U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

PROGRAM STATEMENT
Health Services Administration

Approved by	William K. Marshall III Director, Federal Bureau of Prisons
DPI	HSD
Number	6010.06
Date	September 3, 2026

Summary of Changes

Program Statement Rescinded:

- 6010.05 Health Services Administration (6/26/2014)

Changes:

- Added the requirement of an Institution Supplement regarding standard procedures for responding to emergencies 24 hours a day.
- Updated language regarding clinical supervisory functions for APPs.
- Updated with additional language for types of nursing positions and responsibilities.

1. PURPOSE AND SCOPE

To deliver medically necessary health care to inmates effectively in accordance with proven standards of care without compromising public safety concerns inherent to the overall mission of the Federal Bureau of Prisons (Bureau).

a. Program Objectives.

- Staff will be guided in the development and operation of Bureau health care programs.
- Administrative policies, procedures, and controls will be established, implemented, and reviewed.
- Appropriately trained, skilled, and credentialed staff will be employed.
- Lines of authority and accountability will be established to provide for appropriate personnel supervision.
- Inmate medical care will be delivered efficiently and cost-effectively within the levels of care established by Bureau policy.

b. **Institution Supplement.** The Clinical Director (CD), Health Services Administrator (HSA), or designee will develop and implement an Institution Supplement approved by the Warden that establishes standard procedures for responding to emergencies 24 hours a day. When developing its procedure, each institution should consider its authorized staffing complement, local Emergency Medical Services (EMS) resources, and proximity to local hospital emergency departments for medical and trauma care. The CD, HSA, or designee should periodically consult local EMS resources to discuss the institution's needs and become familiar with the available scope of EMS services. The Institution Supplement will address:

- Arrangements for on-site first aid and life-saving interventions.
- Provision and use of one or more Health Services Unit (HSU) urgent treatment rooms, and an alternative urgent treatment area for overflow or if the HSU becomes inoperable.
- Provision and use of an HSU emergency medical vehicle for transporting inmates across the compound. All facility staff will be trained in the use of transport equipment (stretchers, wheelchairs, etc.) and any HSU medical emergency transport vehicles (e.g., medical emergency cart) for transferring inmates from any location on the compound to HSU.
- The plan for the contents and locations of all emergency equipment and transport devices, including the plan for monthly maintenance/safety checks, and the schedule for periodic reevaluation of contents and locations based on local trends and experience.
- Arrangement for transfer and escort of the inmate from the institution to a community medical facility to include procurement considerations (e.g., notification, funding, commitment, etc.).
- Provision of EMS services when no Bureau healthcare providers are on site, including standard procedures for custody staff to contact on-call providers for guidance or Telehealth Emergency/Triage Service where available for medical assessment and direction.

New HSU staff will review the Institution Supplement on Emergency/Urgent Care during initial orientation to the HSU; all staff will review it annually thereafter. Annual review of this supplement by all HSU staff may be documented as in-house continuing professional education.

2. ADMINISTRATION

Providing health care within a correctional environment presents unique challenges not encountered by practitioners elsewhere. The Health Services Division's goal is to provide medically necessary healthcare services.

On occasion, there may be incompatibility between medical and correctional guidelines; conflicts related to medical care should be resolved, as far as practical, to meet the inmate's primary medical needs. At the same time, medical staff must remain committed to the correctional mission of the institution.

a. **Delegation of Authority.** The Director's authority to provide for the care and treatment of persons charged or convicted of offenses against the United States has been delegated to the Assistant Director, Health Services Division (HSD). The Assistant Director, HSD, is the Bureau's Health Care Authority and directs and administers all activities related to the physical and psychiatric care of inmates, the Bureau's Safety and Occupational Health Program, and Food Services.

The Assistant Director, HSD, has delegated the clinical direction of all activities related to the physical and psychiatric care of inmates to the Medical Director. The Medical Director is the final authority for clinical medical health care issues.

The Director delegates to the Regional Directors and Wardens authority to make recommendations to the appropriate judge regarding the mental competency of inmates. The Director retains the authority to audit and review any action taken under these delegations.

b. **Core Principles.** The following core principles support the Health Services Mission Statement:

- **Human Value.** All inmates have value as human beings and deserve medically necessary health care.
- **Public Safety.** Health care for inmates must be delivered within the constraints of correctional concerns and responsibilities inherent to the Bureau's overall mission.
- **Inmate Rights and Responsibilities.** Inmates must understand their right to access health care as well as their responsibilities to participate in health care in a manner that ensures maximal benefit from offered services.
- **Evidence-Based Care.** Standards of care for inmates will employ proven treatment strategies, generally supported by outcome data.
- **Public Health.** Inmate health interventions that prevent the spread of contagious diseases and reduce preventable diseases and injuries are important to public health and are consistent with the Bureau's overall mission.
- **Fiscal Stewardship.** Medical services provided to federal inmates will be obtained in the most cost-effective manner. Comprehensive contracts for medical services with discounted rates will be pursued wherever possible.
- **Inmates Function.** Medically necessary interventions will aim to improve inmates functioning to a level that facilitates performance of activities of daily living within the correctional environment.
- **Compassionate Care.** Clinicians treating inmates will appropriately weigh the risks and benefits of various medical treatment options and recognize and address the psychosocial needs of inmates at all points of care to include terminal illnesses and serious medical conditions.

3. HEALTH SERVICES DIVISION, ORGANIZATIONAL CHART

a. **The Assistant Director,** Health Services Division, is responsible for all policies and activities related to the mission of the division. This includes:

- Managing human resources for the division.
- Directing budget planning and fiscal control.
- Regularly inspecting institution health care facilities and programs.
- Coordinating research activities related to health care.

