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Steven Harpe, Director Oklahoma Department of Corrections		Signature on File	

Nursing Staff

The Oklahoma Department of Corrections (ODOC) provides guidelines for the assessment, establishment and maintenance of the competency of ODOC nursing staff to include registered nurses (RN), licensed practical nurses (LPN) and certified medication aides (CMA). (2-CO-4E-01, 4-ACRS-4C-17)

I. Employment Requirements

A. Licensed Candidates Requirements

All candidates for positions for which licensure or certification are required will present verification of possession of licensure or certification prior to employment.

Facilities that employ CMA's will ensure the CMA has completed the "Uniform Employment Application for Nurse Aide Staff" as required by Oklahoma State Statute, 63 O.S. § 1-1950.4. The uniform employment application gathers all pertinent information for entry into the nurse aide registry maintained by the Oklahoma State Department of Health (OSDH).

B. CMA Requirements

1. Minimum requirements for education and training will include, but not be limited to:

- a. Current Medication Aide Certification for the State of Oklahoma;
- b. Current Certified Nursing Assistant Certification;
- c. Completion of Uniform Employment Application for Nurse Aide Staff;
- d. High school diploma or GED;
- e. Completion of eight hours of continuing education annually from an Oklahoma State Department of Health approved program
- f. Current listing in the Nurse Aide Registry with good standing as required by Oklahoma State Statute: 63 O.S. § 1-1950.7.; and
- g. Six months of full time wage earning experience as a CMA and experience with nurse assistance duties preferred.

2. Minimum Skill Requirements

- a. Completion of CMA competency verification and medication administration learning assessment, in order to demonstrate competency and proficiency in skills. This will be completed during the orientation period.
- b. Review of CMA competency verification for review of skills for performance competency as deemed necessary by the CHSA, Nurse Manager, or designee.
- c. Physical and mental capability to safely perform duties.

II. Orientation Requirements

- A. All new employees will complete facility specific orientation programs as determined by ODOC, medical services and facility requirements.
 1. Medical units will develop a written orientation program for all new employees. Demonstration and documentation of competencies will be completed prior to completion of the orientation process.
 2. The length of time for orientation specific to the medical unit is based on the employee's identified learning needs, clinical experience, inmate population served, and verification of the employee's ability to competently perform specific activities required.

- a. When extenuating circumstances exist, permission to extend the orientation period may be granted by the Nurse Manager (NM).
 - b. When orientation expectations are not met within original individualized timelines, developmental plans and target dates for competency demonstrations will be developed, implemented and ensured completion by the NM or designee.
3. Each new employee will be assigned a preceptor/mentor and will receive an orientation schedule.
 - a. The NM/preceptor will provide the new employee with training on agency and medical services policies and procedures during the orientation period and will be responsible for documentation of the learning activities and competency demonstrations of the new employee.
 - b. Consistent feedback will be provided to the new employee during the orientation process.
4. Competency is verified by completion of learning modules, direct observation of simulated and actual performance of job duties during the orientation period, and/or verbalization of appropriate responses to training scenarios.
5. The new employee is expected to actively participate in the orientation process and will identify learning needs and communicate those needs throughout the orientation period.
 - a. The new employee is expected to seek out learning opportunities that will enable them to achieve the competencies required.
 - b. All nursing staff will complete a medication administration learning assessment with a score of 90% or above by the end of the orientation period.
6. All contracted nursing staff will receive a facility and unit orientation in accordance with [OP-100101](#) entitled "Training and Staff Development" prior to nursing assignment. Completion of orientation will be determined by the NM.
7. At the completion of the orientation period, copies of the competency verification will be provided to the employee and maintained in the supervision file, in accordance with [OP-110105](#) entitled "Employee Personnel Records." The documentation of initial competency verifications will also be maintained by the NM in the supervision file.

III. Competency Requirements

All potential hires will be made aware of competency expectations prior to the offer of employment.

Upon employment, a competency verification will be conducted to determine the ability of the new employee to demonstrate competencies required for the hired position. Learning needs and orientation plans will be based upon this verification. Nursing staff competencies are located in the Medical Service Resource Manual [MSRM 140143-01](#) entitled "Nursing Staff Competencies and Reporting Procedures."

A. Nursing Staff

Nursing staff are expected to maintain and continually develop their abilities to practice competently. This is demonstrated through the employee's possession of the specific knowledge, skills, and abilities required for their facility and position.

The competency verification/review is used to measure and evaluate the performance of staff members in demonstrating competent practice. This review can be conducted as deemed necessary by the CHSA, Nurse Manager, or designee.

