

POLICY B-04 MEDICAL SURVEILLANCE OF OFFENDER WORKERS

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> B-04	<b>TOTAL PAGES</b> 3
	<b>RELATED NCCHC / ACA STANDARDS:</b> NCCHC: P-B-04, J-B-04 ACA: 5-ACI- 6E-05	
<b>CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES</b>	<b>SUBJECT: Medical Surveillance of Offender Workers</b>	
<b>APPROVED BY THE BUREAU CHIEF:</b> Bureau Chief, Michael Records (signature on file with BHSAMH)		
<b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE</b> Acting Commissioner Terra Taylor, August 3, 2023 (signature on file with BHSAMH)		
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure that the health and safety of the offender worker population is monitored and protected.
- III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. **DEFINITIONS:** See Glossary
- V. **SUMMARY OF CHANGES:** This policy was updated to require all sick calls to be reviewed to identify patterns of illness among offender workers. Additionally, all incidences of workplace injury involving an offender worker must be forwarded to the Medical Surveillance of Offender Workers Committee for further investigation and action.
- VI. **POLICY:**
  - A. It is the policy of the DDOC that the health and safety of the offender worker population is monitored and protected. This is accomplished in the following manner:
    - 1. The responsible physician in cooperation with the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) reviews and approves the protocols and procedures of the surveillance program at least annually.
      - a. This program is a prevention-oriented public health assessment and analysis of health information in a population exposed to specific health risks, usually related to specific activities with regards to the occupation, or work site.
      - b. The responsible physician should review and determine what regulations apply to offender workers and consult with local, state, or national authorities for technical assistance in determining exposure risk for offenders and approaches to reduction and elimination. Organizations that can be consulted as needed include, but are not limited to the following:

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- i. Occupational Safety and Health Administration (OSHA),
  - ii. National Institute for Occupational Safety and Health (NIOSH),
  - iii. American Conference of Governmental Hygienists (ACGH), and the
  - iv. Environmental Protection Agency (EPA).
2. Each facility will establish and maintain a surveillance committee that identifies and maintains a list of occupational-associated risks and monitors offenders for impact of exposures to these risks through a medical surveillance program.
  - a. The surveillance committee may be incorporated into another committee as long as the topics outlined in this policy are covered during the meeting.
  - b. The surveillance committee shall include the following at a minimum:
    - i. Responsible physician, or designee
    - ii. Facility Health Services Administrator (HSA)
    - iii. Facility Infection Control Nurse (ICN)
    - iv. Representative from security designated by the warden
  - c. Each facility shall maintain a list of occupations and/or occupational categories and the associated risks. The surveillance committee should identify the following, at a minimum:
    - i. Potential risks associated with each occupation/occupational category.
    - ii. Whether pre-employment screening is necessary for each occupation/occupational category. (e.g., Asthma screening for offenders working in an occupation that has a high amount of airborne particulates)
    - iii. Whether regular screening for occupational related illnesses is necessary.
    - iv. Recommended personal protective equipment that may be necessary for each occupation/occupational category.
  - d. Examples of hazards may include, but is not limited to the following:
    - i. Mechanical (e.g., machinery)
    - ii. Chemical (e.g., solvents)
    - iii. Particulate (e.g., silica)
    - iv. Environmental (e.g., heat)
    - v. Infectious (e.g., tuberculosis)
3. Prior to an offender being enrolled in a work program, the offender is screened for health conditions which present contraindications to participating in the work program. This is based on job risk factors and patient health conditions.
4. There will be ongoing medical screening of offenders in work programs in a way that affords the same health protections as medical screening of employee workers in similar jobs.
5. There is a written plan to address offender injury prevention. The plan is based on an analysis of the facility's injury experience and includes methods for identification of problems and preventive or corrective measures.
6. Offender illness or injury potentially related to occupational exposure or with occupational implications is identified and the information is provided to the facility continuous quality improvement (CQI) committee for review.

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- a. All sick calls should be reviewed to identify patterns of illness among offender workers.
  - b. All incidences of workplace injury involving an offender worker must be forwarded to the Medical Surveillance of Offender Workers Committee for further investigation and action.
- B. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.