The Office of the Assistant Director is staffed by the Assistant Director, Medical Director, Senior Deputy Assistant Director, Executive Assistant, and Administrative Officer.

b. **The Medical Director,** as the final health care clinical authority for the Bureau, is responsible for all health care delivered by Bureau health care practitioners and U.S. Public Health Service (PHS) officers, as well as establishing health care programs. Under 18 U.S.C. § 4005, the Bureau is authorized to request assignment of PHS officers to assist with the direct delivery of health care.

The Assistant Director and Medical Director provide consultation and guidance to the Regional Directors and Wardens to deliver medically necessary health care to inmates effectively, in accordance with proven standards of care, without compromising public safety concerns inherent to the Bureau's overall mission.

The Regional Medical Director privileges and provides clinical oversite to physicians selected as Clinical Specialty Consultants, who are responsible for clinical guidance in their respective regions.

c. **The Senior Deputy Assistant Director** has oversight authority for non-clinical medical operations as well as the Food Service and Occupational Safety and Health branches.

d. **HSD Planning and Goals.** HSD will establish measurable goals and objectives for the Bureau's medical/mental health programs that are reviewed at least annually and updated as needed. The Bureau's strategic planning process will be used to review the goals and objectives.

e. **Regional Office.** As supervisory staff, Regional Health Systems Administrators (RHSAs) serve as principal advisors to the Regional Director and Senior Deputy Regional Director in all matters related to health care delivery. The primary responsibilities of the RHSAs include:

- Develop suggestions for policy revisions.
- Perform management assessments.

- Prepare responses to correspondence and BP-230, Regional Administrative Remedy Appeal (BP-10) forms.
- Respond to health care problems at all institutions within their respective region.
- Provide advice to Regional Directors in all matters related to health care delivery.

RHSAs must be knowledgeable regarding:

- Equal Employment Opportunity (EEO) and recruitment.
- American Correctional Association (ACA) standards.
- Accreditation standards.
- Acceptable standards of medical practice to recommend changes and improvements.

f. **Health Services Unit (HSU).** The primary objective of institutional health services personnel is the delivery of health care to inmates committed to the care and custody of the Attorney General. The HSU's organization will vary among institutions depending on their security levels and missions.

The HSU at each local institution will have a CD and an HSA, who reports to the Warden or Associate Warden. Specific functions of the CD and HSA are described in subsequent sections.

All HSUs will participate in the Bureau's Program Review process to assess the achievement of goals and objectives.

The CD and the HSA will review all HSU local policies and procedures annually and revise, if necessary. The reviewers will sign and date each local policy/procedure revised.

4. **DESCRIPTION OF MAJOR DUTIES/RESPONSIBILITIES**

a. **Clinical Director (CD).** The CD is responsible for oversight of the clinical care provided at the institution, including:

- Reviews applications and credentials for membership of the medical staff.
- Establishes practice agreements.
- Implements and monitors in-house Continuing Professional Education (CPE) training.
- Maintains the quality of health records.
- Evaluates inmate care through an ongoing program that identifies problems and their resolution.

The CD will maintain a close working relationship with local community hospitals and health care providers contracted by the institution, ensuring good communication and appropriate continuity of care. The CD will make the community hospital aware that care provided to inmates will be

authorized in advance by the institution, not at the inmate's request.

During the hospitalization of an inmate, a physician, normally the CD, will document in the Electronic Health Record (EHR) contact with the attending physician daily to ensure:

- The CD or their designee remains fully informed of the inmate's condition.
- The care provided relates to the diagnoses on admission and any complications that develop.
- Every effort is made either to return the inmate to the institution or transfer them to a Medical Referral Center (MRC) as soon as the inmate's condition allows.

The CD will review, initial, and date all outside hospital and operative reports.

The CD is the clinical supervisor responsible for overseeing the professional development and clinical care provided by Advanced Practice Providers (APP) and pharmacists with collaborative practice agreements. The CD must provide input into performance evaluations concerning these individuals with the HSA or AHSA. However, the HSA or AHSA is considered the primary supervisor of the APPs for administrative issues, overseeing daily operations, ensuring efficient delivery of services, and compliance with regulations. The CD may designate a staff physician to provide all or part of this non-personal clinical oversight, but such delegations must be clearly defined. The CD will be the primary supervisor for the Chief Dental Officer and all other Licensed Independent Medical Officers at the institution. Either the CD or HSA will supervise the Chief Pharmacist and Director of Nursing.

The CD also provides clinical supervision for other clinical personnel (nurses, paramedics, etc.). Institutions without a CD or assigned Bureau physician will rely on Temporary Duty (TDY), Telehealth, or contract help with collaboration from the RMD, who may be Acting CD for all clinical supervision until appropriate staffing levels are restored. The RMD may designate another physician as an Acting CD to provide all or part of this clinical oversight, but such delegations must be clearly defined.

Staff physicians providing clinical oversight for APPs and other clinical personnel will provide input for quarterly clinical care Performance Log entries.

The CD will ensure new health care providers are properly trained and oriented before assignment to independent duty.

At a minimum, the CD, staff physician, or contract physician will provide the following clinical oversite functions for APPs:

- Review at least two health records, per provider, of the inmates evaluated by the day shift

clinical staff (normal work week) at the end of each workday. If this review is not practical at the end of the workday, it should take place on the next possible workday.
  - This review, when necessary, will include a discussion of the case with the treating APP, treatment plan review, and documented as a function in the EHR.
- On the next normal workday, review all health records of those cases clinical staff evaluated on the evening and morning watch, weekend, and holiday shifts. If this review is not practical, it should take place on the next scheduled workday.
  - This review, when necessary, will include a discussion of the case with the appropriate clinical staff, treatment plan review, and documented as a function in the EHR.
  - When questions arise during record reviews, the physician responsible for clinical supervision will arrange a face-to-face discussion with appropriate clinical staff as soon as possible.
- Be available to consult on cases requiring urgent attention.
- Review unusual and interesting cases with clinical staff individually, at staff meetings, and other appropriate times.

b. **Health Services Administrator (HSA).** The HSA plans, implements, and directs all aspects of the department's administration, including:

- Supervision of administrative personnel.
- Comprehensive Medical Services contract. Refer to Department of Justice (DOJ) Policy Instruction **Acquisition Career Management Program Federal Acquisition Certification for Contracting Officer's Representatives** and the Program Statement **Human Resource Management Manual**.
- Procurement.
- Supply.
- Drug-free Workplace Program.
- Housekeeping.
- Sanitation.
- Maintenance.

