

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> B-09	<b>TOTAL PAGES</b> 2
	<b>RELATED NCCHC / ACA STANDARDS:</b> NCCHC: P-B-09 (important), J-B-09 (important), MH-B-03 (important), O-B-03, O-D-03 ACA: 5-ACI-6E-05	
<b>CHAPTER:</b> 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	<b>SUBJECT:</b> Staff Safety	
<b>APPROVED BY THE BUREAU CHIEF:</b> Deputy Chief, Michael Records (signature on file with BHSAMH)		
<b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE</b> Commissioner Monroe B. Hudson Jr. December 16, 2022 (signature on file with BHSAMH)		
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure measures are implemented that promote a safe and secure work environment for staff.
- 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 immediate notification of discrepancies in counts for items subject to abuse to appropriate security staff and Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH).
- VI. **POLICY:**
  - A. It is the policy of the DDOC that measures are implemented that promote a safe and secure work environment for staff. This is accomplished in the following manner:
    - 1. Ensuring that there are methods of communication between healthcare staff and security staff available and in working condition. (e.g., radio, panic button, voice proximity, etc.)
    - 2. When a safety concern arises, security staff are requested and readily available to respond.
    - 3. On each shift where healthcare staff are present, inventories are maintained on items subject to abuse (e.g., controlled substances, syringes, needles, scissors, and other sharp instruments).
      - a. Discrepancies in items subject to abuse must be reported to appropriate security personnel and the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) immediately.
    - 4. Healthcare staff identify and use contemporary equipment during the course of their duties (e.g., personal protective equipment or needle safety devices such as

self-sheathing needles or needleless systems) in accordance with BHSAMH Policy *B-02 Infectious Disease Prevention and Control*.

5. The site medical director at each site, or their designee, shall develop and implement a needlestick prevention plan that requires functional, accessible, and visible sharps disposal containers in accordance with BHSAMH Policy *B-02 Infectious Disease Prevention and Control*.

- a. When possible, healthcare staff will only use auto retractable syringes to reduce potential for accidental needle stick incidents.
- b. Any safety incidents involving patients and healthcare staff (e.g., assaults, needle sticks, exposures to blood borne pathogens, etc.) are to be immediately reported to BHSAMH when they occur.
- c. All needlestick incidents must be reported during the quarterly Healthcare Advisory Committee (HAC) in accordance with BHSAMH Policy *A-04 Administrative Meetings and Reports*.

6. The Contracted Medical Provider shall develop a written plan to address staff 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. This plan shall be shared with BHSAMH.

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.