

JOB TITLE: MEDICAL COORDINATOR/CORRECTIONAL NURSE

SUPERVISOR: CORRECTIONS ADMINISTRATOR

Job Title Medical Coordinator/Correctional Nurse **Band/Grade** B31

FLSA Status ☐ Exempt ☒ Non-Exempt

Title of Supervisor Corrections Administrator & Medical Director

JOB SUMMARY

The Medical Coordinator/Correctional Nurse is responsible for providing direct nursing care, treatment (within professional/legal limits) and coordinating medical services. Performs related nursing duties as assigned, trains staff as necessary and works closely with the medical director. The personal safety of the medical staff and the inmates entrusted to their area, follow standard methods of security and to safeguard Mountrail County Correction Center property. The work involves working cooperatively with all staff, administration, medical director, inter-departmental and public agencies and promoting a team effort that ultimately meets the goals of all concerned.

SCOPE OF RESPONSIBILITY

The intent of this job description is to provide a representative summary of the primary duties and responsibilities performed by incumbents in this position. Incumbents may not be required to perform all duties in this description, and incumbents may be requested to perform position-specific tasks other than those listed in this job description.

- Ensuring the personal safety of medical staff and inmates entrusted to their area.
- Follow standard methods of security and safeguard Mountrail County Correctional Center property.
- Monitor inmate Individual Performance Plans regarding education, work, behavior, and treatment issues; recommend and assist inmates in treatment issues.
- Interact with inmates, including high risk, with in the Correctional Center on a one on one basis
- Perform crisis intervention functions, suicide prevention, recognizing abnormal behavior and taking appropriate action.
- Responsible for documenting inmate activities and monitoring movement throughout the facility.
- Conducting sick call duties to include but not limited to health assessments, lab draws and communicable disease screenings.
- Provides nursing services, treatments and diagnostic and preventive procedures appropriate for inmate care and safety; interprets physicians' orders; administers prescribed medication; applies surgical dressings and bandages; provides emergency first aid care; checks and records vital signs; instructs inmates concerning discharge planning; observes signs and symptoms during sick call; reports reactions to treatments and medications as well as changes in the inmates' emotional or physical condition. Report medically-related problems to the Mountrail County Medical Center in order to receive further instruction.
- Maintain medical records for inmates.

- Contact North Central Human Service Center (NCHSC) for all Inmates who request psychological services.
- Serving as a liaison with medical providers to schedule outside medical appointments regarding the medical care of the inmate populations.
- Prepare paperwork. File in inmate's medical record.
- Monitor inmate's conformance to treatment plans, facility rules and regulations.
- Assisting in the tracking of equipment and supply needs.
- Respond to emergencies throughout the facility; injury and illness; performs CPR when needed.
- Other duties as assigned.

REQUIREMENTS

- Nursing degree or equivalent as well as a current and active license with the ND Board of Nursing required plus at least two years of work experience with preference in correctional nursing. College level coursework may substitute for the work experience requirement on a year-for-year basis.
- Must possess the ability to quickly assess a situation and determine the appropriate response.
- Must have the ability to monitor multiple activities and individuals and predict future behavior.
- Ability to learn the regulations and procedures for the facility.
- Ability to work and remain calm in a high-pressure environment.
- Ability to remain impartial when interacting with inmates.
- Excellent time management and organizational skills.
- Must be punctual and reliable.
- Must have a positive attitude and willing to accept new responsibilities as required.
- Ability to communicate effectively in both verbal and written forms.
- Excellent observation skills and attention to detail.
- Strong analytical and problem-solving skills.
- Ability to prioritize tasks.
- Ability to establish and maintain effective working relationships with county officials, county staff, and the general public.

PHYSICAL REQUIREMENTS

- Must be able to lift up to 50 pounds at times.
- Prolonged periods of standing and walking.
- Physically able to detain an inmate if needed.

MOUNTRAIL COUNTY, ND

EQUAL EMPLOYMENT OPPORTUNITY FORM

We invite you to complete the enclosed Equal Employment Opportunity form and return it to our Title VI Coordinator in the enclosed envelope.

This information is kept separate from your application and is used for statistical purposes only.

Submission of this information is completely voluntary and will be kept confidential.

Mountrail County Title VI Coordinator

Enclosures

Mountrail County Correctional Center

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
☐ ☐ ☐ ☐

Have you ever worked for this company? YES NO If yes, when? _____
☐ ☐

Have you ever been convicted of a crime? YES NO
☐ ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that all information contained in this application and any attachment is true and complete to the best of my knowledge. Understand any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize instigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that Mountrail County is an AT WILL employment agency and this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

Signature: _____ Date: _____

Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34. I hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above. A photocopy of this signed release shall have the same force and effect as the original release

Signature: _____ Date: _____

All information provided is subject to the North Dakota Open Records Law. Equal opportunity Employer
Mountrail County Does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in
employment or the provision of services and complies with the provisions of the ND Human Rights Act