

Policy No. ADM.09X.30  
Attachment I

REMOTE ACCESS SECURITY POLICY  
ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_ have read

Department of Public Safety Policy No. ADM.09.X.30 Remote Access Security Policy, and I understand and agree to comply with all of the terms and conditions set forth therein. I agree that all network activity, conducted with State resources is the property of the State of Hawai'i and therefore, I acknowledge and understand that I do not consider such activity to be private.

I further understand that the State's information technology shall be used primarily to conduct State business and to provide services to the citizens of Hawai'i. These resources shall only be used for legal purpose and shall not be used in any manner or of purpose that is illegal, dishonest, disruptive, threatening, damaging to the reputation of the State, inconsistent with the mission of the State, or likely to subject the State to liability.

The State of Hawai'i reserves the right to monitor and log all network activity, including e-mail and internet browsing, with or without notice or consent, and therefore, users shall have no expectation of privacy in the use of these resources.

Applications Requested:

(1)	(3)
(2)	(4)
Start Date:	End Date:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

**APPROVAL AND AUTHORIZATION**

Branch Administrator: \_\_\_\_\_  
Name Signature Date

MIS Officer: \_\_\_\_\_  
Name Signature Date

Deputy Director: \_\_\_\_\_  
Name Signature Date

DEPARTMENT OF PUBLIC SAFETY  
HEALTH CARE DIVISION  
OAHU COMMUNITY CORRECTIONAL CENTER (OCCC)

AGENCY STAFF ORIENTATION CHECKLIST

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Orientation Dates: \_\_\_\_\_

State of Hawaii Professional License#: \_\_\_\_\_

CPR/AED Training Exp. Date \_\_\_\_\_

- PREA (Prison Rape Elimination Act) online training at [nic.learn.com/prea](http://nic.learn.com/prea) (an account will need to be created). Complete the section titled Medical Health Care for Sexual Assault Victims in a Confinement Setting, print out the certificate at the end of the training and bring it on your first day of orientation.
- Chain of Command
- Contraband
- Criminal Background Checks and ID Badges
- Lockdowns and Headcounts
- Manipulation/Fraternization Awareness
- Key Control
- Confidentiality and Outside Appointments
- Sharps Count/Narcotics Count
- Forensic Information
- Privacy of Care
- Professional Dress
- Health Information
- Procedure in an Event of an Inmate Death
- Grievance Mechanism
- Inmate Workers
- Use of Restraints/Forced Medication
- Sexual or Physical Assault
- Injury Reports/Incident Reports
- Health Promotion and Disease Prevention
- Use of Tobacco Products
- Personal Hygiene
- Right to Refuse Care
- Informed Consent
- Policy and Procedures
- Emergency Response
- Communicable Diseases

I acknowledge that I have received and reviewed the Department of Public Safety-OCCC 4 page Health Care Orientation packet of the above listed categories.

\_\_\_\_\_  
Agency Nurse Signature & Date

\_\_\_\_\_  
Nurse Manager Signature & Date

**DEPARTMENT OF PUBLIC SAFETY  
OAHU COMMUNITY CORRECTIONAL CENTER (OCCC)  
HEALTH CARE ORIENTATION  
FOR AGENCY NURSES**

Corrections is a unique environment to work in; it is a nontraditional health care setting with a different set of barriers for the health care worker. The Correctional Health Care Division is governed by standardized policies and procedures. These policies and procedures can be accessed online at: [dps.hawaii.gov/policies-and-procedures](https://dps.hawaii.gov/policies-and-procedures) and are identified as Corrections Division policies and procedures (Chapter 10 is specific for Medical and Health Care Services). Each health care facility also has policies and procedures that are written specific to that facility. The National Commission on Correctional Health Care (NCCHC) currently accredits the Health Care Division. *Please locate OCCC's policy and procedures on the day of your orientation.*

**Chain of Command:** All prison and jail systems have a chain of command. Each facility has a Warden and some facilities may have Deputy Wardens who are responsible to oversee the entire facility operations. There is a Security chain of command, which consists of Adult Correctional Officers (ACOs), Sergeants, Lieutenants, Captains and Chief of Security. In Health Care, the physician in each facility is clinically responsible whereas the Clinical Services Administrator is administratively responsible for the overall health care operations and the clinical supervision of nursing. *During your orientation familiarize yourself with who the Clinical Services Administrator, Nursing Supervisor(s) and how to find out who the Charge Nurse is for the shift that you are working (only 24 hour facilities have Charge Nurses and Nursing Supervisors).*