The HSA also provides supervision and direction for ancillary departments, including:

- Pharmacy (can alternatively be under Clinical Director).
- Laboratory.
- Radiology.
- Therapy Services.
- Social Workers.
- Health records.

The HSA provides supervision and direction to these Health Services staff, including designation of shifts and assignment of general and specific duties. Ordinarily, the HSA represents the department on various committees and in other interdepartmental meetings.

The HSA and CD integrate administrative management functions within clinical programs (laboratory, radiology, physical therapy, pharmacy, etc.).

The HSA or AHSA is the primary supervisor for APPs, paramedics, and nurses in non-medical facilities for administrative issues. Clinical input will be provided by the CD or designee.

At institutions where the CD is a contract physician, the CD and all contract clinical staff are under the HSA's administrative oversight.

The HSA and the CD will be the direct avenues of communication between Health Services and the Warden or designee, Regional Office, and Central Office. This does not exclude program supervisors from communicating with these individuals and offices; however, the HSA and CD have the primary responsibilities.

The HSA will review the Health Services dashboard weekly to help monitor the health care services provided. Review will include, but not be limited to:

- Use of healthcare services by category (e.g. Health Promotion, Disease Prevention, Diagnosis and Treatment, and Rehabilitation).
- Referrals to specialty consultants.
- Number of prescriptions written.
- Number of laboratory and x-ray tests completed.
- Observation room admissions.
- On-site or off-site hospital admissions.
- Serious injuries or illnesses, deaths, and off-site transports.

The HSA supervises inmates assigned to the HSU and organizes and directs training for inmate workers.

The HSA is responsible for the orientation and non-clinical training of staff assigned to the HSU, including correctional officers.

The HSA must be knowledgeable about personnel regulations applicable to both civilian and PHS staff. The HSA is the local personnel officer for PHS Commissioned Corps personnel.

The HSA or designee is responsible for maintaining each PHS Officer's leave record through eCORPS following the Supervisor's Guide to the Commissioned Corps Personnel System, available from the Commissioned Corps of the U.S. Public Health Service's website.

The HSA will ensure health care staff are appropriately licensed, registered, or certified. Evidence of current licensure, certification, or registration must be verified at the primary source and maintained in the HSU.

For further guidance, see Program Statement **Health Care Credential and Privileging Program**.

c. **Assistant Health Services Administrator (AHSA).** As part of the management team, the AHSA is responsible for administrative operations of the HSU as assigned by the HSA.

d. **Advanced Practice Practitioners (APPs).** APPs are physician assistants and nurse practitioners.

Advanced Practice Providers must have a Practice Agreement with a licensed physician prior to providing health care in the institution.

e. **Nursing Department.** Nursing departments are located only in MRCs. The institution's mission and size determine the complexity, numbers, and categories of nursing staff employed. The department may include nurse administrators, supervisory personnel, staff nurses, and licensed practical (vocational) nurses.

- **Director of Nursing (DON).** DONs are only assigned to MRCs. The DON is a Registered Nurse who promotes accepted standards of care and establishes a means of monitoring and evaluating nursing care. The DON is responsible for the delivery of nursing services. The DON:
  - participates in policy decisions affecting nursing personnel, inmate care, and is a member of the local Governing Body.
  - ensures nurses are trained properly and demonstrates the ability to use any medical equipment that may facilitate nursing care.
  - maintains training documentation.
  - organizes the department to provide optimum nursing services on all shifts.
  - encourages nursing staff to participate in continuing education programs and attend required meetings.
  - develops, allocates, and administers the nursing services budget aligning with organizational goals, objectives, and priorities.
- **Assistant Director of Nursing (ADON).** The ADON is a Registered Nurse accountable to the DON. The ADON has specific duties as delegated by the DON and is authorized to act in DON's absence. They supervise, coordinate, and integrate the activities of one or more nursing supervisors.
- **Supervisory Clinical Nurse (SCN).** The SCN is a Registered Nurse usually accountable to the ADON or the DON. The SCN has responsibility for a specific shift or area, such as a building or a unit (e.g., medical/surgical or specialty units within an Operating Room

and Post Anesthesia Recovery Room).

- The SCN implements policies and procedures of the nursing department for their designated area and coordinates care and services with other supervisors.

- **Charge Nurse.** The Charge Nurse is a Registered Nurse. In some settings, the Charge Nurse may be called the team leader or inmate care coordinator. They are usually accountable to the Supervisory Clinical Nurse and serve a specific group of staff on a nursing organizational unit.
  - The Charge Nurse assumes specific responsibility for the daily "hands on" nursing care of inmates and is primarily responsible for coordinating inmate care with physicians, other hospital departments, food service, and consultants.
- **Staff Nurse (Registered Nurse [RN]) – Medical Referral Center.** The staff nurse, who is usually accountable to the Charge Nurse, plans, implements, and evaluates the nursing care being provided to their assigned inmates.
  - They provide ongoing health education during hospitalization. Prior to discharge, the RN gives discharge instructions to help the inmate understand the need for follow-up care.
  - They maintain and improve clinical competence through continuing education and progressive experience. After receiving documented training and demonstrating ability, the RN must be able to operate any specialized equipment that may facilitate nursing care.
- **Licensed Practical (Vocational) Nurse (LPN/LVN) – Medical Referral Centers.** The LPN/LVN generally provides technical support and assistance to inmates who are relatively stable or who have chronic illnesses.
  - An RN must supervise LPNs/LVNs who provide direct inmate care in an inpatient, outpatient, or long-term care setting.

f. **Staff Nurse (Registered Nurse [RN]) – Non-Medical Referral Center Institution.** The staff nurse, who is usually accountable to the CD, coordinates, implements, and assesses inmate response to care provided in the outpatient setting.

