1.0 PURPOSE

To ensure that qualified health care professionals are current in clinical knowledge and skills.

2.0 REFERENCE AND DEFINITIONS

.1 References

a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.

b. National Commission on Correctional Health Care Standards for Prisons and Jails. (2008)

.2 Definitions

a. Automatic External Defibrillators (AED): A machine use by trained personnel that delivers an electrical shock to the heart to reverse the effect of a serious cardiac arrhythmia.

b. Cardiopulmonary Resuscitation (CPR): Training and certification in basic life support methods (mouth-to-mask breathing and cardiac compression's) for reversing cardiac arrest.

3.0 POLICY

1. All Health Care Division (HCD) staff shall be granted up to twenty-four (24) hours of In-Service training and up to twenty-four (24) hours of Out-Service training annually.

2. Health Care staff shall complete a minimum of 12 hours of continuing education per year. Part time staff shall have their CEU hours prorated.

3. The training shall be for staff development relevant to their position descriptions.

4. The Department shall not be responsible for any cost associated with Out-Service training unless the budget allows. The objectives of training shall be to maintain adequate skills and competence to perform duties and to promote professional growth.

4.0 PROCEDURES

.1 It is the employee's responsibility to complete and submit to their section administrator applications for Out-Service training using DOC Form 0499, Out Service Training Request

.2 DHRD Form 411, Request for Approval of Out-Service Training shall also be included if:

a. The training is sponsored and conducted by a private company.

b. The training is state department sponsored and/or conducted training where there is an associated cost or fee.

c. The training is sponsored by the Department or other State agencies where inter-island travel is necessary to attend the training.

.3 The Section Administrator shall submit forms of approved training request to the appropriate Branch Administrator, or the Division Administrator if there is no Branch available. The Section Administrator shall develop a process that ensures that approval for Out-Service training is pertinent to the employee's position, that training is allocated fairly and equally among staff and does not exceed the time allotted for Out-Service training.

.4 Continuing education credits for licensed and registered professionals is the employee's responsibility. The HCD shall assume the cost of continuing education credit courses if the budget allows. Continuing education courses shall be counted toward the twenty-four (24) hours of Out-Service training.

.5 Section administrators shall ensure that the annual or quarterly training calendar and training announcements circulated by the Department of Human Resource and Development and TSD are distributed to all staff. As much as program planning and budget will allow, section administrators should encourage and accommodate staff training.

.6 The following courses are required training for health care staff and shall be counted toward the twenty-four (24) hours of In-Service or Out-Service training. TSD and the HCD shall provide support and funding for required courses to the extent that the budget allows. To the extent possible, the training shall be offered as In-Service training. Otherwise, Training and Staff Development (TSD) will pay for the required Out-Service training. If TSD cannot pay for the Out-Service training, the HCD will pay for it.

a. General and specific orientation training for health services for all new employees within ninety days (90) of employment.

b. Automatic External Defibrillator (AED) training is required for all nurses, nurse practitioners and physicians who work in a facility and who provide direct patient care to inmates. The identified staff shall be trained in the use of an AED every two years.

c. Cardiopulmonary Resuscitation (CPR) & first aid training is required for all health care employees who provide contact services to inmates. The CPR training must be approved by American Heart and given by an individual possessing a current instructor's certificate. The identified staff shall be trained in CPR and first aid every two years.

d. All nursing staff will be required to have training during orientation in the administration of medications. The training curriculum shall encompass the medical aspects of administering medications (including common side effects of specific drugs), security matters with respect to medications and proper documentation.

e. Training in the basic recognition and identification of inmate's with mental health problems and recognition of the side effects of psychotropic medication is required of all health care staff with direct inmate contact. The training is required every two years. The Mental Health Branch Administrator shall approve the curriculum.

f. Infectious waste management and blood borne pathogens for health care staff with direct inmate contact. Training is required every two years.

.7 If the budget allows, the HCD shall hold a one or two day In-Service training seminar for each discipline (clinical, dental, mental health, HIS, clerical) or in combination annually or shall approve Out-Service institute days in the related fields at the employees own expense. The In-Service training seminar may be combined to include all health care disciplines for quality improvement training or global informational seminars.

.8 Section administrators may require specific continuing education courses if it is documented that the employee has inadequate skills in the specific area covered by the courses. In-Service or Out-Service assigned hours may be used for this purpose. Out-Service is voluntary and the employee must pay all associated cost.

.9 Section supervisors may design other job specific In-Service training. Coordination with TSD, documentation and appropriate forms are required.