1. Indicators of competent performance may include: absence of error, achievement of expected outcomes of care delivered, observation of practice, attendance at/review of unit staff meetings and statewide nurses training meetings, review of new policies and procedures, documentation of educational attendance, completion of learning/training activities, and certification in areas of expertise.
2. Employees are expected to participate in retraining or testing to demonstrate competency on selected procedures and/or activities for which opportunities to demonstrate competency in practice have not been available in their practice setting, or procedures that have been identified for competency review.
3. Developmental plans will be formulated for any employee failing to demonstrate on-going competency. The target dates for completion will be the responsibility of the NM or designee.
4. Nursing staff will not participate in activities for which they do not possess competencies. It is the responsibility of the staff member to participate in evaluating their own practice and competency and to communicate deficiencies and learning needs to their supervisor.
5. All original documentation of competency verifications/reviews will be maintained by the NM in the employee's supervisory file.

IV. Nursing Services

Nursing services will be organized in a manner that promotes decision making for the care of inmates. Nurses are expected to exercise autonomy within their scope of practice and use clinical judgment to deliver quality nursing care to the inmate. Staff is encouraged to be creative in developing new ways to provide care while demonstrating wise stewardship of resources. If treatment is provided by health-care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider such treatment is performed pursuant to written standing or direct orders by personnel authorized by law to give such orders. (4-ACRS-4C-17)

A. Registered Nurses (RN's)

“Registered Nursing” means the practice of the full scope of nursing. The registered nurse assumes accountability for the delivery of nursing care within ODOC. Registered nurses are responsible for the coordination of inmate care and are accountable for their own practice. Responsibilities may include, but are not limited to:

1. Assessing the health status of individuals and groups;
2. Analyzing assessment data to determine nursing care needs;
3. Establishing goals to meet identified health care needs;
4. Planning a strategy of care;
5. Establishing priorities of nursing intervention to implement the strategy of care;
6. Implementing the strategy of care;
7. Delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the Oklahoma Nursing Practice Act;
8. Providing safe and effective nursing care rendered directly or indirectly;
9. Evaluating responses to interventions;
10. Teaching the principles and practice of nursing;
11. Managing and supervising the practice of nursing;
12. Collaborating with other health professionals in the management of health care;

13. Performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation;
14. Demonstrating and providing documentation of competent performance on an ongoing basis by attending/reviewing unit and statewide nurses' meetings/training, reviewing new/updated policies and procedures, completing mandatory requirements, maintaining unit specific certifications and requirements and attending education updates as needed/required;
15. Maintaining current licensure;
16. Completing mandatory training requirements (CPR, AED, first aid etc.);
17. Clinical oversight of nursing practice in medical unit;
18. Completing an initial nursing competency or a competency review as needed; and
19. Demonstrating responsibility to address areas of performance identified as needing further development.

B. Licensed Practical Nurses (LPN's)

“Licensed Practical Nursing” means the practice of nursing under the supervision or direction of a registered nurse, licensed physician or dentist. LPNs are vital members of the healthcare team, where respect, collegiality, trust, and confidence are evident in the relationship of team members. This directed scope of nursing practice includes, but is not limited to:

1. Contributing to the assessment of the health status of an individual and groups;
2. Participating in the development and modification of the plan of care;
3. Implementing the appropriate aspects of the plan of care;
4. Delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the Oklahoma Nursing Practice Act;
5. Providing safe and effective nursing care rendered directly or indirectly;
6. Participating in the evaluation of responses to interventions;
7. Teaching basic nursing skills and related principles;

8. Performing additional nursing procedures in accordance with knowledge and skills acquired through education beyond nursing preparation;
9. Demonstrating and providing documentation of competent performance on an ongoing basis by attending/reviewing unit and statewide nurses meetings/training, reviewing new/updated policies and procedures, completing mandatory requirements, maintaining unit specific certifications and requirements and attending education updates as needed/required;
10. Maintaining current licensure;
11. Completing mandatory training requirements (CPR, AED, first aid, etc.);
12. Completing an initial nursing competency or a competency review as needed; and
13. Demonstrating responsibility to address areas of performance identified as needing further development.

C. Certified Medication Aides (CMA's)

A "Certified Medication Aide" is a certified nurse aide who has passed an Oklahoma State Department of Health approved program for administering medications. A CMA performs technical duties in the field of inmate care and participates in the general health care of inmates under the direct supervision of a licensed nurse and the administrative direction of the health service administrator.

1. Practice Standards
 - a. CMA's will function under the direct supervision of a licensed nurse or medical provider.
 - b. Task assignments will be based on skill verification and training.
 - c. CMA's will perform within authorized duties.
 - d. Medications administered, withheld or refused will be accurately documented.
 - e. Competency will be demonstrated and required continuing education completed that is relevant to the services being provided by the CMA. This may include the annual renewal of CMA certification, CPR and eight hours of continuing

education units (CEU) from an Oklahoma State Department of Health approved training program.

