

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Personnel

POLICY # P - 8

PAGE 1 of 2

SUBJECT: Nursing Coverage

EFFECTIVE DATE: March 2010
SUPERCEDES DATE: October 2007

PURPOSE

To establish standards for nursing coverage based on the medical mission of facility and to provide guidelines on how to change a facility's nursing coverage.

POLICY

Each facility will be given a designated nursing coverage based on it's medical mission. It is acknowledged that nursing shortages may result in the change of the coverage; however, all efforts to provide appropriate coverage will be made. These efforts may include alternative shift schedules such as 12-hour shifts, 10-hour shifts, etc. Changes in coverage are to be in accordance with the procedures set forth in this policy.

STANDARDS

1. Nursing coverage for the various medical missions will be as follows:

24 hours/7 days a week	16 hours/7days a week	16 hours/5 days a week	8 hrs/5 days a week or 10 hrs/4 days a week
Skilled Nursing (acuity 4A) In-patient mental health (acuity 4A) Residential mental health (acuity 3B) Infirmary (acuity 4A) Processing Centers Direct Observation Meds (acuity 2, 3 or 4) Unstable Chronic Disease (acuity 3A)	Direct Observation Meds (acuity 2)	Well, self-med, out-patient (acuity 1) requires basic sick call access with capacity of 400-800	Well, self-med, out-patient (acuity 1) requires basic sick call with capacity of less than 400

2. All close custody facilities regardless of acuity level will have 24-hour/7-day a week RN coverage.

3. All telephone triage facilities will have 24-hour/7-day a week RN coverage.

4. Medium and minimum custody facilities that are 24-hour/7-day a week nursing coverage may cover third shift with a LPN or medication technician if the facility does not have:

- infirmary beds,
- unstable chronic disease units,
- processing centers,
- residential mental health
- in-patient services, or
- greater than 800 inmates.

The LPN and medication technician will utilize the telephone triage system for RN assistance.

5. Typically, shift schedules are 8-hour shifts per day with nursing staff working every other weekend. However, flexible scheduling is acceptable in order to meet the facility needs and as a recruiting and retention incentive. Refer to Policy P-10 Requesting Flexible and Alternative Schedules.

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6. Exceptions to these standards will be on a case by case basis with consideration of availability of emergency services, medical providers, nursing staff, and geographic location.

PROCEDURE

- A. Staffing shortages, changes in patient acuity and medical missions may require changing the facility's nursing coverage. Prior to changing the nursing coverage, the nurse manager and the facility superintendent, with consultation from the Assistant Director of Nursing, will evaluate alternatives such as:
1. use of float nurses or borrowing staff from other facilities
 2. changing shift schedules of existing staff, or
 3. transferring inmates who require a higher level of nursing care to another facility.
- B. Changing coverage due to staff vacancies should only be for a temporary period of time.
- C. **Changing Nursing Coverage**
If changing nursing coverage is found necessary, the following is required:
1. The nurse manager and superintendent will write up a proposal. The proposal will include justification for changing the coverage and an estimated length of time for such coverage.
 2. The nurse manager reviews the proposal with the Assistant Director of Nursing.
 3. The ADON will evaluate and make recommendations to the Director of Nursing.
 4. The Director of Nursing will present the proposal to the Director of Health Services, and together will approve or disapprove.
 5. The Director of Nursing will inform the ADON, superintendent and nurse manager of the decision.
 6. The ADON will monitor the situation weekly and inform the DON of the status by Friday of each week.



3/31/10

Paula Y. Smith, M.D., Director of Health Services Date

SOR: Director of Nursing