They provide ongoing health education. The RN provides instructions to help the inmate understand the need for follow-up care.

They maintain and improve clinical knowledge and skills through continuing education and progressive experience. After receiving documented training and demonstrating ability, the RN must be able to operate any specialized equipment used in inmate care.

g. **Licensed Practical (Vocational) Nurse (LPN/LVN) – Non-Medical Referral Centers.** An LPN/LVN in a general population institution provides administrative and healthcare support to other clinical staff. LPNs/LVNs may collect inmate data, including vital signs and the nature of the complaint, and may assist other clinical staff in providing routine treatment or emergency care with appropriate supervision.

If LPNs/LVNs provide nursing care such as the administration of medications and treatments, an RN or physician must provide supervision on that shift.

h. **Emergency Medical Technicians (EMTs).** Institutions may employ EMTs with the prior approval of the National Health Systems Administrator. Institutions must ensure the following when employing EMTs:

- There are practice protocols appropriate to an EMT's training.
- EMTs are only assigned duties that are within the scope of their training and demonstrated knowledge and skills.

i. **Paramedic.** The Paramedic, who is usually accountable to the CD, assesses situations to determine the nature, extent, and seriousness of an emergency.

They provide treatment prescribed in protocols, standing orders, or current guidelines making modifications to the protocol or guideline within prescribed limits.

They prioritize treatments, employ a variety of established medical emergency procedures, techniques, methods, and equipment, including emergency triage.

j. **Chief Pharmacist.** The Chief Pharmacist is responsible for the supervisory management of pharmacy operations to include the dispensing of all medications within the institution. Additional responsibilities include ensuring the facility complies with all Drug Enforcement Administration (DEA) laws and regulations, procuring medications, and providing pharmaceutical care to the inmate population, including medication therapy and disease state management.

k. **Medication Technicians**. The medication technician, who is ordinarily accountable to the Chief Pharmacist, is responsible for the administration and distribution of medication to inmates. They assist the pharmacist(s) or other appropriate staff members in a variety of pharmacy related activities, including, but not limited to, entry of medication orders into a computerized pharmacy information system, preparation of medications for pharmacist review, automated dispensing cabinet stocking and maintenance, and procurement and inventory of medications and pharmacy supplies, etc.

l. **Correctional Officers Assigned to HSU.** Correctional Officers will be oriented appropriately to the objectives and procedures of the health care team. To the extent feasible, they will be included in conferences, planning reviews, and other activities related to the HSU.

Assigning Correctional Officer posts to health services is highly encouraged. Appropriate use can ensure health care providers' time is wisely and efficiently utilized, by the Correctional Officer managing inmate movement, locating inmates who do not show for appointments, ensuring expensive specialty contract providers see all assigned patients, and helping coordinate

inmates being seen during institution lockdowns.

Correctional Officers will be informed, preferably by the CD and psychiatrist/psychologist, in managing inmates who are being treated or under observation for a mental health problem, or inmates with medical conditions requiring special precautions.

At institutions with a mental health unit, staff meetings with Correctional Officers assigned to that unit are desirable. Cases illustrating specific types of mental disorders should be presented, and the medical officer or psychiatrist should interpret the inmate's behavior and explain how it should be managed.

Officers will be given an opportunity to discuss problems encountered during the week with health services staff.

m. **Other Health Services Staff.** The duties of other health services staff are described in their billet description or position description as applicable.

n. **Consultant Staff.** Consultant medical staff are often needed to complement in-house staff. The HSA and CD will determine the need for consultant contracts.

The HSA/CD will ensure each consultant staff member is qualified and will maintain optimal professional performance through:

- Appointment/reappointment procedures.
- Specific delineation of clinical privileges.
- Periodic reappraisal of each.

Only consultant medical staff holding an appropriate current license and offering evidence of training or experience, current competence, professional ethics, and health status will be considered. The above also pertains to outside telehealth services not provided by a federal agency. Refer to the Program Statement **Health Care Credential and Privileging Program** for credentialing requirements.

The HSA will ensure primary source verification of each applicant's current license, education, or, if appropriate, certification.

The HSA will ensure the consultant's Session-based Invoice Verification (SBIV) reflects the times and dates of all consultant services provided to inmates.

5. INMATE HSU WORKERS

Inmates will only have assignments of minimal responsibility. Inmates will have close

supervision to prevent them from gaining access to privileged medical information, from having authority/control over other inmates, and from acquiring contraband.

