



<p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES</p>		<p>POLICY NUMBER 1.6.A.12</p>	<p>PAGE NUMBER 1 OF 7</p>
		<p>DISTRIBUTION: Public</p>	
		<p>SUBJECT: Blood Borne Pathogen Exposure Reduction</p>	
<p>RELATED STANDARDS:</p>	<p>ACA 5-ACI: 6A-12(M)</p>	<p>EFFECTIVE DATE: 11/01/2023</p>	
		<p>SUPERSESSION: 10/03/2019</p>	
<p>DESCRIPTION: Health Care – Access to Services</p>		<p>REVIEW MONTH: October</p>	 <p>KELLIE WASKO SECRETARY OF CORRECTIONS</p>

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to *address the management of communicable and infectious diseases in offenders* [ACA 5-ACI-6A-12 (M)], provide training, and establish procedures to minimize the occupational risk of exposure to bloodborne pathogens and infectious diseases. Effective procedures shall include surveillance, prevention, and control of infectious diseases. In keeping with this mission, the DOC will utilize Occupational Safety and Health Administration (OSHA) standards as a guide for managing occupational exposures to blood, blood products, and other potentially infectious materials.

II. PURPOSE

It is the purpose of this policy to provide guidelines for the implementation of bloodborne pathogen procedures and to establish responsibilities for the systemic review and monitoring of compliance.

III. DEFINITIONS

Biohazardous Waste:

Includes any material, substance, or item contaminated or potentially contaminated with transmissible pathological microorganisms, including wastes containing blood, that pose a risk to health.

Blood:

Human blood, human blood components, and products made from human blood.

Blood-Borne Pathogen:

Includes any pathogenic micro-organisms that are present in, and may be transmitted by human blood, including hepatitis and Human Immunodeficiency Virus (HIV) (see SDCL § 23A-35B-1).

Exposure Incident:

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

Occupational Exposure:

Reasonably anticipated skin, eye, mucous membrane, or other parenteral contacts (piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, or abrasions) with blood or other potentially infectious material that may result from the performance of a staff member's assigned duties.

Source Individual:

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Any individual, living or dead, whose blood or other potentially infectious materials may be a source of exposure of potentially infectious materials to another person.

Test:

Any medically recognized procedure for determining the presence of blood-borne pathogens (see SDCL § 23A-35B-1).

Victim:

Staff and offenders who are a direct subject of an alleged act that would constitute a crime of violence, as defined in subdivision 22-1-2(9), a violation of chapter 22-22 (sex offense), simple assault, as defined by SDCL § 22-18-1, violation of SDCL § 22-18-26 (offender assault on staff, visitor, or other personnel) who has potentially been exposed to a bloodborne pathogen.

IV PROCEDURES

1. Education and Training:

- A. The associate director of staff development and training or designee in coordination with clinical services, will develop and approve all training curricula in standard precautions, the use of personal protective equipment, and other necessary procedures for assuring prevention of contamination as part of every new classified, contract worker, and volunteer's pre-service training program.
- B. Education and training will be provided to all DOC employees upon employment and annually thereafter to manage and reduce risks of occupational exposure to infectious diseases and bloodborne pathogens. Training will be mandatory for designated staff assigned to DOC institutions, parole services, and juvenile services (herein referred to as community corrections staff).
- C. Training will occur during pre-service training and annual in-service training. Staff will be trained by persons qualified to conduct such training. Training topics may include the following:
 1. Identification of assigned duties or other corrections-related activities that increase the risk of occupational exposure to infectious disease or bloodborne pathogens.
 2. The methods of control to reduce potential exposure, i.e., standard precautions.
 3. Use and application of appropriate and approved work practices to reduce the vulnerability of exposure. Includes proper use of approved DOC-issued personal protective equipment and clothing, proper disposal and handling of biohazardous materials and infectious materials, and proper cleanup of biohazard spills.
 4. Proper use, storage, removal, handling, decontamination, and disposal of personal protective equipment, clothing, and security equipment.
 - a. Personal protective equipment includes but is not limited to, hypoallergenic gloves, gowns, and medical masks. Security equipment includes cuffs/restraints, a restraint chair, etc.
 - b. Personal protective equipment shall be made available to staff at no cost to the staff member by the DOC. Availability of personal protective equipment shall be based on anticipated exposure to biohazardous waste or infectious materials by staff.

2. Standard Precautions:

- A. Staff may come into contact with blood and body substances of others while performing assigned duties (occupational exposure). In an effort to reduce and minimize the risk of occupational exposure to infectious materials and bloodborne pathogens, universal precautions will be initiated and applied by staff.

