



**MARK S. INCH  
SECRETARY**

**PROCEDURE NUMBER: 403.011**

**PROCEDURE TITLE: INMATE ASSISTANTS FOR IMPAIRED  
INMATES**

**RESPONSIBLE AUTHORITY: OFFICE OF HEALTH SERVICES**

**EFFECTIVE DATE: MAY 6, 2020**

**INITIAL ISSUE DATE: OCTOBER 23, 2002**

**SUPERSEDES: HSB/TI 15.02.05 AND HCS 25.02.03**

**RELEVANT DC FORMS: DC1-206, DC4-526C-L, AND DC4-706**

**OTHER RELEVANT FORMS: NURSING MANUAL APPENDIX I FORMS A-C**

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**ACA/CAC STANDARDS: 4-4143, 4-4393, AND 4-ACRS-6A-04-1**

**STATE/FEDERAL STATUTES: HEALTH INSURANCE PORTABILITY AND  
ACCOUNTABILITY ACT OF 1996 (HIPAA), STANDARDS FOR PRIVACY OF  
INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION, TITLE 45 CFR, PARTS 160  
AND 164 (PRIVACY RULE)**

**FLORIDA ADMINISTRATIVE CODE: RULES 33-210.201 AND 33-401.701, F.A.C.**

**PURPOSE:** To establish guidelines by which appropriately trained inmates may be assigned to assist other inmates with severe disabilities or inmates requiring palliative care (refer to “Palliative Care Program Guidelines,” for additional information) when it is determined to be appropriate by the Chief Health Officer/Institutional Medical Director. The goal of the program is twofold: to provide assistance to inmates with disabilities and those who are in need of palliative care, so they can access the Department’s programs, services, and activities; and to offer meaningful and productive opportunities for Inmate Assistants to learn and develop new skills that can benefit them both during and after incarceration.

**DEFINITIONS:**

- (1) **Americans with Disability Act (ADA)**, where used herein, refers to the right of inmates with documented impairment/disabilities which affect a major life activity to equal access to the Department’s programs, services, and activities.
- (2) **American Sign Language**, where used herein, refers to a language for the deaf in which meaning is conveyed by a system of articulated hand gestures with their placement relative to the upper body.
- (3) **Chief Health Officer/Institutional Medical Director**, where used herein, refers to the physician who is licensed according to either chapter 458 or 459, F.S., including the Regional Medical Director, who makes the final decision on medical issues concerning inmates at an institution or any of its facilities.
- (4) **Incidental Disclosure**, where used herein, refers to the unexpected, unintentional chance or unavoidable release, transfer, provision of access to, or divulging in any manner of protected health information that results from an allowable disclosure or use of protected health information.
- (5) **Institutional Classification Team (ICT)**, where used herein, refers to the team consisting of the Warden or Assistant Warden, Classification Supervisor, Chief of Security, institutional ADA Coordinator and other members as necessary when appointed by the Warden or designated by rule. The ICT is responsible for making work, program, housing, and inmate status decisions at a facility and for making other classification recommendations to the State Classification Office. At private facilities, the Department of Corrections representative is considered an additional member of the ICT when reviewing all job/program assignments, transfer, and custody recommendations/decisions. If a majority decision by the ICT is not possible, the decision of the Department of Corrections representative is final.
- (6) **Protected Health Information(PHI)**, where used herein, refers to inmate or offender information that is created or received by the Department of Corrections, whether oral, recorded, transmitted, or maintained in any form or medium, that relates to the past, present, or future physical or mental health or condition of an inmate or offender, the provision of health care to an inmate or offender, or the past, present, or future payment for the provision of health care to an inmate or offender and identifies an inmate or offender or there is a reasonable basis to believe the information can be used to identify an inmate or offender. Protected health information is health information which contains some or all of the following elements: name, address

information, including the name of an inmate's institution and dorm, social security number, DC number, facial photograph, etc.

- (7) **Regional Medical Director**, where used herein, refers to the health care position responsible for the delivery of health services within the designated region.
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**SPECIFIC PROCEDURES:**