Inmates with skills as physicians, dentists, nurses, and any other health care areas will not be assigned to the HSU.

a. Inmates will not be assigned to:

- The pharmacy and medical storeroom, or jobs involving the handling or processing of, or having potential for access to, pharmaceuticals and medical supplies. Inmates may perform janitorial services in these areas under direct supervision.
- Areas where they will have access to health records, including blank copies of records or records to be shredded, forms, or documents that will become part of the health record. This includes any assignment where reasonable potential for access to a health record exists, not only assignments located in the health records section, but also assignments such as clerks to physicians, laboratory and x-ray clerks, and similar areas.
- Functions involving the scheduling of appointments or any other tasks with potential for determining access to medical care.
- Jobs as clinic assistants or other medical assistants involving responsibility for direct treatment procedures such as administering medication, applying liquids or ointments, administering medical soaks, dressing changes, irrigating tubes, removing sutures, venipuncture, providing inhalation therapy, obtaining vital signs, etc.
- Duties as scrub nurse or assistant, or any other duties that involve physical presence in the operating room during surgery.
- Carry out clinical tests or measurements, such as audiometric testing, pulmonary function studies, electrocardiograms, refractions, etc. Inmates may not have access to the reports of such tests.
  - Additionally, inmate workers may not be present during any x-ray procedure, including positioning inmates on the x-ray table and setting the dials for exposure. This prohibition includes inmate workers developing x-rays as well as having access to x-rays and x-ray reports.
- Situations involving formal clinical contacts between staff and inmates, such as triage/sick call visits and other medical appointments. Exceptions would include emergency treatment or testing in which assistance of inmate workers is necessary, or interpretation when no staff member can speak the inmate's native language.
- Inmates will not assist consultants in any way.

b. Inmates can be assigned to:

- Janitorial duties throughout HSU. Inmates must be directly observed in areas of the HSU that contain privileged medical information or potential contraband.
- The dental clinic, in accordance with the Program Statement **Dental Services**.

- Positions as inmate attendants, as long as they are appropriately trained and their duties and supervision are detailed in written procedures. Examples of appropriate duties include feeding inmates, assisting in the transportation of inmates, changing bed linen, and cleaning inmate rooms.
  - At no time are inmates permitted to document anything in the medical record.
  - Inmates may assist staff to a limited extent when no other staff are available but will not be involved in independent or direct treatment procedures.
  - Inmates with an active mental health diagnosis undergoing treatment must be cleared by both health services and psychology prior to being assigned as an inmate attendant.
- Serve as "companions," in accordance with the Program Statement **Suicide Prevention Program**.
- At institutions with hospice programs, inmates may be employed as hospice workers as outlined in an Institutional Supplement. Hospice-trained inmate volunteers provide support services to hospice inmates and are trained to the same standards as volunteers in the community.
- Participate in the Medical Inmate Companion Program. Technical guidance for this program is posted on the HSD page on the Bureau's intranet site.

6. BUDGET, PROPERTY, AND SUPPLIES

a. **Budget.** The HSA or designee is the Cost Center Manager for the health services and continuing professional education (CPE) budgets at the institution level.

The HSA is responsible for budget and procurement activities including controlling purchases, maintenance, and distribution of equipment, materials, and facilities of the HSU. This includes preparing all budgetary submissions and maintaining records of all budgetary transactions. The only fund control system authorized is the applicable Bureau financial management system.

The HSA will write the statement of work for Health Services contracts and is required to obtain Contracting Officer Representative (COR) 1 within one year of appointment, and COR 2 within three years of appointment. Refer to DOJ Policy Instruction **Acquisition Career Management Program Federal Acquisition Certification for Contracting Officer's Representatives** and the Program Statement **Human Resource Management Manual**.

The HSA must be knowledgeable about medical supplies and equipment, and their procurement sources. They must also be familiar with medication procurement and appropriate use of the pharmaceutical prime vendor contract. The HSA plans HSU budgetary requirements and maintains fiscal control over HSU contracts. The HSA or designee is responsible for ensuring obligations are accurately controlled, recorded, and reported. The HSA or designee is responsible for notifying leadership of budgetary shortfalls and working to resolve these issues in a timely manner that prevents delays/access to care.

The HSA approves invoices for payment submitted in connection with consultant care or other outside medical services to verify their accuracy. Invoices will also be reviewed with respect to:

- Were the billed services authorized and appropriate, and have the services been completed?
- Were the billed services actually provided?
- Are the amounts invoiced correct within the terms of the contract; or, if there was no contract, are they commensurate with customary fees in the community?
- Is the billing or payment a duplication that must be prevented?

Services rendered by outside vendors will have the advance approval of the Contracting Officer or the Contracting Officer Representative (COR) except in emergencies, which require prior notification.

The HSA is responsible for all fiscal matters and for certifying that funds are available in their respective cost centers prior to the creation of obligations. Refer to the Program Statement **Budget Execution Manual** for use of the applicable Bureau financial management system that provides detailed up-to-the-minute funds accountability to ensure funds are available for obligation.

The fund control records must be reconciled monthly with the cost center reconciliation report in the applicable Bureau financial management system. This reconciliation must be presented to the Business Administrator through the respective Associate Warden by the 10th working day of the following month or as determined by local authority.

b. **Property.** Annually, major equipment needs will be submitted to the Budget and Planning Committee for inclusion on the institution's priority list. The preparation of major HSU equipment priority lists is delegated to the HSA in coordination with the institution's Business Administrator

c. **Procurement Procedures.** All requests for purchase card orders and purchase cards will be prepared in accordance with the regulations described in the Federal Acquisition Regulation (FAR), Federal Property Management Regulations (FPMR), and Justice Acquisition Regulation (JAR). The following priority list, pursuant to priorities for use of mandatory government sources, will be used for purchasing all medical and dental supplies:

- Medical/Surgical Prime Vendor contract (MSPV).
- Pharmaceutical Prime Vendor contract (PPV).
- Agency inventories.
- Excess from other agencies (Veterans Affairs (VA), General Services Administration (GSA), U.S. Public Health Services (USPHS), and Department of Defense (DOD)).
- Federal Prison Industries.

