
Division of Institutions
Policy and Procedure

I. PURPOSE

To provide consistent nurse staffing based on the medical mission and patient acuity of a facility:

- A. to meet the patient needs,
- B. to meet requirements specified in policies and procedures and standards of care set forth by the American Correctional Association and other accrediting agencies,
- C. to follow professional practice guidelines.

II. DEFINITION

Nursing staff

All classifications of registered nurses, licensed practical nurses, and correctional healthcare assistants, along with classifications assigned to nursing services such as medical record assistants, clerical staff and lab techs.

III. POLICY

- A. The Chief Nursing Officer will establish nurse-staffing guidelines in accordance with community guidelines and those of the current North Carolina Department of Adult Correction (DAC) accrediting body.
- B. The Deputy Secretary of Comprehensive Health Services must approve these guidelines.
- C. These guidelines may use hours per patient day (hppd), staff-patient ratio, patient acuity or other methods to determine appropriate staffing.
- D. Staffing guidelines will include a relief factor. Relief for facilities with 40 hours per week will be provided by regional float nurses.
- E. Staffing guidelines will be established for the following:
 - 1. Skilled Nursing

2. In-Patient Medical Services
 - a) Acute Hospital
 - b) Specialty Clinics
 - c) Emergency Room/Urgent Care Center
 - d) Operating Room
 3. Infirmary
 4. Long Term Care
 5. Processing Teams
 6. In-patient Mental Health
 7. Residential Mental Health
 8. Chronic Disease Units
 9. Large Segregation and Control Units
 10. Telephone Triage Facilities
 11. Stable Medical Observation Units
 12. Transition Units
 13. Out-Patient services according to number of beds and direct observation medications
 14. Regional Nursing Office (Assistance Directors of Nursing, Regional Nurse Supervisors, Float Nurses, and other regional support staff as determined by Chief Nursing Officer).
 15. Central Nursing Office (Chief Nursing Officer, Assistant Director of Nursing, Nursing Education Director, Nursing Resource Liaison, Family Nurse liaison, as well as additional support staff as determined by Chief Nursing Officer.)
 16. Administrative Nursing (Nurse Education, Performance Improvement, Infection Control, Utilization Review, Health Information Services.)
- F. Nursing Coverage
1. There will be five categories of nursing coverage assigned to a facility by the Deputy Secretary of Comprehensive Health Services:

- a) 8 hours/5 days per week
 - b) 8 hours/7 days per week
 - c) 12 hours/7 days per week
 - d) 16 hours/7 days per week
 - e) 24 hours/7 days per week
2. Nursing coverage is dependent on the medical mission, custody level and maximum operating coverage capacity. During hours of no on-site nursing coverage, custody staff will have access to a registered nurse via the Telephone Triage System.
3. Facilities with 24/7 RN Coverage:
- a) Chronic Disease Facilities
 - b) Processing Centers
 - c) Infirmary Facilities
 - d) Telephone Triage
 - e) Acute medical and mental health facilities
 - f) Facilities that do not have chronic disease units, processing, infirmary or telephone triage, but have 24/7 nursing, RN coverage is preferred LPN coverage may be utilized with RN access via telephone triage if needed.

IV. PROCEDURES

- A. Core Staffing Guidelines shall be determined by the Chief Nursing Officer and reviewed annually.
- B. Changing Facility Nursing Coverage – Exceptions to the staffing guidelines will be on a case-by-case basis with consideration of availability of emergency services, medical providers, nursing staff, and geographic location. Staffing shortages, changes in patient acuity and medical missions may require changing the facility’s nursing coverage. Changes to Staffing guidelines shall be developed by Nurse Supervisor in conjunction with facility Warden and Regional Nursing Leadership and presented for approval by Chief Nursing Officer.
- C. Agency Nurses
1. Agency nurses may be utilized to fulfill the established staffing guidelines.
 2. If agency nurses are utilized, the following procedures will be followed:
 - a) Agency nurses will receive orientation by DAC Nursing personnel.
 - b) Agency nurses will report to the facility’s nurse manager or designee.
 - c) Agency nurses will follow the facility’s Nursing Time and Attendance Policy.
 - d) Agency nurses will work a time schedule as developed/posted by the Nurse Supervisor.
 - e) RN Agency nurses can assume charge responsibilities only after:
 - i. Working in DAC system 26 weeks or more with orientation to current facility and/or inpatient unit.

- ii. Completion of Emergency response competency prior to assignment.
 - iii. Access to a DAC RN for consultation may include telephone triage.
 - iv. Provider On call schedules and telephone numbers shall be readily available.
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- f) Agency nurses will have a performance report completed by the Nurse Supervisor monthly.
 - g) Agency nurses will have hours compiled weekly and signed by the Nurse Supervisor or designee.
 - h) Background checks will be completed on all agency nurses prior to assignment. Background check will be reviewed by DAC personnel and determination will be made if additional check is needed.
 - i) Nurse agencies will not be allowed to recruit/hire current facility nursing staff. Previously employed DAC Nurses must have an employment lapse of 6 months from Department before being considered for hire through a travel agency.

V. REFERENCES

5th Edition Standards for Adult Correctional Institutions

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