**Contraband:** Due to the environment that you are working in, there are restrictions to what you may bring into the facility. There is a zero tolerance policy related to the use or selling of drugs. The only thing that may be brought into the facility is a stethoscope. **COR.08.04**

**Criminal Background Checks and ID Badges:** Criminal background checks will be done on all nurses who work in the correctional setting. Please wear your identification badge from the company that you work for at all times.

**Lockdowns and Headcounts:** Each facility throughout the day has headcounts. During headcounts, the inmates are not allowed to move about the facility. They all must stay where they are until the headcount is completed. On occasion there are facility lockdowns or module lockdowns for security reasons. During this time the Watch Commander will inform the health care section if there will be any movement and the approximate time that the lockdown will be in place.

**Manipulation/Fraternization Awareness:** While working in the correctional setting it is important to be clear as to what your role is as a nurse. Be clear regarding professional boundaries. Do not give out your phone number, address or discuss situations related to family, friends or other inmates.

**Key Control:** This is an *ABSOLUTELY SIGNIFICANT COMPONENT OF CORRECTIONS!!* If you are using keys, they are to be kept on your person. Always remember what you do with these keys could be a life-threatening event for staff and inmates. These keys are to **never** leave the facility. **COR.08.28**

**Confidentiality and Outside Appointments:** Confidentiality is maintained in the correctional setting as it would in any health care setting. Do not release medical information to anyone outside of health care without a signed release from the inmate. Health Information Staff will provide medical information to the individual who is requesting based on policy and procedures. An inmate is not to be told when he is scheduled for an outside appointment, this is considered a breach of security and the appointment will need to be rescheduled.

**Sharps Count/Narcotics Count:** All needles and syringes are counted and signed out. At the end of each shift there is a sharps count, which is included with the narcotic count. Never leave instruments unattended. Make sure that you dispose of all syringes and lab drawing equipment immediately and appropriately.

**Forensic Information:** Health care staff does not get involved with the collection of forensic information. The crime scene is to be maintained.

**Privacy of Care:** Inmates are to be provided as much privacy during a health care encounter as possible. All inmates are afforded auditory privacy.

**Professional Dress:** It is expected that you will come to the correctional work site professionally dressed. The expectation is that underwear is worn; the cloth type is not see thru, clothing does not fit tight, not sleeveless or has a low cut neckline. Jewelry is limited to wedding ring, watch and post earrings.

**Health Information:** All inmates in the correctional settings have a medical record. In some facilities they have Health Information Staff who are responsible for all transactions related to the medical record. In other facilities the nurses manage the medical record. *As an agency nurse please **do not** give out any medical record information, refer all requests for medical information to a State employed nurse or Health Information Staff.*

**Procedure in an Event of an Inmate Death:** In the event of an inmate death in the facility, the coroner's office will pick up the body. The area in which the inmate died is considered a crime scene. Do not remove anything from the area. An investigation will be initiated. Your responsibility is to document in the electronic medical record as well as the incident report all aspects related to the death such as identification, assessments, interventions, who pronounced the death and time of death. **COR.10.1A.10**

**Grievance Mechanism:** If an inmate has a complaint regarding health care, the complaint should be resolved at the lowest level, which is through an informal discussion. If the inmate is not satisfied with the results of the informal discussion, the inmate may file a Step 1 grievance which is answered by the Clinical Service Administrator. If they are not satisfied with the Step 1

results, they can go to Step 2 and then on to Step 3. The inmate can also call the State Ombudsman. **COR.12.03, COR.12.04**

**Inmate Workers:** Inmates have the opportunity to work in various settings in the correctional facility. They have assigned supervisors. Please go through their supervisor for any work that you would like them to do. Some facilities have a health care work line assigned specific tasks/duties in the health care unit. It is the responsibility of all civilian health care staff to be aware of their presence and what they are doing. **COR.10.1C.06**