.10 Employees shall be responsible for securing their own required certification if they fail to take advantage of courses offered by TSD or the HCD.

.11 The Section Administrators shall keep on site accurate record keeping on staff training. The date, course subject, staff identification and title, trainer, and the hours involved in the training shall be documented to keep track of allotted In-Service and Out-Service training. The course subject should be pertinent to the employee's job description.

.12 The employee shall be responsible for verifying course completion and shall ensure that the course information is recorded on the Verification of Training Attendance form. Copies of the form and any relevant certificates shall be given to the Section Administrator and sent to TSD.

.13 In addition to the training plan, and as budget allows, suitable medical and health care reference books, periodicals, and videotapes shall be available to health care staff.

.14 Health care employees are encouraged to become certified as a National Commission on Correctional Health Care (NCCHC) Certified Correctional Health Professional (CCHP). Funding for this certification may be applied for to the HCD but is not guaranteed.

.15 Membership in professional associations such as the American Correctional Health Services Association and the Hawaii Criminal Justice Association are encouraged. The employee is responsible for the dues.

5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Kay C. Bagnar MD, MPH 12/22/08
Medical Director Date

12/23/08
Correctional Health Care Administrator Date

12/24/08
Deputy Director for Corrections Date

APPROVED:

Director

12/29/08
Date

DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION
OUT-SERVICE TRAINING REQUEST

DATE:

TO: Health Care Division Administrator

THROUGH: Branch Administrator

FROM:

SUBJECT (COURSE TITLE):

Fees:
Place:
Date:
Time:

Attach a copy of the course information and registration materials. Submit no later than 30 working days for training in Hawaii, and 60 days for out-of-state.

1. Why do you wish to attend?

2. How is the training session relevant to your work?

3. How will you attendance benefit the Department?

4. Other cost(s) involved:

RECOMMEND
APPROVAL/DISAPPROVAL:

APPROVED/DISAPPROVED:

Branch Administrator Date

HCDA Date

DOC 0499 (07/06)

Department of Human Resources Development

DHRD 411
Rev. 8/88

REQUEST FOR APPROVAL OF OUT SERVICE TRAINING

(Submit in duplicate)

Department: DEPARTMENT OF PUBLIC SAFETY

Date:

Part I. To be filled in by requesting authority

1(a). Name of Training Sponsor:	(b) Where training will be given (name of site,city, state)	2. Accredited Training:

3. Title of Course:

4. Length of Course:	5. No. of hours of training on government time:	6. Date training scheduled to begin

7. Trainees

Name(s)	Position Title(s)	B.U.	Section or Unit

8. Cost to Department

Item	Program cost (registration, tuition, etc.	Per Diem	Air Transportation	Ground Transportation	Justify and List other expenses	Total
Per Trainee						
Total						

9. Course Content: Attach one copy of course description, registration information and itinerary of trainee(s)
NOTE: Use back of form or separate sheet if further explanation of entries is necessary.

10. State reason(s) why it is essential for trainee(s) to participate in the above program.

Signature of requesting authority

Signature of Dept Head or Authority Rep.

Part II - Department of Personnel Services

This request is hereby approved for _____ person(s)

Disapproved

Approved with Changes

Date

Comments

For the Director
Department of Human Resources Developmen

DEPARTMENT OF PUBLIC SAFETY
TRAINING AND STAFF DEVELOPMENT

VERIFICATION OF TRAINING ATTENDANCE

Instructions: This form must be accomplished and returned to TSD within 5 working days after attendance to training. Failure to submit this requirement may subject the requesting office to pay for the associated training and parking fees.

Part I: To be filled up by the trainee and signed by the Instructor.

This is to certify that the named employee has attended the indicated training.

Name of Attendee: _____
Position: _____
Office/Facility: _____
Title of Training: _____
Date(s): _____
Location: _____

_____ _____
Printed Name of Instructor Signature of Instructor

Part II: To be accomplished and signed by the trainee.

1. Did you receive a certificate of completion? _____ Yes _____ No
   If yes, can you send TSD a copy? _____ Yes _____ No

2. Please rate the class on a scale of 1 to 5 with 5 being the highest. 1 2 3 4 5

3. TSD should/should not be sending employees to this class (Circle your response, please.)

4. Your comments about the class: _____
   _____
   _____
   _____

I certify that information provided is true to the best of my knowledge.

_____
Signature of Trainee

_____
Date

01/20/04 (Revised)