

# **STATE OF IOWA DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURES**

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Applicability: IDOC

Policy Code: Public Access

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Chapter 6: HEALTH SERVICES

Sub Chapter: PERSONNEL

Related DOC Policies: IO-SE-02, IO-SE-03, IO-SE-25, IO-SE-20, AD-PR-05

Administrative Code Reference: N/A

Subject: EMPLOYEE HEALTH

ACA Standards: 4-4062, 4-4354, 4-4386, 4-4387

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Authority:

## **1. PURPOSE**

To assure the health status of employees working within the Iowa Department of Corrections.

## **2. POLICY**

It is the policy of the Iowa Department of Corrections (IDOC) to maintain adequate health services appraisal and recourses for employees.

## **CONTENTS**

- A. Health Appraisal/Health Status Review
- B. Medical Surveillance Program:
- C. Silica Medical Surveillance Program
- D. Initial Tuberculosis Screening
- E. Reappraisal Tests/Procedures:
- F. Bloodborne Pathogens Diseases

G. Infectious Disease Training

H. Illness/Injury

### **3. DEFINITIONS**

- A. Qualified Health Professional - includes physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for patients.
- B. Physician or other licensed health care professional (PLHCP) – an individual whose legally permitted scope of practice (i.e. license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide health care services.
- C. See IDOC Policy **AD-GA-16** for additional Definitions.

### **4. PROCEDURES**

#### **A. Health Appraisal/Health Status Review**

- 1. A health appraisal is a necessary condition of employment in IDOC institutions. Each new employee, including contract employees must have a health appraisal. The appraisal will be completed by an appropriately trained and qualified health professional. A satisfactorily completed pre-employment substance abuse screen is a required condition of employment for all individuals seeking employment as a Correctional Officer. Minimally, the health appraisal is to include the completion of an Employee Health Screen and satisfactory tuberculosis screening. A qualified practitioner must provide an authenticated review of all employee health screens. **(4-4062)**
- 2. This initial appraisal is required by the Iowa Department of Health. The appraisal and associated studies can be waived by the examining health professional, provided the employee presents documentation of a comparable health examination, including necessary studies. Any health services accomplished elsewhere and utilized for the purposes of this policy must have been completed within thirty days prior to the employee's hire date.

#### **B. Medical Surveillance Program**

1. The Safety Officer shall determine the appropriate level for staff participation depending on job requirements and forward a list to health services.
2. The PCHLC will review the employees' medical file and approve the staff participation.
  - a. Level I respirator program participation is associated with no limitations based on the employee's health status. This level includes CERT team members and potential maintenance staff as designated by the Safety Officer. Employees in Level I require annual review by the PCHLC.
  - b. Level II participation is limited to the use of molded surgical masks, a half-face respirator, and the use of masks designed to reduce exposure to dirt, mists and fumes. This level would include all other staff as designated by the Safety Officer as part of their job duties. Employees in Level II require a review every four years.
  - c. Level III participation is all other employees that, as part of their job duties, do not require the use of a respirator. Employees in Level III require a review every four years.
3. In the event the PLHCP determines that an employee is not medically cleared to wear a respirator after reviewing the medical record along with the OSHA Medical Questionnaire, the Safety Officer shall be notified.
4. The OSHA Medical Questionnaire is completed one time unless there are changes in the employee's health condition. This form is scanned into the employees' health file. Refer to IDOC Policy **IO-SE-20**, *Respirator Program*.

**C. Silica Medical Surveillance Program – Refer to IO-SE-02, Silica Policy**

1. The Safety Officer will contact Human Resources for employee involvement. Human Resources will schedule and coordinate all employee medical examination for Silica with an off-site Occupational Medical Practitioner.
  - a. The evaluation shall include medical/work history with emphasis on past, present and anticipated exposure to Silica, dust and agents affecting respiratory system.

- b. History of respiratory dysfunction including signs/symptoms of respiratory disease. History of TB and smoking status. Chest x-ray and pulmonary function test to include forced vital capacity and forced expiratory volume administered by a spirometry technician with a current certificate from a NIOSH approved spirometry course.
- 2. The off-site medical report will be forwarded to health services and scanned into the employee's health record.

