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# How to Successfully Meet the Standard for a Medical Surveillance Program for Incarcerated Workers

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# Learning Objectives

- Review the components of a medical surveillance program for incarcerated workers
- Describe steps necessary to implement a medical surveillance program in prisons and jails
- List key personnel needed to implement a successful surveillance program

# Humanizing Language

- We recognize the use of humanizing language as outlined in NCCHC's Position Statement from 2021 – the name of the standard is Medical Surveillance of *Inmate* Workers

# Medical Surveillance of Inmate Workers

## National Standards Requirements



# American Correctional Association (ACA)



# Health and Safety Regulations

## 5-ACI-5C-11

**(MANDATORY)** Written policy, procedure, and practice provide for adequate health protection for all inmates and staff in the institution, and inmates and other persons working in the food service, including the following:

- where required by the laws and/or regulations applicable to food service employees in the community where the facility is located, all persons involved in the preparation of food receive a pre-assignment medical examination and periodic reexaminations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils; all examinations are conducted in accordance with local requirements.
- when the institution's food services are provided by an outside agency or individual, the institution has written verification that the outside provider complies with the state and local regulations regarding food service.
- all food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities.
- inmates and other persons working in food service are monitored each day for health and cleanliness by the director of food services (or designee).

# Work, Health, and Safety Standards

## 5-ACI-7A-07

**(MANDATORY)** Written policy, procedure, and practice provide that all institutional work, industry, and vocational education programs meet minimum applicable federal, state, or local work, health, and safety standards. There is documentation that the programs are inspected by federal, state, or local health and safety officials at least annually. The programs also are inspected weekly by qualified departmental staff and monthly by a safety officer.



# Work, Health, and Safety Standards

## 5-ACI-7A-09

**Written policy, procedure, and practice provide that the security and program determinations necessary for any individual to be eligible for industries work are made by the classification committee.**

*Comment:* Appropriate industries staff should evaluate and choose from the pool of potential employees made available by the classification committee. Responsibility for separation of inmates based on work performance resides with the industries supervisor and is subject to review by the institution's industries manager and to applicable due process standards and procedures. Separation for reasons not related to job performance should be done by appropriate classification through the appropriate institutional committee. Inmates separated should be referred to the classification committee for reassignment.

# National Commission on Correctional Health Care (NCCHC)



**NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE**

# NCCHC

## B-04 Medical Surveillance of Inmate Workers

- Introduced in 2018
- Important standard (vs. essential)
- Jails and prison standards only
- “OSHA” for inmate workers
- Goal is to prevent illness and injury among the inmate worker population



# NCCHC

## B-04 Medical Surveillance of Inmate Workers

- In 2020 and 2021, the #1 most commonly missed NCCHC standards across all NCCHC accredited facilities



## B-04 Medical Surveillance of Inmate Workers

- There is an institutional committee or equivalent body that identifies and oversees inmate occupational-associated risks through a *medical surveillance* program
  - Medical surveillance defined:
    - Prevention-oriented public health assessment and analysis of health information in a population exposed to specific health risks, usually related to specific activities (e.g., occupation).
    - Quality surveillance programs lead to identification and reduction or elimination of health hazards

# Institutional Committee

- Multi-disciplinary committee
  - Health staff leaders
  - Custody leaders
  - Safety officer
  - Work crew supervisor
- Stand alone committee
- Incorporated into established comm
  - CQI committee
  - MAC committee
  - Safety committee



# Occupational-Associated Risks

- Mechanical (machinery)
- Chemical (solvents)
- Particulate (silica)
- Environmental (heat)
- Infectious (TB, COVID)



## B-04 Medical Surveillance of Inmate Workers

- An initial *medical screening* of an inmate for contraindications to a work program, based on job risk factors and patient conditions, is conducted prior to enrollment in the program
  - Medical Screening defined:
    - A component of a medical surveillance program with an emphasis on clinical preventive activities
    - Focused on identifying effects of exposures in specific patients and then preventing or reducing sequelae



# Medical Screening

- Common challenges
  - Notification when workers are selected
  - Timing of medical screenings
    - Part of initial health assessment
    - Staffing if needed sooner
  - Documentation and communication of clearances and/or restrictions
  - Frequency of screenings – daily, weekly, annually?
  - Cleared for some jobs but not others?
    - Inside vs. outside because of medications
    - Work in warehouse but not in kitchen



- Ongoing medical screening of inmates in a work program is conducted in a way that affords the same health protections as medical screening of employee workers in equivalent jobs

**HUH?**

# What does that mean?

- If you or I wear gloves to clean a spill...the incarcerated worker wears gloves
- If you or I wear eye protection when working in a wood shop...the incarcerated worker wears eye protection
- ETC...

