



*State of North Carolina  
Department of Public Safety  
Prisons*

Chapter: A  
Section: .1200  
Title: **Mutual Respect and  
Collaboration**  
Issue Date: 04/17/15  
Supersedes: New Policy

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**POLICY & PROCEDURES**

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**.1200 PURPOSE**

The purpose of this policy is to promote a culture of mutual respect and better collaboration between medical/mental health and custody staff.

**.1201 POLICY**

- (a) All Correctional Facilities within the Division of Adult Correction, Prisons must be dedicated to custody, care, and correction, therefore all custody and medical/mental health staff must work together as mutually inclusive entities. The culture of custody and security is paramount in correctional settings, and both medical and mental health staff must collaborate closely with custody staff if they are to safely engage in treatment while not threatening security or interfering with operations. A certain amount of disagreement between security concerns and treatment concerns is inevitable, however, working through and resolving this kind of disagreement is a critical ingredient in productive, collaboration between medical/mental health and custody staff.
- (b) A culture of mutual respect, cooperation and collaboration between custody and medical/mental health staff is expected.
- (c) Medical/Mental Health staff have an ethical duty to provide compassionate care to their patients within appropriate boundaries. They cannot entirely succumb to the culture of custody and become as rigid as custody staff in their approach to inmate causing the inmates not to receive urgently needed treatment. On the other hand custody staff has a duty to maintain appropriate custody and conduct of all inmates under their supervision no matter what the circumstances might be.
- (d) Health Care professionals are committed to respect all human beings. This commitment cannot be compromised by the fact that the individuals being cared for are in correctional facilities. The philosophy, ethics, responsibilities, functions, roles, skills, and legal authority that guide the practice of community health professionals also guide the practice of correctional health professionals.
- (e) It is important for both medical/mental health and custody staff to understand the difference between working in a prison environment and working in a medical/mental health environment in the community. Therefore collaboration is important to ensure that the mission, goals and objectives are met in an orderly fashion.

**.1202 MEETINGS**

- (a) The provision of health care is a joint effort between health care providers and correctional administrators and can be achieved only through mutual trust and cooperation. Clinical care matters involving medical, nursing, mental health, and dental judgments are the sole responsibility of licensed health care providers, however, health services must be provided in a manner that does not compromise the security of the facility. Medical and Mental Health treatment recommendations must be taken seriously and where there is disagreement, the Facility Head shall consult with the Region Director or the Deputy Director for Health Services.
- (b) Custody, Medical, and Mental Health staff are required to meet weekly in person or by conference call to discuss significant cases or issues for the day at all medical facilities, large close custody facilities and facilities with transitional care units. In addition to the above: nursing, custody, physicians, and program managers, shall conduct rounds weekly at these facilities.
- (c) Facility Heads must ensure that Health Care Managers at all levels are included in any meetings that affect their mission and operation. Facility Heads should also attend healthcare related meetings to share information.
- (d) Custody shift narratives should be shared with Nurse Managers/Lead Nurses and regular briefings and debriefings should take place between custody and medical/mental health staff as necessary.
- (e) Region Directors and Assistant Superintendents for Programs should attend Nurse Manager Meetings in their regions to share information. Region Nurse Managers should also attend Region Superintendent Meetings.
- (f) All formal meetings must have a written agenda and minutes from the meeting should be documented within two weeks after the meeting. A copy of the agenda and the minutes should be retained at the facility and/or region office for a period of five (5) years.

*George F. Solomon*

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Director of Prisons

4/17/15

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Date

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