



**Department of Juvenile Justice  
Health Services Operating Procedure**

<b>HSOP VOL IV – 4.3 – 1.03</b>	<b>Statutory Authority:</b> Title 66 of the <u>Code of Virginia</u>
<b>Subject:</b>  <b>Staffing Plan</b>	<b>Regulations:</b>
	<b>Board Policy:</b> 12-001 <b>ACA #</b> 4-JCF-4C-35
	<b>NCCHC #</b> Y-C-07

**1.03-1.0 PURPOSE**

To ensure there is a sufficient number of health staff of varying types to provide residents with adequate and timely evaluation and treatment consistent with contemporary standards of care.

**1.03-2.0 SCOPE**

These procedures apply to all Juvenile Correctional Center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

**1.03-3.0 DEFINITIONS**

*Position* – A job filled by a specific staff member (e.g., medical records secretary, physician, chief nurse). A position has tasks that can usually be deferred until the staff member is available.

*Post* – A job defined by its location, time, and duties that can be filled interchangeably by different staff members (e.g., 7-3 infirmary nurse). Continuous coverage usually distinguishes a post from a position; a post has tasks that cannot usually be deferred.

*Provider* – The Physician, Nurse Practitioner, Physician’s Assistant, Psychiatrist, or Dentist providing health services to residents.

*Staffing Plan* – A plan that lays out the full-time equivalent (FTE) staff coverage required, lists current incumbents and vacancies, and addresses how full coverage will be accomplished if all positions are not filled (e.g., use of agency, temporary, or part-time staff). A staffing plan is a detailed schedule on which classifications of staff are assigned to posts and positions for the health care unit.

**1.03-4.0 PROCEDURES**

**1.03-4.1 Staffing Plan**

1. The Health Services Administrator shall approve the *staffing plan*.
  - a. A written staffing matrix is developed in concert with the Local Health Authority (LHA) for each facility that describes the staffing plan.
  - b. The number of provider hours is specified within the matrix.

- c. The number, minimum credential, and general role of nursing staff required to operate the facility is detailed in the matrix.
  - d. The staffing plan shall account for the increased needs of residents in infirmaries, medical housing, and specialized programs, as applicable.
  - e. The dispersion of housing units within a facility, security procedures, and clinic space shall be considered when determining nursing staff levels.
2. The adequacy and effectiveness of a staffing plan is assessed by the facility's ability to meet the health needs of the juvenile population.
    - a. The LHA shall consider medical acuity of the residents and security operations in determining when increased staffing above the levels specified in the plan is indicated.
    - b. The LHA shall, when necessary, explore options for restructuring or amending the staffing plan to ensure access to care. Any amendment to the staffing plan shall be approved by the Health Services Administrator.
    - c. The LHA shall review facility staffing plans annually to ensure an adequate number of staff members with appropriate credentials are present to meet the medical needs of the residents.
    - d. The Health Services Administrator and Chief Physician shall ensure there are sufficient *providers* to prevent unreasonable delay in residents receiving necessary care.
  3. Each facility shall maintain 24 hour nursing coverage.
  4. The LHA shall ensure that all reoccurring and planned duties dictated by procedures are assigned to specific nurses via a written shift assignment. Written shift assignments are maintained by the LHA for a period of no less than three (3) years.

#### 1.03-4.2 Overtime Draft

1. Healthcare operations must continue at the facilities 24 hours a day 7 days a week. To ensure continued operations, health services staff may be periodically required to work beyond normal scheduled times to address staffing shortages. Staffing shortages may result from routine shortages, call outs, patient acuity, and facility emergencies.
2. The LHA or designee shall determine when a draft is needed to provide adequate coverage, the level a licensure required, and what modifications can be made to accommodate scope of practice concerns. For example, an LPN could be drafted due to an RN callout. However he/she would not be expected to triage patients due to the scope of his/her license.
3. The LHA or designee shall ensure that all mandatory overtime is fairly assigned according to options detailed in this procedure. Only staff members present at the facility at the time of the shortage shall be subject to mandatory overtime. Prior to requiring a nurse to stay beyond his/her normal scheduled hours, the LHA shall, when practical, modify work duties to cover the needs of the facility or solicit volunteers to cover the identified need.
4. There are two options for regulating mandatory overtime. The LHA shall either maintain a

draft list or establish a draft schedule as follows:

- a. Draft List
  - 1) All state employed nurses assigned to the facility are placed on the list for draft eligibility, regardless of work role.
  - 2) When the need occurs, the LHA or designee selects the nurse closest to the top of the list to work mandatory overtime.
  - 3) Staff members who volunteer or are selected for an overtime shift on the day of the draft shall be moved to the bottom of the list upon completion of the additional shift.
  
- b. Draft Schedule
  - 1) All state employed nurses assigned to the facility are placed on the draft schedule, regardless of work role.
  - 2) The existing work schedule is modified to include a minimum of 2 employees subject to the draft every day.
  - 3) The employees are clearly designated as to the order in which they are subject to the draft.
  - 4) When a draft is required, the LHA selects the employees according their order on the schedule, with due consideration to the scope of practice issues.
  - 5) If the number of additional employees required is beyond the number designated, the LHA shall draft employees on-site with consideration of historical draft frequency.
  
5. If there are no nurses available for the draft, the on-call supervisor shall ensure adequate nursing care coverage is provided:
  - a. The on-call supervisor shall report to the facility to provide nursing care coverage.
  - b. The on-call supervisor shall notify the LHA of the need for additional nursing care coverage, when applicable. The LHA shall coordinate with the on-call supervisor to provide nursing care coverage. The LHA or designee shall report to the facility, as needed.
  - c. Additional off-site supervisors may be drafted, as needed.
  - d. The LHA shall notify the Administrator on-call, Chief Nurse, Chief Physician, and HSA of critical staffing issues that are not resolved through the draft.
  
6. Nurses shall be notified as soon as it is determined that a draft is required and shall be allowed to make any necessary reasonable contacts and arrangements.
  
7. Nurses who work a minimum of **four (4)** consecutive hours beyond their scheduled shift shall be credited with working a draft.
  
8. Nurses who fail to comply with the draft procedures shall be subject to disciplinary action. The LHA or designee shall initiate an incident report and notify the nurse that he/she is subject to disciplinary action in accordance with the Administrative Procedure VOL I-1.2-01 (Staff Code of Conduct). The first failure to comply shall result in a minimum of a written counseling memorandum to the nurse. Subsequent failures to comply may result in further disciplinary action, up to and including a Group III and/or termination.

- 9. The HSA must approve temporary exemptions from the draft for a specific period of time. Nurses must submit exemption requests in writing.

**1.03-5.0 RESPONSIBILITY**

The Local Health Authority shall be responsible for implementing this procedure.

**1.03-6.0 INTERPRETATION**

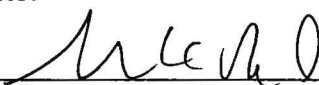

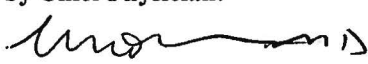
The Health Services Administrator shall be responsible for the interpretation and the exception approval to this procedure.

**1.03-7.0 CONFIDENTIALITY**

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

**1.03-8.0 REVIEW DATE**

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: 	Date: 5/15/15
Approved by Health Services Administrator: 	Date: 5/20/15
Approved by Chief Physician: 	Date: 5/21/15
Effective Date: 7.1.15	Office of Primary Responsibility: Health Services
Supersedes: October 1, 2013	Forms: None.