- (1) Inmates identified as having a documented impairment/disability will be referred to the Chief Health Officer/Institutional Medical Director for assessment to determine the need for an Inmate Assistant. The assessment will be recorded on a "Health Services Profile," DC4-706, in accordance with instructions contained in "Assignment of Health Classification Grades to Inmates," HSB 15.03.13, and will refer the impaired and/or disabled inmate to the Impaired Inmate Nurse who will notify Classification of the need.
- (2) The Chief Health Officer/Institutional Medical Director will assess the impaired and/or disabled inmate and determine the need for the use of adaptive aids or special equipment. Once the appropriate assistive device has been determined and provided, if available, the impaired and/or disabled inmate will be referred to the institutional ADA coordinator who will assess for appropriate ADA accommodations.
- (3) Upon determination of the need for an inmate assistant, the Chief Health Officer/Institutional Medical Director or designee will review the list of seven inmate assistant job specialties outlined in Section VII. D (3)(c) of the Nursing Manual, select an appropriate match for the impaired and/or disabled inmate who needs assistance, and advise the chairperson of the Institutional Classification Team by memorandum of the need for the particular type of inmate assistant. If a suitable inmate assistant is identified, the name of that inmate will be included in the memorandum.
- (4) Prospective inmate assistants must complete and meet the criteria listed below:
  - (a) no serious disciplinary report during the past year,
  - (b) no drug reports through security within the last three years,
  - (c) no suicide attempts within the last three years, and
  - (d) no documented history of high-risk sexual behavior.
- (5) If a suitable inmate assistant has not been recommended by the Chief Health Officer/Institutional Medical Director for consideration, the medical staff will request a recommendation from the institutional classification staff. In addition to the inmate's name and DC number, classification staff will provide the following information:
  - (a) custody;
  - (b) housing factor (HO score);

- (c) arrest history;
  - (d) disciplinary history; and
  - (e) past personal, training, and/or employment history, if relevant. (Examples include a history of caring for an impaired family member and/or Emergency Medical Technician or other training and/or employment in the health care field.)
- (6) An inmate with the following convictions will be prohibited from being an inmate assistant:
- (a) sex convictions,
  - (b) domestic battery, and/or
  - (c) convictions related to abuse of children or the elderly.
- (7) If the criteria set forth above are met and the candidate inmate passes the screening(s), the inmate will be evaluated medically, and her/his mental health record will be reviewed for history of suicidal thoughts, depression, and current mental status. Before an inmate assistant is assigned to an inmate, these requirements must be met:
- (a) negative Tuberculin Skin Test (TST) or, if history of positive TST, negative symptom screening within the past year;
  - (b) Tetanus booster within last 10 years;
  - (c) non-reactive VDRL; and
  - (d) Hepatitis B vaccination initiation or documentation of completed series.
- (8) The Institutional Classification Team will consider approval of an inmate assistant for the needed work assignment and will advise the inmate assistant of the assignment. If a suitable inmate assistant is located at another institution, the Institutional Classification Team will initiate the transfer process.
- (9) Institutional Classification will consider the need to assign the inmate assistant, to be housed in the same cell or reasonable proximity of the impaired and/or disabled inmate to assist with the assigned duties.
- (10) Prior to the inmate assistant assuming her/his duties, the Chief Health Officer/Institutional Medical Director will ensure the inmate assistant is trained in all aspects of duties for that particular assignment and has demonstrated acceptable performance. Refresher training shall be provided periodically.
- (a) Training will be provided by a health care professional designated by the Chief Health Officer/Institutional Medical Director based on the training outline contained in the Nursing Manual.

- (b) Inmate Assistants working with impaired and/or disabled inmates will attend General Training & Skills classes (general information regarding the IA program, HIPAA, infection control issues, the ADA, etc.) and when completed successfully, will then attend training classes specific to the type of impaired and/or disabled inmate she/he will be assigned to (hearing impaired, mobility impaired, or vision impaired).
  - (c) Copies of the completed “General Training & Skills for All Inmate Assistants Checklist,” DC4-526E and the applicable training checklist will be filed in the inmate assistant's Training and Work folder maintained by the Impaired Inmate Nurse. Originals of all Training Checklists will be provided to the inmate assistant’s Classification officer. The completed training information will also be entered into the Offender Based Information System (OBIS) on the “Inmate Program Achievements” screen. Mandatory annual training will be documented on the “Inmate Assistant Annual Training Checklist,” DC4-526C.
  - (d) Confidentiality of health information will be discussed with the inmate assistant in the General Training and Skills for All Inmate Assistants training module and will sign an “Inmate Acknowledgement of Responsibility to Maintain Confidentiality of Health or Substance Abuse Information,” DC1-206, prior to assuming her/his responsibilities as an inmate assistant.
  - (e) Details for inmate assistant training, including specific duties, related to assistance for inmates with disabilities and impairments, is outlined in the Nursing Manual and in the individual training modules located in the Nursing Manual’s Appendix.
- (11) Impaired and/or disabled inmates who are assigned inmate assistants must be advised of the right to object at any time to the disclosure of protected health information where such disclosure is not necessary for the performance of the inmate assistant’s duties.
- (12) Designated health services staff will complete entries into the OBIS as follows:
- (a) For the inmate with a significant disability, an entry will be made on her/his “General Medical Contact” screen recording the duties of the inmate assistant assigned as listed in section (15) of this procedure.
  - (b) For the inmate assigned as an inmate assistant, an entry will be made on her/his “General Medical Contact” screen recording the inmate assistant’s assigned duties as listed in section (15) of this procedure. Such an entry will signify that the inmate assistant has completed training in that particular duty.
- (13) Assigned duties as an inmate assistant must not be medical/nursing/clinical in nature. In each case, the duties must be clearly defined as indicated in the training outline in the Nursing Manual section VII., E. Role & Responsibilities of the Impaired Inmate Nurse and in the applicable training modules (which includes Objectives and Skills Demonstrated) located in the Appendix. Inmate Assistants are also instructed in Training that they are to respectfully decline to perform any task Medical personnel may instruct them to do if it’s not in the job description.