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- B. Staff shall not willfully fail to properly use recommended or required protective equipment, or safety devices, or disregard standard precautions while performing duties that may include a risk of occupational exposure.
 - 1. Staff will be informed of work practices, housekeeping standards, and emergency medical services/aid that may include the risk of occupational exposure.
- C. Supervision of offenders by staff will include any special procedures or precautions communicated by clinical services staff to minimize the risk of occupational exposure to infectious disease or bloodborne pathogens and contain the spread of disease.
- D. Staff and offenders assigned jobs within a correctional environment where there is a reasonable expectation of occupational exposure, will be trained in appropriate methods for handling spills and disposing of biohazard materials.
- E. Any condition within a DOC facility that presents a risk for occupational exposure or is a possible source that may spread infectious disease to offenders, or the public will be promptly addressed by designated DOC staff. This may include surveillance to detect and monitor the spread of an infectious disease.
- F. SD DOC will offer immunization (when possible and practical), and/or other medically indicated prevention methods, protocols, and techniques.
- G. The DOC will ensure that personal protective equipment, in a variety of sizes, will be readily accessible to DOC employees, contract workers, or volunteers, whether issued to them or at the work site. DOC employees, contract workers, and volunteers will not be discouraged from using personal protective equipment. Failure to use provided personal protective equipment could affect workers' compensation benefits.
- H. Isolation of those contaminated, to reduce the transmission of body secretion pathogens.

3. Victim Initiated Testing for Blood-borne Pathogens:

- A. Any person who is a victim of a crime specified within SDCL § 23A-35B-1, may request to be tested for infection by bloodborne pathogens and referred to the appropriate health care and support services by clinical services, in accordance with SDCL § 23A-35B-2.
- B. Any victim, which includes any person (staff, offender, visitor, and other) who is the direct subject of an alleged act that would constitute a crime of violence, as defined in subsection 22-1-2(9), a violation of chapter 22-22 (any sex offense), or simple assault as defined by SDCL § 22-18-1, may seek to have a sample provided/obtained from the subject and have the sample tested for blood-borne pathogens, in accordance with SDCL § 23A-35B-3. Also see DOC policy 1.3.D.06 Prison Rape Elimination Act (PREA).
- C. Law enforcement officers, which includes correctional security staff, juvenile corrections agents (JCAs), parole agents, and any victim, as defined in SDCL § 23A-35B-1, may request to be tested for bloodborne pathogen infection.
- D. Any staff member, visitor, or other person authorized by the DOC to be on the premises of a DOC facility, who is assaulted by an offender who intentionally throws, smears, spits, or otherwise causes blood, vomit, saliva, mucus, semen, excrement, urine, or causes human waste to come into contact with the person, may seek to have a sample provided by/obtained from the offender and the sample tested for blood-borne pathogens, in accordance with this policy (see SDCL § 23A-35B-3; § 22-18-26).

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- E. If the source offender refuses a request to provide a sample for testing, the court may issue an order for the purpose of taking a blood sample from the offender for testing (see SDCL §§ 23A-35B-7 and 23A-35B-1).
 - 1. The request shall state that the staff member making the request believes there was an exchange of blood or other fluids between them and the person, and the factual basis to support such exchange may have occurred. The court may hold a hearing to consider the request. If the court finds probable cause, a search warrant will be issued. If a search warrant is issued, clinical services is required to collect the sample within forty-eight (48) hours of receipt (see SDCL § 23A-35B-3).
- F. A qualified medical professional shall obtain the required blood sample from the offender and forward the sample(s) to the State Laboratory or contracted laboratory for testing. A licensed physician designated by the victim to receive the results of the testing shall notify the victim, in accordance with SDCL § 23A-35B-4.
- G. All persons involved in carrying out the testing will act in a manner to protect the confidentiality of the victim and the source individual, in accordance with SDCL § 23A-35B-5.
- H. The costs of the testing may be taken from the source offender's account in accordance with SDCL § 23A-35B-4 and SDCL § 24-2-29.
- I. When an incident occurs, the exposed offender will be transported to the emergency room for proper education and consideration for prophylactic medication.
- J. Disciplinary action and/or criminal charges may apply to offenders who intentionally throw, smear, spit, or otherwise cause blood, vomit, saliva, mucus, semen, excrement, urine, or human waste to come into contact with DOC staff, visitor, or others authorized by the DOC to be on DOC premises (see SDCL § 22-18-26).

4. Bloodborne Pathogen Exposure Lab Testing:

- A. Offender exposure: The exposed offender and source offender will have blood samples collected in the clinic, if able to be collected prior to transport. Both samples will be forwarded to the approved hospital that provides HIV quick testing. The transporting officer will securely transport the blood samples and will present through the emergency room with the exposed offender. The exposed offender will receive education and be offered prophylactic treatment according to the emergency room physician's recommendations.
- B. Employee exposure: The source offender will have blood samples collected in the clinic, if able. The sample will be securely transported by the exposed DOC employee to an approved hospital emergency room (ER) that provides HIV-quick testing. State employee post-exposure procedure will be followed as outlined by the South Dakota Bureau of Human Resources and Administration (SD BHRA).