- Committee for the Purchase from People who are Blind or Severely Disabled.
- Wholesale supply (GSA, VA, etc.).
- Mandatory Federal Supply Schedules.
- Optional use Federal Supply Schedules.
- Commercial Sources.

d. **Major Medical/Dental Equipment.** Major medical/dental equipment is defined as equipment costing more than the capitalized personal property criteria stated in the Program Statement **Property Management Manual**. If the equipment being purchased meets the criteria for major equipment, the following must occur:

- A BP-A0101, Request for Purchase (Delivery-Task Order) form must be prepared which adequately and clearly describes the required item(s).
- Personal preference items or brand names will not be requested unless a "brand name or equal" provision is included.
- The provision will sufficiently describe all the prominent characteristics of the brand name item.
- A BP-A0135, Major Equipment Justification form must accompany the BP-A0101, Request for Purchase (Delivery-Task Order) form and initiating request in the applicable Bureau financial management system, to include required support documents uploaded as attachments. These forms can be found in the Forms Directory on the Bureau's intranet site.
- Both forms will be forwarded by e-mail to the Health Services Division at Central Office to the attention of the National Health Systems Administrator.
- The National Health Systems Administrator or designee will review the request for approval to send to the Budget Execution Branch, Administration Division to secure funds unless funded locally or at the region approved by the Regional Director.
- If approved, the National Health Systems Administrator will provide written authorization, and the documentation will be returned for appropriate action.
- Once procured, all relevant equipment information will be entered into the electronic tracking system (e.g. TMS).

e. **Durable Medical Equipment.** Inmates transferring or releasing will be authorized to retain durable medical equipment that is prescribed as part of their treatment plan (diabetes technology devices, Continuous Positive Airway Pressure (CPAP), non-motorized wheelchair, crutches, custom shoes, orthotic devices, etc.). Durable medical equipment will be coded in the electronic health record using Medical Duty Status (MDS) categories.

7. **PREVENTIVE MAINTENANCE SERVICES**

The HSU will have a written comprehensive preventive maintenance plan for all HSU equipment that follows the manufacturers' recommendations. The plan will include a procedure for reporting and documenting equipment failure.

Unless the manufacturer specifies, preventive maintenance actions will be documented and provided at least twice a year by the applicable bio-medical service.

8. COMMITTEE MEETINGS

Committees (e.g. Medical Staff, IPC, P&T, URC, GB) will be established and meetings held at least quarterly according to standards approved by the Medical Director.

The HSA will maintain documentation of committee meetings. Committee meetings may be combined in the local Governing Body meeting minutes.

9. MEDICAL STAFF BY-LAWS – MEDICAL REFERRAL CENTERS (MRC)

Medical staff by-laws will be required for all MRCs and will be developed locally. Proper routing for clearance of by-laws is:

- HSA and CD.
- Warden.
- RHSA.
- Regional Director.
- Medical Director.

Health Services policies will suffice as written criteria for rules and regulations for all other HSUs.

10. HEALTH CARE STANDARDS

Health Services Unit Accreditation. Accreditation will be met by the current accrediting body contracted with the Bureau.

11. DEPARTMENT OPERATING GUIDELINES

a. **Medical Referral Centers.** The HSA at MRCs will ensure each medical/mental health department head prepares detailed written policies and procedures governing their department.

Current accreditation standards may be used as a resource for developing individual institution policies and procedures.

Each MRC will establish a daily health services activity log. The log will contain, at a minimum:

- Inpatient census at the beginning of each shift.
- Admissions to community hospitals.

- Admissions of seriously ill inmates.
- Equipment or physical plant failures.
- Admissions with unusual signs and symptoms.

Each MRC will also have an activity log for the ambulatory care area, which will include the information listed below for non-MRC institutions. These activity logs may be combined.

b. **Non-MRCs Institutions.** The HSA at non-MRC institutions will ensure a daily health services activity log is maintained. The log will contain, at a minimum:

- Any outpatient census (inmates temporarily housed in the HSU).
- Admissions to community hospitals.
- All injuries (other than minor) requiring care.
- Any equipment and physical plant failures.

12. **POLICY WAIVERS**

If an institution is unable to comply with the provisions of a policy due to some unique condition, the Warden must request a formal waiver to that policy. The Assistant Director, HSD, may grant exemptions only for those areas specifically authorized by health services policy in accordance with the Program Statement **Directives Management Manual**. The Director must approve all other exemption requests.

All requests must clearly state the problem and attempted solutions.

Requests must be forwarded to the Assistant Director, HSD from the Warden, through the Regional Director.

If approved, the documentation will be maintained with each copy of the appropriate health services policy in the institution.

If disapproved by the Regional Director, the request will be returned with an explanation but does not need to be forwarded to the Assistant Director.

No changes will be made until written approval is received.

13. **REDUCTION IN SENTENCE (COMPASSIONATE RELEASE REQUESTS)**

Under 18 U.S.C. §§ 3582 (c)(1)(A)(i) & 4205(g), institutions may request an inmate be considered for a reduction in sentence (compassionate release) due to extraordinary and compelling medical conditions. Information for the request for a reduction in sentence is gathered from several departments within the institution.

Refer to Program Statement **Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 & 4205(g)**.

14. **CONTINUOUS HEALTHCARE COVERAGE**

Each institution will devise a method to provide access to 24-hour medical, dental, and mental health care that meet the following conditions:

- Suitable arrangements have been made with a local medical facility for coverage when the Medical Officer of the day is not available.
- An emergency transportation system must be available for an inmate requiring emergency care.
- The CD and HSA will develop and implement an Institutional Supplement that establishes standard procedures for responding to emergencies that will include Cardiopulmonary Resuscitation (CPR) certified staff in the institution for the hours medical staff are not available. Refer to the Program Statement **Patient Care** regarding procedures for responding to emergencies 24 hours a day, to include CPR and Automatic External Defibrillator (AED), as well as on-call coverage.

Minimum security institutions and Federal Prisons Camps meeting the criteria listed above may provide 12-hour on-site coverage. This does not include Satellite Prison Camps.