# What does the committee need to do?

- Determine the jobs that incarcerated workers may do at the facility
  - Clean-up
  - Warehouse
  - Kitchen
  - Grounds keeping
  - Wood shop
  - Barber



# What does the committee need to do?

- Determine what hazards/exposures each job entails
- Determine what type of protective equipment is needed for each job
- May need to work with safety officer or reference national resource information published by organizations such as OSHA

# NCCHC

## B-04 Medical Surveillance of Inmate Workers

- The responsible physician reviews and approves the health aspects of the medical surveillance program
  - Need signature acknowledging approval of the program



My Name

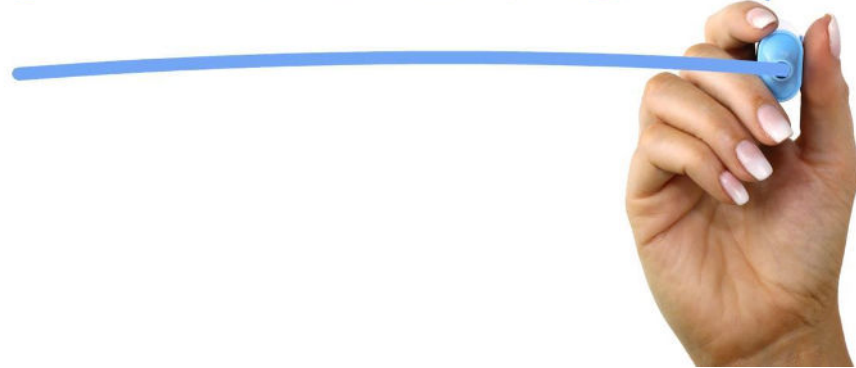
# NCCHC

## B-04 Medical Surveillance of Inmate Workers

- Inmate illness or injury potentially related to occupational exposure or with occupational implications is identified and the information provided to the quality improvement committee for review
  - How is this accomplished?
  - Must have way to track work-related injuries or illnesses
  - Staff need training to know to do this
  - The information must make it to the CQI committee and discussions noted in CQI meeting minutes

# Developing Your Policy

POLICY





# Policy Development

- Purpose – example - to support protection of the health and safety of incarcerated individuals who participate in facility work programs
- Policy – may use NCCHC compliance indicators
- Definitions – recommend using NCCHC definitions

# Policy Development

- Procedure-specific examples
  - Health staff provide required clearance in a timely manner
  - Clearance documented on appropriate form
  - Food service department responsible for daily screening of food service workers
  - Training and offering hepatitis vaccine for incarcerated workers prior to handling biohazard waste
  - Incarcerated workers may clean health care area after training by health staff and COs and only under direct supervision
  - Educational handouts

# Common Pitfalls Related To Medical Surveillance Programs



## Common Pitfalls Related to Medical Surveillance Programs

- No program at all
- No defined committee
- No process for medical screening
- All jobs not addressed
- Nothing tracked or reported to CQI committee

# From Nothing to “One of the Best”



# Hennepin County Adult Correctional Facility Plymouth Minnesota

- The adult correctional facility provides short-term custody and programming for adults convicted of felony, gross misdemeanor and misdemeanor offenses.
- Sentences are up to one year.
- There are 399 beds in the men's section and 78 beds in the women's section.



# Starting With Nothing...

- Centurion took over the contract in 2019
- At that time, there was no program to monitor the “porters” for injuries
- Injured workers were sent to the medical department for first aid and treatment
- There were no specific records kept
- No CQI involvement
- The Centurion staff had a NCCHC survey approaching so there needed to be a program developed right away

# Development of the Program

- First thing was to read the standard...what are they asking for?
  - We had to research and check the OSHA website for ideas
- We asked the officer in charge of porters for a list of all the possible jobs
- We went to all the job sites and looked around for ways to get hurt



# Development of the Program

- We then interviewed the officers that supervise the porters and asked about injuries that they have seen
  - What training do porters receive?
  - Were there any safety concerns?
- We put together a policy that covered each individual area for potential risks and had the superintendent review it
- Our program is set up by “blocks”
- It was signed off by the superintendent and the medical director.

