

HEALTH SERVICES ORIENTATION

A. OVERVIEW OF DEPARTMENT OF CORRECTIONS HEALTH SERVICES

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

1. Central Office

- a. The Florida Department of Corrections (FDC) is headed by a Secretary who is appointed by the Governor and confirmed by the Senate.
- b. Each functional unit of FDC is headed by a Chief who reports directly to the Secretary of Corrections. The Health Services Director is responsible for carrying out the statutory requirements along with the Chief Clinical Advisor who is the final clinical authority for professional health matters.
- c. Each central office discipline (clinical, pharmacy, nursing, dental, mental health and administration/programs) has a responsible discipline chief. Each discipline chief reports to the Health Services Director.
- d. The activity of Central Office involves statewide policy and procedure development, clinical quality assurance, program planning/development, resource development, monitoring of the overall provision of health services, and review of corrective actions planned and implemented in response to deficiencies identified during internal and external surveys.

2. Regional Health Services Offices

- a. FDC is divided geographically into four regions. The clinical head of each region is the Regional Medical Executive Director (RMED). The RMED reports to the Medical Services Director and is responsible for the provision of inmate health services in his/her respective region.
- b. Clinical support resources are available in the regional offices from the Regional Registered Nurse Consultant and the Regional Mental Health Consultants. Regional Dental and Pharmacy staff provide additional clinical support.
- c. The administrative lead of each region is the Regional Health Services Manager (RHSM).
- d. The regional discipline directors report to their respective discipline directors.

3. Institutional Organization

- a. The Senior Manager of the institution is the Warden who is responsible for all security staff and administrative staff other than Health Services at the institution. All correctional institutions have an Assistant Warden who is responsible for operations and program functioning within his/her institution.
 - b. The Warden is generally responsible for the well-being of inmates but shall defer to the advice and decisions of the Chief Health Officer (CHO) or Medical Executive Director (MED) in health care matters that require or involve medical judgment. The Warden shall ensure the administrative integrity of health services and shall consult with regional and Central Office staff to resolve matters that cannot be fully addressed at the institutional level. The Warden ensures that non-health care staff, especially Correctional Officers, are available for special health-related training and that other institutional services, including security operations, are performed in such a manner as to not impede access to necessary mental health care or interfere unnecessarily with the delivery of health services.
 - c. Each institution has a Health Services Unit. The head of each institutional Health Services Unit is either a Medical Executive Director or a Chief Health Officer. Final medical responsibility and authority for health care matters at the institutional level rests with the CHO or MED, with support and oversight provided by the regional and Central Office discipline directors.
4. Guiding Principles
- a. Evaluation and treatment are provided in an appropriate setting. Health services are provided only by staff who meet at least minimum qualifications defined in position class specifications established by the Department of Management Services and who are clinically privileged to provide such services.
 - b. Inmates are fully informed of any treatment received and must give informed consent or have the right to refuse the care offered (only after being made aware of any known risks and potential benefits of the treatment, as well as the possible consequences of refusal of that treatment). Involuntary treatment shall only be imposed with a court order, except for emergencies in which the inmate poses an immediate threat of harm to self or others.
 - c. Inmates move within and between levels of care according to their level of functioning and treatment needs. Each inmate is treated in the least restrictive environment appropriate to the inmate's need.
 - d. Health records are maintained by professional staff in accordance with the principles of confidentiality required by statute and professional standards. The quality of care provided shall be monitored through a system-wide Clinical

Quality Management program, the Office of Health Services Clinical Quality Management reviews and, routine management supervision. The Correctional Medical Authority provides ongoing oversight on behalf of the Executive Office of the Governor.

5. Ongoing Assessment of Clinical Care
 - a. Each facility shall be periodically assessed by the Regional Directors of each discipline. Areas of clinical practice are evaluated for appropriateness and compliance with statutes, rules and departmental health services policies, procedures, and health services bulletins. The Correctional Medical Authority is responsible for the review of the physical and mental health services provided and ongoing oversight of Clinical Quality Management programs within Department of Corrections' facilities. The surveys are used to identify best practices, as well as potential areas of concern. Institutional staff will develop corrective action plans to address any areas of service delivery which may need improvement. The Health Services Administrator is responsible for the development and oversight of the corrective action plan, in collaboration with all disciplines at the institution. The corrective action plan is reviewed and monitored at the regional and Central Office level.

B. INMATE INTERACTIONS

1. 33-208.002, F.A.C. contains Rules of Conduct for Department personnel, which should also be followed by approved volunteers.
2. Refer to the inmate as inmate and last name.
3. The inmate is to refer to staff (including volunteers and interns) by Mr., Mrs., Ms., or appropriate title (e.g. Dr.) and last name.
4. Do not engage in personal conversation with inmates.
5. Do not perform any personal services or favors for an inmate (e.g., telephone calls, cards, etc.). These services can be provided through security or the Chaplain.
6. Do not discuss interdepartmental or interpersonal issues in the presence of an inmate.
7. Do not leave any unattended inmate in a Health Services Unit.
8. Do not leave doors unlocked or propped open if the room is unattended.
9. Do not inform inmates of the date or time for any outside appointment. If the inmate becomes aware of the appointment date or time, the appointment must be changed.

10. Do not give or take anything from an inmate other than medical or correctional-related information/materials.
11. Maintain an awareness of inmate orderlies. These inmates can become very familiar with staff and departmental procedures. Orderlies are still inmates and the above-mentioned precautions must be followed at all times.

C. INMATE BEHAVIOR

1. Inmates may attempt to manipulate staff or the system. All staff need to be aware of this potential and respond appropriately.
2. If you are unsure of the intent of an inmate's behavior, utilize the supervisor or other staff for validation.
3. Inmates, especially those in confinement, may exhibit inappropriate behaviors. This should be referred to mental health for follow-up. Reference: procedure 404.001, Suicide and Self-Injury Prevention.
4. Any suicidal gestures or threats must be treated seriously. This must be documented and immediately reported to the appropriate person. Reference: procedure 404.001, Suicide and Self-Injury Prevention.
5. Allegations by inmates of staff abuse must be reported immediately to the supervising health services authority at the institution.

D. SECURITY

1. Security is available 24 hours a day.
2. Security staff are responsible for physically restraining an inmate. If a problem arises, call the control room for assistance.
3. If you receive any correspondence from an inmate, regardless of content, immediately notify your supervisor and security staff.
4. When an inmate does not report for a scheduled appointment in a health services unit, security staff must be notified.
5. Security is the primary directive of the Department of Corrections. Therefore, health services staff should be acutely aware of and report any situation that appears suspect of an inmate violating any security inmate rule.