- Scheduling will be in compliance with Program Statement **Human Resource Management Manual** for schedule types.
- All Advance Practice Providers and physicians will be placed on an on-call schedule/rotation that is fair and equitable to provide in-person response or phone support to nurses/paramedics on duty, or custody staff.
- Physicians will be scheduled to be available to provide input into more complex inmate cases.

15. **EMERGENCY CARE**

The HSA, CD, or designee will develop and follow a standard written plan specific to their institution to provide 24-hour emergency medical, dental, and mental health care. Reference Program Statement **Patient Care**. The plan will address the following:

- On-site emergency first aid and crisis intervention.
- Emergency on-call procedures for hours that health care providers are not on-site.
- Emergency evacuation of the inmate from the institution.
- Use of an emergency medical vehicle.
- Use of one or more designated hospital emergency rooms or other appropriate facilities.
- Emergency on-call physician, dentist, and mental health professional services when the

emergency health facility is not located in a nearby community.

- Security procedures provided for the immediate transfer of an inmate when appropriate.
- Use of Telehealth Emergency/Triage service when available.

a. **Emergency Equipment.** The HSA or designee approves and periodically reevaluates the contents, number, and locations of emergency response equipment, including crash carts, go-bags, stretchers, gurneys, backboards, AEDs, naloxone. The HSA or designee will establish standard procedures for monthly inspections of all AEDs and other mechanical equipment such as battery-operated gurneys and is responsible for maintenance and supplies in accordance with the manufacturer's recommendations. The plan for periodic reevaluation, contents, locations, and maintenance will be detailed in the required Institution Supplement described in Section 1(b).

b. **Training: Mass Casualty Exercises.** The HSU will conduct two emergency mass casualty exercises per year, ideally in conjunction with the institution's scheduled major emergency drills. These exercises will be critiqued to identify deficiencies and opportunities to improve responses to emergencies. The exercises must include multiple victims having a variety of injuries and requiring a range of clinical skills that simulate the response needed in a real-life disaster. The HSA or designee will develop and maintain summary documentation that outlines the scenario, participants, critique of actions and appropriateness of emergency care, discussion points, corrective action plan. The HSA or designee will also maintain documentation evaluating the effectiveness of any corrective action improvement activities and evidence of sustained improvements.

At MRCs, compliance with current accreditation standards will be considered sufficient to meet the above requirements.

16. **PERSONAL PROTECTIVE EQUIPMENT**

Each institution will have a written Exposure Control Plan (ECP) that will comply with and contain the elements as defined in 29 CFR 1910.1030, Bloodborne Pathogens. Staff will be trained on compliance with 29 CFR 1910.1030 on employment and during annual training. Contract employees will follow their employer's ECP. The employer is responsible for training and compliance of 29 CFR 1910.1030 for their employees following their agency's policies. Refer to Program Statement **Infectious Disease Management** for methods of compliance.

17. **CONTINUING PROFESSIONAL EDUCATION**

The mission of the Continuing Professional Education program (CPE) is to provide relevant, evidence-based continuing education by and for the healthcare team to improve team skills/strategies, performance, and inmate outcomes in concert with the Bureau's commitment to provide safe and high-quality care commensurate with community standards.

Central Office Continuing Professional Education (CPE) Program. The HSD will maintain accredited status with Joint Accreditation Interprofessional Continuing Education (IPCE) as a provider of continuing education; the CPE program will be jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

- **The Professional CPE Training Advisory Group (PTAG)** is tasked with reviewing the comprehensive CPE program, as well as making recommendations and facilitating the evolution of training opportunities, in accordance with IPCE requirements.

  PTAG will review issues such as:

  - Whether to add and/or delete professional disciplines from accreditation.
  - Evaluate the mission of the program and assess the degree to which sponsored activities meet the mission.
  - Evaluate the effectiveness of the overall CPE program.
  - Recommend changes to enhance the effectiveness of the CPE program.
- **CPE Residential Program.** The National Continuing Professional Education Office annually sponsors CPE specialty education programs conducted in-person in accordance with the allotted budget. These programs are based upon needs assessments submitted by the designated health care professionals.
  - **CPE Residential Funding.** All CPE residential training programs are funded at the Central Office level.
  - **CPE Residential Selection.** Once a CPE residential training program has been developed, requests for attendance are submitted to the institution Warden. The Warden will nominate participants for the residential programs.

    The nominees' names are submitted to the National CPE Coordinator (NCPEC) in Central Office. The NCPEC will work directly with the respective disciplines' chief professional officer for selection and prioritization within available space.

    The NCPEC will transmit SF-182, Authorization, Agreement, and Certification of Training form to the institution participant, HSA, and Employee Development Manager (EDM) for approved participants.
    Upon notification of a scheduled residential CPE program, the HSA will disseminate this information to the appropriate health care staff in a timely manner. Any health care professional who desires to attend a residential CPE program should contact the HSA.
- **CPE Virtual Learning Program.**
  - **CPE Program Directed Virtual Learning.**
    - To expand access to CPE opportunities beyond in-person activities, virtual learning will be made available in both live and enduring (on-demand) formats.

- In accordance with IPCE, virtual learning activities may include partnerships which support the CPE mission.

➢ **External Virtual Learning Platforms.**

- PTAG may recommend the funding and use of external virtual learning platforms to increase education and training opportunities for health services staff.

■ **CPE Approval Process.** Any health care professional who desires to attend CPE will request CPE approval from the HSA via a memorandum justifying attendance or participation in educational activity. A completed SF-182 and course brochure or literature must accompany the memorandum to begin the approval process.

The HSA and EDM will review the requested CPE and forward the request via an SF-182 to the Warden for final approval.