(14) Health services staff will take reasonable measures to avoid disclosure of the impaired and/or disabled inmate's protected health information where such disclosure is not necessary for the performance of an inmate assistant's duties.

(15) **DUTIES OF THE INMATE ASSISTANT:**

- (a) At no time will an inmate be given control or authority over another inmate.
- (b) An inmate assistant may perform the following duty assignments (see Nursing Manual section VII. E. 3. c. Types of Inmate Assistants):
  - 1. mobility guide for the purpose of assisting an inmate with visual impairment during the impaired and/or disabled inmate's adjustment at the institution and thereafter as indicated;
  - 2. reader and writer for an inmate who is blind or visually impaired;
  - 3. personal care attendant for an inmate who has significant physical impairments or who requires palliative care. The attendant will assist the impaired and/or disabled inmate with activities of daily living (ADLs) including vocational, recreational, work, or academic activities. The inmate assistant's duties may include:
    - a. wheelchair (manual) mobility;
    - b. writing;
    - c. work or study area set-up;
    - d. hygiene assistance (bathing, shaving, brushing teeth, combing hair);
    - e. dressing or undressing;
    - f. transfers normally from chair to bed and vice-versa and from chair to commode;
    - g. feeding;
    - h. changing bed linen; and
    - i. serving as a companion. (Note: Normally an inmate who is deaf will not be assigned alone at a facility unless there are prevailing circumstances. Efforts will be made to ensure at least two deaf inmates are assigned to the same facility.);
  - 4. environmental services – provides general housekeeping/cleaning duties in the medical department or RMCH;
  - 5. PRN Transportation – assist or accompany inmates with wheelchairs, walkers, or crutches to and from dorms to medical appointments and other areas of the compound. Not assigned to one specific inmate, but acts as a transporter on an as needed (PRN) basis; and/or
  - 6. palliative care – assists a dying inmate with ADLs and functions as a sitter/companion.
- (c) An inmate assistant may refuse to perform any of the allowed tasks without facing disciplinary action but may be removed entirely from the role as deemed appropriate.
- (d) An inmate assistant will not be allowed to perform the following duties:
  - 1. scheduling health care appointments;
  - 2. determining access of other inmates to health care services;
  - 3. handling/having access to surgical instruments, syringes, needles, medications, or health records; or
  - 4. operating diagnostic or therapeutic equipment.
- (e) Inmate assistants will not have access to any other inmate's health care record.

(16) Based on input from staff or on personal observation regarding the performance of duties as an inmate assistant, the Chief Health Officer/Institutional Medical Director may determine that a particular inmate assistant be removed from duties assigned.

(a) In such circumstances, the Chief Health Officer/Institutional Medical Director will advise the Classification Supervisor in writing.

(b) The Classification Supervisor will schedule the inmate assistant for review by the Institutional Classification Team to consider removing the inmate assistant from the assignment.

(17) **INMATE ASSISTANTS TRAINING FORMS DISTRIBUTION**: Distribution of completed and signed orderlies and inmate assistants orientation and annual training paperwork will be as follows:

<b>Forms Distribution</b>	<b>Original to: Inmate's Classification Officer for filing in the inmate's record</b>	<b>Copy to: Inmate's Training and Work folder in the Impaired Inmate Nurse's office</b>
<b>DC1-206</b> – Inmate Acknowledgment of Responsibility to Maintain Confidentiality of Health or Substance Abuse Information	X	X
<b>DC4-526C</b> – Inmate Assistants Annual Training Checklist	X	X
<b>DC4-526D</b> – Inmate Assistant Request for Withdrawal from Program	X	X
<b>DC4-526E</b> – General Training & Skills for All Inmate Assistants Checklist	X	X
<b>DC4-526E-L</b> – Specialty Training Checklists	X	X
<b>N95 Mask Fit</b> – Completed paperwork	X	X




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Chief of Staff