**Use of Restraints/Forced Medications:** Inmates have a right to be free from physical restraint and isolation (outside of security restraints). Except for emergency situations, in which it is likely that the patient could harm themselves or others and in which less restrictive means of restraint are not feasible. The use of restraints or forced medications is used as a last resort. The nurse is required to have attempted to utilize all other forms of least restrictive interventions prior to requesting a medical order for restraints or forced medications. The alternative interventions must be documented in the electronic medical record with the behavioral outcome. **COR.10.1I.01, COR.10.1I.02**

**Sexual or Physical Assault:** Upon notification of a physical or sexual assault follow the facility policy and procedure on reporting assaults through the chain of command. A nurse shall thoroughly assess the patient within his/her capabilities if there is no provider on site. The patient's complaint, history and medical assessment of injuries (or lack of) shall be documented in the electronic medical record Inmate Medical Injury Report template shall be completed. Photographs shall be taken whether or not there are visible injuries. *Please review this policy and procedure carefully.* **COR.10.1B.05, COR.10.1E.15**

**Injury Reports/Incident Reports:**

Inmate Injury reports: Any inmate who has been injured will be assessed by the nurse and treated according to the severity of the injury and provider's orders. All injuries are to be documented in the electronic medical record Inmate Medical Injury Report template.

**COR.10.1E.15**

Employee/Visitor injury reports: Employees and/or visitors will be provided first aid and emergency care. Referral to their emergency room or to their private health care provider once stabilized. **COR.10.1D.07**

Incident reports: Any situation of an unusual nature such as assaults, suicide attempts and deaths must be documented as an incident. **These reports need to be completed prior to leaving the facility. The completed reports are to be given to the nurse in charge.**

**Health Promotion and Disease Prevention:** Education is an integral component of correctional health care. All health care encounters should include a health care promotion or disease prevention component and be documented in the electronic medical record using the SOAP documentation format. **COR.10.1F.01**

**Use of Tobacco Products:** Inmates are not permitted to smoke or otherwise use tobacco products. There are designated smoking areas for employees. **COR.01.22, COR.10.1F.03**

**Personal Hygiene:** Inmates are responsible for their own personal hygiene. If at any time you assess that an inmate is unable to initiate his own personal hygiene please inform the charge nurse and document in the electronic medical record. **COR.17.04**

**Right to Refuse Care:** Inmates have the right to refuse care. The nurse needs to inform the inmate of the pros and cons of refusing treatment or care. If the inmate still chooses to refuse care they will need to sign the Refusal to Consent to Medical/Surgical/Dental Treatment/Medication form (DOC 0417). **COR.10.1I.05**

**Informed Consent:** The informed consent of the patient shall be required for those examinations, treatments and procedures that are intrusive or governed by informed consent standards in the community. The health care provider attending the patient shall be responsible for informing the patient of the condition and recommended procedure or treatment, and any risk that may be involved in the treatment, including available alternatives. **COR.10.1I.05**

**Policy and Procedures:** Each facility has a copy of policy and procedures that relate to health care as well as the overall operations of the facility and the Department of Public Safety. Some of these policies and procedures are considered confidential. Confidential policy and procedures cannot be copied or distributed. You are responsible to know where the policy and procedures are located. *You are expected to be familiar with the facility specific Health Care policies and procedures as well as the department policies and procedures.*

**Emergency Response:** When notified that there is a medical emergency situation in the facility, health care staff will respond immediately. The inmate will be assessed and appropriate treatment initiated which may include CPR/AED, administration of oxygen or any other stabilizing interventions. 911 will be called for life threatening situations. *Please locate and familiarize yourself with the man down kit, AED, oxygen and tubing, nebulizer, IV supplies and emergency telephone numbers.* **COR.10.1E.08**

**Communicable Diseases (Infection Control):** If you have a needle stick injury or blood borne pathogen exposure, initiate appropriate first aid, notify the nurse in charge, complete an injury report and report the incident to your agency immediately. Safety syringes and blood drawing devices are available at each facility. If the sharps container is more than three quarters full, replace it. *Be familiar with the signs and symptoms of tuberculosis.* **ADM.07.01, COR.10.1F.08**

***This is an overview of pertinent information to assist you while working in a correctional health care facility. This overview is not inclusive of all information that is required to work in a correctional facility.***