CPE may be a recruitment and retention tool that is used to maintain medical skill proficiency. Therefore, HSAs are encouraged to approve CPE requests contingent upon the following:

➢ Applicability to the profession.
➢ Institution HSU needs.
➢ Availability of CPE funds.

HSAs maintain the authority to approve or deny CPE training requests. If the HSA approves the CPE training request, the request will be forwarded to the EDM for review and to the Warden for final approval.

The required approval processing time will be established at the institution.

The program/educational activity must be provided by an accredited sponsor or provider, (Accreditation Council for Continuing Medical Education (ACCME), American Medical Association (AMA), ACPE, American Nurses Association (ANA), etc.) and be approved for continuing education credit. Programs should be based on required or demonstrated educational need.

■ **Funding Allocation.**

➢ Funding is based upon Central Office determinations of CPE needs, proper use in prior fiscal years, and the availability of funds.

CPE funding varies each year, and notifications will be sent from HSD Financial Management to each institution with the approved funding level established by the office of the AD, HSD.

Additional funds may be requested via a memorandum, which includes the appropriate justifications, to the Assistant Director, HSD and Medical Director.

The following professional personnel positions are eligible to receive CPE funds. The total amount of funding will be determined on an annual basis.

- Physician
- Advanced Practice Provider
- Dentist
- Registered Nurse
- Pharmacist
- Pharmacy Technician
- Dental Hygienist
- Dental Technician
- Dietician
- Physical Therapist
- Occupational Therapist
- Medical Records Administrator Specialist
- Accredited Health Information Technician
- Laboratory Technologist
- Diagnostic Radiological Technician
- Health Services Administrator
- Assistant Health Services Administrator
- Social Worker
- Paramedic/Health Tech
- Licensed Practical Nurse

Advanced Practice Providers (APP) are graduate physician assistants (certified or non-certified), nurse practitioners, and unlicensed medical graduates.

All expenses exceeding the approved allotment will be the responsibility of the staff member.

Funds allotted to the institution for inmates medical care will not be used to fund additional costs.

- **Participant Responsibilities.** Staff have the following responsibilities when attending CPE programs:
  - Follow all federal travel regulations, including the maintenance of accurate financial records.
  - Share clinical information with all colleagues upon returning from training.
  - Pay for any cost exceeding the authorized allocation.
  - Upon completing the training, provide the EDM with proper documentation to include in the staff member's training record.

18. **PRECEPTORSHIP PROGRAM FOR HEALTH PROFESSIONALS**

Correctional institutions may enter into agreements with educational institutions (colleges, universities, or equivalent teaching organization) to provide students, interns, and postgraduates with clinical exposure and experience. When students, interns, and postgraduate students are present during inmate care encounters, their role will be defined in their respective organization's human resources policies. When students, interns, and post-graduate students are present and involved in inmate evaluation, they are required to appropriately identify their defined status, and the inmate must concur with examination, evaluation, or treatment by a student.

To meet legal requirements, there are required procedures to establish a preceptorship program that will be outlined in a Memorandum of Understanding (MOU) pursuant to authority contained in 5 U.S.C. Chapter 41, § 4042. between the United States Department of Justice, Federal Bureau of Prisons, and educational institutions.

The basic requirement will be an agreement on the scope of work and funding arrangements, if applicable, between the correctional and educational institutions.

HSAs are strongly encouraged to establish preceptorship programs for health care professionals where feasible and will contact their contracting officer for details on the procurement regulations. Human Resources will determine background/clearance requirements for students. Costs associated with background/clearance requirements cannot be charged to educational institutions. An approved MOU template is located under the information section of the HSD page on the Bureau's intranet site.

At institutions with health professional preceptorship programs (e.g. pharmacy, nursing, APP, etc.), the HSA will work with the appropriate Branch Chief or chief professional officer who serves as the preceptor of record.

REFERENCES

Program Statements
Budget Execution Manual
Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 & 4205(g)
Dental Services
Directives Management Manual
Health Care Credential and Privileging Program
Human Resource Management Manual
Infectious Disease Management
Patient Care
Property Management Manual
Suicide Prevention Program

Bureau Forms Prescribed by 6010.06

BP-A0793	Physician Assistant/Nurse Practitioner Preceptorship Agreement
BP-A0794	Physicians/Dentists Comparability Allowance Agreement

Bureau Forms

BP-230	Regional Administrative Remedy Appeal
BP-A0101	Request for Purchase (Delivery-Task Order)
BP-A0135	Major Equipment Justification
BP-A0352	Inmate Injury Assessment and Follow-up
BP-A0823	Advanced Practice Providers (APP)/Sponsor Physician Practice Agreement

Federal Regulations
18 U.S.C. § 3582(c)(1)(A)
18 U.S.C. § 4005
18 U.S.C. § 4205(g)

Other Policies

1301.03.01	DOJ Policy Instruction. Acquisition Career Management Program Federal Acquisition Certification for Contracting Officer's Representatives

Other Forms

SF-182	Authorization, Agreement, and Certification of Training

ACA Standards
Standards and Expected Practices for Adult Correctional Institutions (5th Edition): 5-ACI-6A-05, 5-ACI-6A-06, 5-ACI-6A-08(M), 5-ACI-6B-01(M), 5-ACI-6B-03(M), 5-ACI-6B-12, 5-ACI-6D-01, 5-ACI-6D-04, 5-ACI-6D-08, 5-ACI-6D-09, 5-ACI-6D-10, and 5-ACI-2A-03

Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 4-ALDF-4D-21, 4-ALDF-4E-03(M), 3-ALDF-4D-04, 3-ALDF-4D-07, 3-ALDF-4D-08(M), and 3-ALDF-4D-30

Standards for Administration of Correctional Agencies (2nd Edition): 2-CO-4E-01

Records Retention Requirements
Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.