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
A-block	Empty garbage, sweep, mop	<ul style="list-style-type: none"> <li>• Mechanical- None</li> <li>• Chemical- Potential exposure to cleaning products</li> <li>• Particulate- None</li> <li>• Environmental-None</li> <li>• Infectious- Potential exposure to biohazardous waste while collecting garbage, potential exposure to Covid from undiagnosed positive person whether staff or resident</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• SDS readily available</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• PPE available/required</li> <li>• Eye wash area available</li> <li>• Offer Covid vaccination without charge</li> </ul>

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
<b>B-block</b>	Empty garbage, sweep, mop	<ul style="list-style-type: none"> <li>• Mechanical-None</li> <li>• Chemical- Potential exposure to cleaning products</li> <li>• Particulate-None</li> <li>• Environmental-None</li> <li>• Infectious-Potential exposure to biohazardous waste while collecting garbage, potential exposure to Covid quarantine cohorts while on cell block</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• SDS readily available</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• PPE available/required</li> <li>• Eye wash area available</li> <li>• Offer Covid vaccination without charge</li> </ul>

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
Intake	Empty garbage, vacuum, mop floors, dust, clean the bathrooms	<ul style="list-style-type: none"> <li>• Mechanical-Potential exposure to radiation from body scanner</li> <li>• Chemical-Potential exposure with cleaning supplies</li> <li>• Particulate-None</li> <li>• Environmental-None</li> <li>• Infectious- Potential exposure to new intake while screened for Covid</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• Porter will stay &gt;12 feet away while body scanner is in use</li> <li>• SDS readily available</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• PPE available/required</li> <li>• Eye wash area available</li> <li>• Offer Covid vaccination without charge</li> </ul>

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
Dining Room/ Shower	Empty garbage, sweep, mop floors, dust, clean bathrooms, replace laundry on shelves	<ul style="list-style-type: none"> <li>• Mechanical-None</li> <li>• Chemical-Potential exposure to cleaning supplies</li> <li>• Particulate-None</li> <li>• Environmental-Heat, steam, wet floor</li> <li>• Infectious-Potential exposure to Covid through undiagnosed staff or resident</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• SDS readily available</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• PPE available/required</li> <li>• Eye wash area available</li> <li>• Wet floor signs as needed</li> <li>• Offer Covid vaccination with no charge</li> </ul>

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
Storeroom	Move boxes, clean, garbage removal, organize food products	<ul style="list-style-type: none"> <li>• Mechanical- Mechanical doors, racks, pallets</li> <li>• Chemical- Cleaning supplies</li> <li>• Particulate- Dust</li> <li>• Environmental- Temperature changes</li> <li>• Infectious- Potential exposure to Covid</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• SDS readily available</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• PPE available/required</li> <li>• Eye wash area available</li> <li>• Offer Covid vaccination without charge</li> </ul>

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
Laundry	Move laundry from facility and downtown to washing machine, move clean laundry to dryer, remove from dryer and fold, stack on shelves, clean, garbage removal	<ul style="list-style-type: none"> <li>• Mechanical- Washing machines and dryers</li> <li>• Chemical-Potential exposure to cleaning products</li> <li>• Particulate-Potential exposure to dust</li> <li>• Environmental-Heat from dryer</li> <li>• Infectious-Potential exposure to soiled linen</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• Porters will be supervised by county staff at all times in laundry</li> <li>• SDS readily available</li> <li>• Porter will wear mask in laundry</li> <li>• Red bagged laundry items are put into washing machine without need for contact, wash away bags are used</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• Offer Covid vaccination without charge</li> <li>• PPE available/required</li> </ul>

