I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities

III. POLICY

It is the policy of the Department of Corrections to assure all new health care staff are oriented to the facility and trained in their job responsibilities. All health care staff shall receive periodic ongoing training to assure delivery of high quality health care and to maintain a safe and secure environment.

IV. CONTENTS

Procedure A: Facility Orientation and Training of Health Care Staff
Procedure B: Periodic Ongoing Training and Continuing Education of Health Care Staff

V. ATTACHMENTS

None

VI. PROCEDURES

Procedure A: Facility Orientation and Training of Health Care Staff
1. Full-time health care staff shall receive one hundred twenty (120) hours of training during their first year of employment. The orientation and training shall include, but not be limited to, the following:

   a. Tour of the facility, 
   b. The purpose and mission of the facility, 
   c. Organization of the facility and the Department, 
   d. Critical incident and emergency procedures, 
   e. Security procedures and practices, 
   f. Facility rules, 
   g. Appropriate conduct with residents, 
   h. Sexual harassment training, 
   i. Overview of classification, 
   j. Ectoparasite control policy and procedures, 
   k. Health care screening and assessment policy and procedures, 
   l. Nursing protocols and medication administration, 
   m. Chronic care and wellness clinics, 
   n. CPR training for any health care staff who deliver health care services, if not currently certified. 
   o. Location and general content of all policy and procedure manuals and reference materials, 
   p. Confidentiality of correctional and health care information.

2. All health care staff and designated direct care staff shall be trained to respond to health related situations within a four (4) minute response time. Annual training for health care and designated direct care staff responsible for the custody, care, and treatment of residents shall include instruction on the following:

   a. recognition of signs and symptoms, and knowledge of action(s) required in potential emergency situations, 
   b. recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal, 
   c. methods of obtaining assistance, 
   d. administration of basic first aid and certification in CPR for all health care staff and designated direct care staff, 
   e. suicide intervention, 
   f. procedures for resident transfers to appropriate medical facilities or health care providers, 
   g. resident access to health care services, 
   h. reporting of resident injuries and illnesses, 
   i. infectious disease control policies and procedures, to include bloodborne and airborne pathogens and universal precautions.

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3. Orientation and training for part-time health care staff shall be a minimum of four (4) hours and shall include, but not be limited to, the following:

   a. Critical incident and emergency procedures,
   b. Security procedures and practices,
   c. Suicide prevention and intervention,
   d. Facility rules,
   e. Appropriate conduct with residents,
   f. Infectious disease control policies and procedures,
   g. Confidentiality of correctional and health care information.

4. Orientation and training shall be completed within ninety (90) days of assignment to a facility health care department. All orientation and training provided to the health care staff shall be documented and copies of the curriculum (which may be presented as an outline), sign-in sheets and rosters and any test results shall be provided to the staff responsible for training and staff development to be entered into the staff’s training file.

Procedure B: Periodic On-going Training and Continuing Education of Health Care Staff

1. All full time health care staff shall complete a minimum of forty (40) hours of periodic on-going training in areas relevant to their position and continuing education appropriate to their positions annually. This may include CPR and infectious disease control training.

   a. Periodic on-going training and continuing education shall be documented in each individual’s training file and shall include the dates of attendance, number of hours, instructor and topic of the training.

   b. Each facility Health Services Administrator shall assure that up-to-date health care education materials, which may include reference books, periodicals, audio tapes, video tapes, textbooks and medical dictionaries, are available to health care staff.

2. Part-time health care staff shall receive periodic training as determined necessary by the HSA or the Chief Administrative Officer, or designee.

VII. PROFESSIONAL STANDARDS

ACA:

4-JCF-4C-28 (MANDATORY) Management of pharmaceuticals shall include, at a minimum, the following provisions:

   1. A formulary and a formalized method for obtaining nonformulary medications

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2. Prescription practices, including requirements that medications are prescribed only when clinically indicated as one facet of a program of therapy
3. A prescribing provider reevaluates a prescription prior to its renewal
4. Procedures for procuring, receiving a receipt, distributing, storing, dispensing, administering, and disposing of medication in accordance with state and federal law
5. Administration of medication by qualified health-care professionals or health-trained personnel in accordance with state and federal law
6. Accountability for administering medications in a timely manner, and according to the health-care practitioner’s order
7. Accountability for documenting medication administration according to procedures approved by the health authority
8. Secure storage and perpetual inventory of all controlled substances, syringes, and needles

4-JCF-4C-54 (MANDATORY) Designated direct-care staff and all health-care staff are trained to respond to health-related situations within a four-minute response time. The training program, established by the responsible health authority in cooperation with the facility administrator, is conducted on an annual basis to assure staff readiness and shall include at a minimum the following:

1. Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations
2. Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
3. Methods of obtaining assistance
4. Administration of basic first aid and certification in performing cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization
5. Suicide intervention
6. Procedures for patient transfers to appropriate medical facilities or community-health-service providers

4-JCF-4D-07 (MANDATORY) There is a written suicide-prevention program approved by the designated health- and mental-health authority and reviewed by the facility or program administrator. The program includes specific procedures and documentation for performing intake, screening, identifying, and supervising suicide-prone juveniles and is reviewed and signed annually. The program includes management of suicidal incidents, suicide watch, death of a juvenile or staff member, and staff and juvenile critical-incident debriefing. It ensures a review of critical incidents by the administration and health services. All staff with responsibility for juvenile supervision are trained on an annual basis in the implementation of the program. Training should include but not be limited to the following:

1. Identifying the warning signs and symptoms of suicidal behavior
2. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors
3. Responding to suicidal and depressed juveniles
4. Improving communication between correctional and health-care personnel
5. Understanding referral procedures
6. Understanding any special housing, juvenile observations, and suicide watch-level procedures and requirements
7. Follow-up monitoring of juveniles who make a suicide attempt

Juvenile case-record management includes, at a minimum, the following:

1. Establishment, use and content of case records.
2. Signed and dated entries in the case record
3. Maintenance, secure placement, and preservation of records to minimize the possibility of theft, loss, or unauthorized destruction of records
4. Schedule for retiring or destroying inactive records
5. Safeguards from unauthorized and improper disclosure
6. Security, which ensures confidentiality for any part of the information system that is computerized
7. A “release of information consent form” that complies with applicable federal and state regulations, a copy of which is maintained in the case record.

Employees, consultants, and contract personnel are informed in writing about the facility's policies on confidentiality of information and agree in writing to abide by them.