staff must be completed and documented in accordance with Operating Procedure 102.6, *Staff Onboarding and Orientation*, Operating Procedure 350.2, *Training and Development*, and the *Training Matrix* developed by the ASD.
- B. 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.
- C. Training records must be maintained at the ASD with copies in the staff member's training file at the facility.
- D. All new full time health care staff must complete the facility's 40-hour orientation program before undertaking their assignments in accordance with Operating Procedure 102.6, *Staff Onboarding and Orientation*.
- E. The Regional Nurse Manager and Health Authority or designee will provide additional orientation appropriate to the staff member'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
- F. 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 and contract health care staff will complete training in accordance with the Academy for Staff Development Training Matrix.
- G. The facility Health Authority or designee will provide formal orientation to part-time and contract health care staff appropriate to their assignments and additional training as needed. (5-ACI-1D-17; 4-ACRS-7B-18)
- H. The Health Authority and/or Institutional Training Officer will document that all full and part-time health services 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.

IX. Reporting Health Services Staff Disciplinary Actions to Regulatory Boards

The appropriate HSU Chief, in consultation with the Director and/or Assistant Director of Health Services, 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 COV §54.1-3000 et seq., *Nursing*.

X. Grievance Resolution

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*.

XI. Health Care Provided by Non-Medical Staff

- A. All facilities have qualified health care personnel. (5-ACI-6B-04)
- B. The facility Health Authority or designee must ensure appropriate training approved by the HSU is provided to non-medical staff who will 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 staff member's personnel file.
- C. 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 must agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.
- D. 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 must be 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 must agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.
- E. 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

F. 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 Policy Analyst 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 and procedure 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 written clinical guidelines, to include (but not be limited to) *Nursing Evaluation Tools*, *Medical* (i.e., *Standard Treatment*) *Guidelines*, and *Nursing Guidelines* and review them at least annually and revise if 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.
- E. 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 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)
- B. 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 will be verbal and written
 2. This report must 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. Facility health care staff should meet 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, safety and 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. Performance Improvement Plans 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*, to the Health Services Quality Improvement (HSQI) Unit outlining the facility's health service activities. The *Health Services Monthly Activity Report* should be received in the HSQI Unit by the 16th of each month for the prior months' activities.
- F. Facility dental staff must submit a *Dental Services Monthly Activity 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*.

Operating Procedure 020.1, *Research Conducted in DOC Units*

Operating Procedure 102.6, *Staff Onboarding and 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*

DHRM Employee Grievance Procedure

Training Matrix

ATTACHMENTS

Attachment 1, *Health Services Monthly Activity Report*

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 Activity Report 720_F28