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
Kitchen	Help prepare food for cooking, cook food, cut up fresh vegetables or food for cooking, put out food on steam table, clean up dining room, remove dirty dishes, put dishes in dishwasher, stack clean dishes	<ul style="list-style-type: none"> <li>• Mechanical-Sharp objects, heating elements for cooking, steam tables with hot water/steam, dishwasher</li> <li>• Chemical-Potential exposure to cleaning supplies, dishwashing chemicals</li> <li>• Particulate-None</li> <li>• Environmental-Heat, steam, wet floor</li> <li>• Infectious-Potential to come in contact with infectious diseases off of soiled dishes, silverware</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• Porter will be screened daily for signs of communicable disease and safe work habits by food service department</li> <li>• SDS readily available</li> <li>• Porter will be supervised at all times in the kitchen by County staff</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• Offer Covid vaccinations without charge</li> <li>• PPE available/required</li> </ul>



Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
Medical	Cleaning medical unit: emptying garbage, sweeping/mopping floors, vacuuming, clean the bathroom	<ul style="list-style-type: none"> <li>• Mechanical- Vacuum cleaner</li> <li>• Chemical- Cleaning supplies</li> <li>• Particulate- Dust</li> <li>• Environmental- None</li> <li>• Infectious- Potential to come in contact with Covid or infectious diseases from garbage</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening available through sick call.</li> <li>• Porter will not handle biohazardous waste (unless they have attended training and have been offered the hepatitis vaccine) Medical staff to remove red bagged items.</li> <li>• Porter provided PPEs.</li> <li>• SDS readily available</li> <li>• Porter will be supervised directly at all times</li> </ul>

Location:	Duties:	Occupational-associated risks:	Plan to prevent injury:
Programs and Services	Cleaning area, emptying garbage, sweeping, mopping, vacuuming, move tables to set up for meetings	<ul style="list-style-type: none"> <li>• Mechanical- None</li> <li>• Chemical- Cleaning supplies</li> <li>• Particulate- Dust</li> <li>• Environmental- None</li> <li>• Infectious- Potential to come in contact with Covid or infectious diseases from garbage</li> </ul>	<ul style="list-style-type: none"> <li>• Initial medical screening</li> <li>• Ongoing medical screening through sick call</li> <li>• SDS readily available</li> <li>• Porter training by medical regarding blood-borne pathogens and infectious diseases, including Covid</li> <li>• PPE available/required</li> <li>• Eye wash area available</li> <li>• Offer Covid vaccination without charge</li> </ul>

# Key Staff for Development

- Responsible physician
- Facility administrator
- Porter officer(s)
- CQI committee members
- Nursing staff

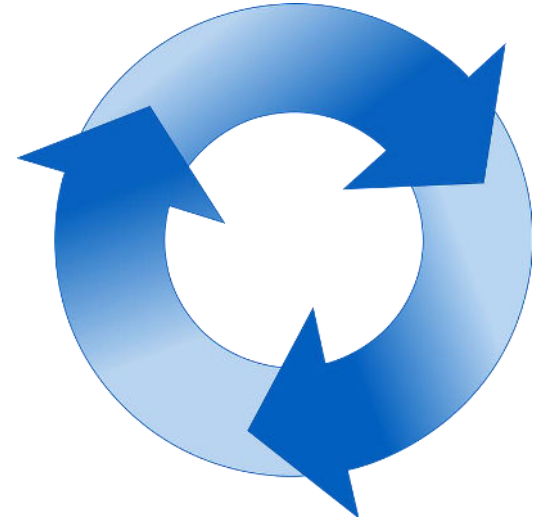


# Implementing the Program

- Sick call at Hennepin is an “open sick call”
- Residents come down to medical during designated times and sign up to be seen the same day
- We modified the sick call sign in form to include a column for “work related injuries”
- This generated responses caused by work injuries from years ago, not porter job injuries so we had to change the form to be more specific

# Implementing the Program

- We met with the nursing staff to explain the program and why we were collecting this data
- Then we met with the nursing staff to explain the program and why we were collecting this data
- Then we met again with the nursing staff to explain the program and why we were collecting this data
- Ongoing struggle for consistency in collecting the data



# Implementing the Program

- We added medical surveillance to our CQI meetings and reviewed any injuries to see if there were recommendations that we could make to decrease the risks
- We have not made any recommendations yet but we continue to watch



# Summary

- A system for medical surveillance of incarcerated workers is required for the health and safety of the workers and to meet national correctional health care standards

# Questions





Further questions about this presentation:

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