	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>	<b>POLICY NO.:</b> <b>COR.10.C.07</b>
		<b>SUPERSEDES (Policy No. &amp; Date):</b> <b>COR.10.1C.01 (10/29/08)</b>	
	<b>SUBJECT:</b> <b>STAFFING</b>		<b>Page 1 of 4</b>

**1.0 PURPOSE**

The purpose of this policy is to ensure that there are sufficient numbers and types of health staff to care for the incarcerated population.

**2.0 SCOPE**

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

**3.0 REFERENCES, DEFINITIONS & FORMS**

**.1 References**

- a. Hawaii Revised Statutes, §353-13, Examination by medical officer.
- b. Hawaii Revised Statutes §353-A, Director of Corrections and Rehabilitation; powers and duties.
- c. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- d. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- e. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

**.2 Definitions**

- a. **Administrative Responsibilities:** Duties that include, but are not limited to, reviewing and approving policies, procedures, protocols, and guidelines; participating in staff meetings; conducting in-service training programs; participating in quality improvement and infection control programs; and collaborating with security and other multidisciplinary treatment team members.
- b. **Clinical Responsibilities:** Duties that include, but are not limited to, conducting physical examinations; conducting mental health screenings and evaluations, including psychological testing; evaluating and managing

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patients in clinics or residential treatment units; administering medications; monitoring other qualified health care professionals by reviewing and cosigning charts; reviewing laboratory and other diagnostic test results; developing, monitoring, and modifying individual treatment plans; conducting individual therapy and group psychosocial treatment; engaging in discharge planning activities, and conducting rounds or wellness checks in segregated housing units..

- c. Prescriber: A nurse practitioner, physician assistant, physician, dentist, or optometrist.
- d. Qualified Health Care Professionals: Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.
- e. Qualified Mental Health Professionals: Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
- f. Responsible Health Authority: The Clinical Services Administrator is the designated individual tasked with ensuring the organization and delivery of all medical and clinical services care in the facility.
- g. Responsible Mental Health Authority: The Mental Health Administrator is the designated individual tasked with ensuring the organization and delivery of all mental health care in the facility.
- h. Staffing Plan: A plan that lays out the full-time equivalent staff coverage required, lists current incumbents and vacancies, and addresses how full coverage will be accomplished if all positions are not filled (e.g., use of agency, temporary, or part-time staff).

#### **4.0 POLICY**

- .1 The responsible health authority approves the medical and clinical services facility staffing plan; the responsible mental health authority approves the mental health facility staffing plan.
- .2 The adequacy and effectiveness of staffing plans are assessed by the facility's ability to meet the health needs of the incarcerated population.

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- .3 Responsible physician, prescriber, clinician, qualified health care professional, and qualified mental health professional time must be sufficient to fulfill both administrative and clinical responsibilities.
- .4 A documented plan is in place for custody staff to follow when a health situation arises and health staff are not present at the facility.

**5.0 PROCEDURES**


- .1 The responsible health authority and the responsible mental health authority shall submit the approved annual facility staffing plan at the end of each fiscal year to the branch chief (i.e., Medical Director, Chief Nursing Officer, or Mental Health Branch Administrator) and division administrator.
- .2 The responsible health authority and the responsible mental health authority shall assess the sufficiency of the number and types of qualified health care professionals and qualified mental health professionals required in the facility health care system based on the following factors as applicable:
  - a. Health needs of the incarcerated population.
  - b. Size of the facility.
  - c. Types (e.g., medical, nursing, dental, mental health) of health services delivered.
  - d. Scope (e.g., infirmary, outpatient, specialty care), of health services delivered.
  - e. Organizational structure (e.g., hours of service, use of assistants, scheduling).
  - f. Types of clinical and administrative responsibilities, anticipated amount of clinical and administrative responsibilities, and the time it takes to complete clinical and administrative responsibilities.
  - g. Timely and thorough physician and clinician encounters (i.e., identification of any unreasonable delay in patients receiving necessary care).
  - h. Length of any backlog in the delivery of health care services.

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
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- .3 Professionals in training (e.g., physician or psychiatric residents), may be included in the staffing plan if appropriately supervised. Volunteers and students are not included in the staffing plan for delivering basic health services.
- .4 The responsible health authority and the responsible mental health authority shall conduct an annual and as needed reassessment of the facility staffing plan and propose modifications to the facility staffing plan or request additional staffing needs to the branch chief (i.e., Medical Director, Chief Nursing Officer, or Mental Health Branch Administrator) and division administrator.
- .5 When a health situation arises and health care staff are not present at the facility, security staff shall contact the designated provider on-call as listed on the monthly Provider Consultative Call sheet.

APPROVAL RECOMMENDED:

  
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Deputy Director for Corrections                      **JAN 0 1 2024**  
Date

APPROVED:

  
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DIRECTOR    **JAN 0 1 2024**  
Date

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