#### **D. Initial Tuberculosis Screening**

The following procedures/laboratory tests will be routinely done as part of the employee's initial health appraisal:

##### **PPD Screen**

1. All employees will be screened for tuberculosis annually.
  - a. Employees who test positive on PPD skin testing will have a chest x-ray at State expense. The chest x-ray is to be obtained promptly. While awaiting results of the required chest x-ray, work duties need not be suspended in the absence of clinical symptoms of possible pulmonary disease. Further evaluation/examination is unnecessary in the absence of clinical symptoms of pulmonary disease and a normal chest x-ray. The employee should be advised to share the positive PPD test results with their personal physician. **(4-4386)**
  - b. Abnormal findings in the employee's chest x-ray will be reviewed with an institution-employed physician. When indicated, the new employee will be required to obtain (at employee expense) further evaluation and/or treatment. If work duties are suspended, return to duty would not occur without written physician clearance.
  - c. Newly hired employees with a history of an earlier (within 10 years of employment) +PPD response require a baseline chest x-ray. Routine annual follow-up chest x-rays are not indicated.
  - d. In the event an employee has a positive reaction to the PPD skin test or is found to have tuberculosis disease, medications for TB prevention and the treatment of tuberculosis disease are available from the Iowa Department of Public Health at no charge to the employee.

2. The PPD skin test is not to be repeated on employees with a history of an earlier (tested within prior 10 years) positive reaction to this test.

#### **E. Reappraisal Tests/Procedures:**

1. The Employee Health Screen is to be completed at least every four years from the date of initial employment. One year appraisal should be completed annually for Level I respirator. For record keeping purposes, this periodic review should be completed during the employee's birthday month. Annual tuberculosis screening is a necessary condition of employment.
2. If the PPD test is positive for the first time, refer to 1. a. i), page 3.
3. A PPD will not be re-administered if the employee has had a positive PPD. Annual tuberculosis screening of PPD-positive employees requires a face-to-face encounter and documentation with nursing staff for review of possible symptoms of tuberculosis. IDOC licensed medical practitioner consultation is warranted if possible symptoms of TB are elicited. Possible symptoms of TB would warrant a chest x-ray (at State expense), and consideration of referral to the employee's personal physician. If work duties were suspended, return to duty would not occur without written physician clearance.
4. The results of the reappraisal tests/procedures will be reviewed by a member of the medical staff. Form **HSF-206D**, *Employee Health Recommendations* will be completed, reviewed with the employee, and signed off as being notified of any areas they may want to see their own physician for. A signed copy will be retained in the Employee Health File. Copies of the results may be forwarded to a physician selected by the employee.
5. To ensure compliance with the Iowa Department of Health rules, any employee required to have a follow-up examination who fails to report for such an examination within two weeks after receiving formal notification of a scheduled appointment will not be allowed to return to work until required employee health screening is completed.

#### **F. Bloodborne Pathogens Diseases**

Refer to IDOC Policy IO-SE-25, Bloodborne Pathogens Exposure Control Plan.

1. The Hepatitis B vaccine (HBV) series will be offered to all IDOC employees within 10 working days of job assignment and after receiving initial Blood borne Pathogen disease training. HBV vaccine must also be offered to any contract employee with patient contact whose contract is effective for at least 20

hours/week for a duration of six months. Form **HSF-206B**, *Hepatitis B Immunization – Consent/Refusal* Form needs to be completed whether the employee accepts or refuses the immunization offer. **(4-4387)**

2. Health care providers that have ongoing risk for percutaneous injuries shall be offered post-vaccination testing for antibody to the Hepatitis B surface antigen, 1 to 2 months after their final dose of vaccine. The Consent/Refusal Form **(HSF-206B)** needs to be completed whether the employee accepts or refuses the immunization offer. **(4-4387)**

## **G. Infectious Disease Training**

Bloodborne pathogen diseases training is required annually for all IDOC employees. Refer to **IO-SE-03**, *General Safety and Health Program*.

## **H. Illness/Injury**

1. In the event of a work related illness/injury, immediate first aid care will be offered. Employees are encouraged to utilize services provided by a regional Workers' Compensation Health Clinic. Health Services staff must promptly interview the concerned employee and review the facts as documented in the relevant incident report. Appropriate documentation of the incident will be completed and forwarded to the institution's Human Resource Department.
2. Employee health records are confidential.