2. Primary CMA Job Duties and Functions

- a. Safely and accurately administering and issuing routine prescribed medications; confirming identity and verifying each inmate's allergy history prior to administering medications; recognizing possible untoward allergic reactions and notifying the nurse or medical provider; and documenting the administration of medications on the inmate's electronic medication administration record (e-MAR).
- b. Reviewing and reconciling received medications from the contract pharmacy with the prescribed medication orders; serving as liaison between medical providers/nurses and the contract pharmacy regarding issues associated with medication process; providing medication room security, while organizing and maintaining facility working stock levels, equipment and supplies; keeping medication room clean and organized.
- c. Providing inmate care including vital signs, intake and output, assisting with activities of daily living and hygiene needs, serving food trays and feeding inmates, assisting with ambulation, turning, positioning and transferring inmates; observing and reporting changes in inmates' conditions to the supervising nurse and assisting medical providers with procedures and collecting and documenting data in the electronic healthcare record per policy.
- d. Informing the nurses or medical providers of inmates with healthcare problems who need immediate attention; assisting with inmate admissions and discharges to and from the facilities; recording medical data in the medical record; assembling health records on newly admitted inmates; and other clerical duties as assigned.
- e. Maintaining inmate's privacy and confidentiality of health information at all times; prioritizing and organizing work so that required assignments are completed within specified time frames; performing a variety of unlisted duties to be determined and assigned as needed.

V. Reporting Allegations of Abuse

A. Definitions

The following words and terms, when used in this section, will have the following meanings, unless the context clearly indicates otherwise. The singular includes the plural as necessary.

1. "Abuse" means any intentional physical or mental injury or sexual assault on an inmate by any person.
2. "Misappropriation of property" means the taking, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal control of an inmate or other appropriate legal authority, or the taking of any action contrary to any duty imposed by federal or state law relating to the custody or disposition of an inmate's property.
3. "Mistreatment" means a negligent act or personal wrong against an inmate or client which causes the inmate or client actual physical pain, discomfort or mental anguish. This type of personal wrong does not necessarily have to present external or visible signs of existence but does not include actions which are unavoidable.
4. "Neglect" means a failure to provide adequate medical or personal care or maintenance, which results in physical or mental injury to an inmate.

B. Reporting Process

The NM or designee will report any abuse or neglect, mistreatment or misappropriation of an inmate's property by aN RN or LPN to the Oklahoma Board of Nursing. The report filed will include the nurse's name, license number and the allegation.

The NM or designee will report any abuse or neglect, mistreatment or misappropriation of an inmate's property by a CMA to the Oklahoma State Department of Health (OSDH) by telephone within 24 hours after receiving an allegation and in writing within five working days after receiving an allegation. The written report filed by the NM will include:

1. The allegation;
2. Name and identification number of the CMA;
3. Date of occurrence;
4. Results of any internal investigation;
5. Any corrective action taken by ODOC; and

6. Name and address of any person who may have witnessed the incident.

To report abuse, the OSDH abuse reporting form will be utilized. To report other types of potential violations, the OSDH incident report form will be utilized. Such violations may include providing false information about certification or other required qualifications, falsifying medication administration records, stealing or abusing medications from the workplace and noncompliance with the applicable law and rules for CMA's, such as directing CMAs to practice outside their scope of practice. The original form will be maintained in the employee's personnel file. OSDH phone numbers and forms information are located in [MSRM 140143-01](#) entitled "Nursing Staff Competencies and Reporting Procedures."

The NM or designee will report the incident to the facility head and the chief Medical Officer who will report to the Office of the Inspector General for further investigation as outlined in [OP-040117](#) entitled "Investigations."

VII. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP- 040117 entitled "Investigations"

OP-100101 entitled "Training and Staff Development"

OP-110105 entitled "Employee Personnel Records"

OP-140117 entitled "Access to Health Care"

MSRM 140143-01 entitled "Nursing Staff Competencies and Reporting Procedures"

Oklahoma Nurse Practice Act (59 O.S. § 567.1. et seq.)

63 O.S. § 1-1950.4.

63 O.S. § 1-1950.7.

Oklahoma Administrative Code 310:677-11-1 and 310:677-13

United States Pharmacopeia (USP) General Chapter 797 [\[16\]](#)

US Code of Federal Regulations, Title 21, Part 610, Subpart C - Standard Preparations and Limits of Potency

Advisory Committee on Immunization Practices, Published January 28, 2011 (page 19)

Vaccine Storage and Handling Toolkit CDC, May 2014

VIII. Action

The chief Medical Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140143 entitled "Nursing Staff" dated March 1, 2022

Distribution: Policy and Operations Manual
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