

	<b>State of Alaska</b>	<b>Index #:</b> 807.25	<b>Page 1 of 3</b>
	<b>Department of Corrections Policies and Procedures</b>	<b>Effective:</b> 10/09/02	<b>Reviewed:</b>
		<b>Distribution:</b> Public	<b>Due for Rev:</b> 10/03
	<b>Chapter:</b> Medical and Health Care Services		
<b>Subject:</b> Nursing Protocols: Preparation, Approval, and Distribution			

Authority

In accordance with 22 AAC 05.155, the Department will maintain a manual comprised of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.

References

Alaska Statutes

AS 33.30.011

Alaska Administrative Code

22 AAC 05.120

Standards for Adult Correctional Institutions, 3rd Edition 1990

3-4329, 3-4335

Standards for Adult Local Detention Facilities, 3rd Edition 1991

3-ALDF-4E-04, 4E-10

Purpose

To establish uniform guidelines within the Department for the development, review, and revision of nursing protocols and to provide guidelines for their approval and distribution.

Application

All Inmate Health Care Nursing Staff.

Policy

- A. Nursing protocols are *guides for action*, not absolute directives. Within the limits of authority and scope of practice, individuals should recognize that some situations require deviations from the established protocols. Such deviations may be necessary to satisfactorily handle an individual situation.
- B. To the extent possible, written nursing protocols will be developed to address major areas of nursing care.
- C. It is the responsibility of all Inmate Health Care Nursing staff to be familiar with current nursing protocols.
- D. Recommendations to create or revise nursing protocols may originate from any source including: administrative staff, medical staff, committees, and individual nursing staff.
- E. The responsibility for drafting and revising Nursing Protocols rests with the Quality Assurance and Utilization Review Nurse.
  - 1. The Quality Assurance and Utilization Review Nurse will chair the Nursing Protocol Committee. Members of this committee will be comprised of Department Nurses from various institutions and the Mental Health Nurse IV.
  - 2. The development, review, or revision of Nursing Protocols may be delegated to members of the Nursing Protocol Committee or referred to experts on specific topics within the Department.

Procedures

- A. Nursing Protocols will be written using the format established in Form 807.25A and include:
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1. A purpose, protocol, and procedure, as applicable;
  2. Definitions, references, and additional information added to enhance the clarity of the protocol;
  3. Related Department policies citations; and
  4. Points of emphasis will be highlighted in *italics* in order to identify areas that are particularly high risk or prone to error.
- B. Nursing Protocols will be organized into categories that address major areas of Nursing Care Services. The classification and numbering system will include, but is not limited to, the following:

<b>NUMBER:</b>	<b>CATEGORY:</b>
NP 1	Assessment of Patients
NP 2	Care of Patients
NP 3	Continuum of Care
NP 4	Environment of Care
NP 5	Infection Control

- C. Additional Nursing Protocols (NP) may be inserted into the appropriate category by using a decimal system, e.g., the first protocol in the category of Assessment of Patients would be numbered NP 1.1, the second NP 1.2, and so on.
- D. Table of Contents  
 A Table of Contents will list each Nursing Protocols by number, title, and effective date.
- E. Approval of New Nursing Protocols  
 1. New nursing protocols will be submitted to the Health Care Administrator and Medical Director for final approval to assure appropriateness and suitability for use. All individuals reviewing nursing protocols will be listed on the Protocol Review Form, 807.25B.
- F. Once approved, the date will be indicated in the title block of the nursing protocol and on the Protocol Review Form.  
 1. The original date of creation will be noted. All dates of revision changes will also be listed with the most current revision date noted as the effective date. The oldest date listed is the date of original development of the policy.  
 2. When a protocol is reviewed and no revisions are necessary, the protocol should be reprinted with the new effective date.  
 (a) Although there have been no changes to the protocol, the new date indicates when it was reviewed by the Nursing Protocol Committee and deemed current. When no changes have been made, the protocol does not require further approval.  
 (b) Please note: An established Nursing Protocol that goes through extensive changes shall be handled in the same manner as the development of a new protocol. Suggested revisions will be reviewed by the Health Care Administrator and Medical Director.
- G. Annual Review of Nursing Protocols
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1. Nursing Protocols will be reviewed and revised annually, or more frequently when needed, in order to maintain current applicable protocols. Annual review and revision is the responsibility of the Quality Assurance and Review Nurse.
  2. The Nursing Protocol Review Form 807.25B, shall accompany all new and revised nursing protocols through the development and revision process. This form shall then be retained in a separate file from the Nursing Protocol Manual.
  3. There will be evidence of the following three elements of review:
    - (a) Date of review;
    - (b) Who participated in the review; and
    - (c) What changes or deletions occurred.
  5. All protocols will be reviewed using the following criteria:
    - (a) Appropriateness of the protocols, procedures, and standards in actual use;
    - (b) Any relevant ethical and legal considerations;
    - (c) Current research and knowledge; and
    - (d) Current regulatory codes and requirements.
  6. Upon completion of annual revisions, the Nursing Protocol Manual will be submitted to the Health Care Administrator and the Medical Director for review and approval. A signed statement of approval will be placed in the front of the Nursing Protocol Manual.
    - (a) Annual approval signatures, will be obtained from the Health Care Administrator, Medical Director, and Quality Assurance and Utilization Review Nurse.
    - (b) The original signed statement of approval will be maintained at the Anchorage Central Office in the Nursing Protocol Manual. Copies will be distributed to all facilities with Nursing Services to place in their manuals.
- H. Distribution of Nursing Protocols
1. It is the responsibility of the Quality Assurance and Utilization Review Nurse to distribute to all facilities Nursing Protocols as they are approved. The Table of Contents must be current.
  2. It is the responsibility of the Nurse III, or designee, at each correctional facility to maintain a current Nursing Protocol Manual, and to ensure that the Nursing Protocols have been provided to all Nursing staff. Nursing staff will sign the Certification of Review and Compliance with new and revised Nursing Protocols (Form 807.25C)

Implementation

This policy and procedure is effective 14 days following the date signed by the Commissioner. Each Manager shall incorporate the contents of this document into local policy and procedure. All local policies and procedures must conform to the contents of this document; any deviation from the contents of this document must be approved in writing by the Division Director.

October 9, 2002  
Date

Margaret M. Pugh  
Margaret M. Pugh, Commissioner  
Department of Corrections

Forms Applicable:

807.25A

807.25B

807.25C