5. Notification of Test Results:

- A. The offender and the clinical services medical practitioner will be notified of the testing results.
- B. Release or notification of the test result, not subject to Chapter 23A-35B, requires a valid and current *Clinical Services Authorization for Release of Information* (see attachment #1) signed by the offender, or a court order.

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- C. The results of the test may not be used to establish an offender's guilt or innocence of a criminal offense or offense in custody (see SDCL § 23A-36B-5).

6. Isolation for Health Reasons:

- A. Offenders shall not be isolated or housed in special units based solely on medical test results, or a need to conduct a test, unless, in the reasonable judgement of clinical services and custody/control staff, the offender poses a direct threat to the health or safety of staff or others. Those with authority to order treatment to include medical isolation or placement in specialized housing include the chief medical officer, chief of clinical operations, health services administrator, facility practitioner, and warden or designee.
1. Reasonable judgment relies on current medical knowledge or best available objective evidence to ascertain the nature, duration, and severity of the risk posed by the offender; the probability injury will actually occur; and whether reasonable modifications to policies, practices, or procedures, or provision of auxiliary aids or services will mitigate the risk.
- B. A direct threat is a significant risk to the health or safety of others that cannot be eliminated by a reasonable modification of policies, practices, or procedures or by the provision of auxiliary aids or services.
- C. Medical isolation includes, but is not limited to, housing an offender in a separate room with a separate toilet, hand-washing facilities, soap, single-service towels, and appropriate accommodations for showering. This may be within a DOC facility or outside placement.
- D. Offenders subject to mandatory testing (determined by policy/practice, screening, and assessment), may be segregated, as deemed appropriate and necessary by the healthcare practitioner, HSA, or designee and warden or designee, until such time the offender submits to the testing and/or treatment, and the offender is cleared for placement outside of isolation, i.e., within general population by the clinical HSA or designee.
- E. Offenders testing positive for certain identified infectious diseases (also referred to as the source individual) that may pose a direct threat to the health or safety of others, may be medically isolated.
1. Infection control procedures to appropriately guide medical isolation, shall be in effect until it is determined the offender is no longer likely to transmit the infectious disease to others (as determined by clinical services staff).
- F. Additional measures and practices are available from the Centers for Disease Control (CDC), National Institute for Occupational Safety and Health, and the Occupational Safety and Health Administration (OSHA).

7. Medical Care for Offenders Testing Positive:

- A. Offenders testing positive for bloodborne pathogens or infectious or contagious diseases will be offered appropriate medical care, as determined by the chief medical officer and/or, supervising specialist or physician. The goal of offering care will be to decrease the frequency and severity of symptoms, including preventing the progression of the disease and fostering improvement in function.
- B. Medical services for offenders will be equal to the prevailing standards of care for people in the community at large and consistent with nationally recognized and generally accepted clinical practice guidelines for the treatment and management of the disease.

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- C. Offenders scheduled for release from DOC custody may be referred by clinical services staff or Infection Control Nurse (ICN) to appropriate outside agencies for assistance in locating and obtaining appropriate medical/counseling services, medications, and treatment and for assistance in ensuring continuity of medications and care.
- D. Documentation of care and treatment provided or offered to an offender will be included in the offender's electronic health record.
- E. Offenders testing positive may be placed on medical surveillance (includes identification and monitoring of the disease and offender).

8. Impact on Programming:

- A. A positive test result will not be used to restrict an offender's access to any approved and available program or classification status unless on medical isolation, quarantine or condition requires restrictions that would limit exposure to others. In such cases, this will be an excused absence.
- B. A positive test result cannot be used solely as a basis for release/discharge from the DOC.

9. Occupational Exposure Incidents:

- A. This policy, in coordination with the infection control program, *addresses the management of communicable and infectious diseases in offenders by outlining post-exposure management protocols particularly for HIV and viral hepatitis infections [ACA 5-ACI-6A-12 (M)]*. Any DOC employee or contract worker will follow this post-exposure management protocol and immediately report the incident to the facility officer in charge (OIC) and his/her supervisor. Contracted workers must also report the incident to their contracting agency.
- B. Staff members, contractors, and visitors involved in an occupational exposure will:
 - 1. Immediately wash the area with soap and water.
 - 2. Report the incident immediately to the facility OIC and department supervisor.
 - 3. The facility OIC will notify the facility health services administrator (HSA) or designee of the exposure incident.
 - 4. The facility HSA or designee will confirm that a bloodborne exposure has occurred and arrange for a blood draw to be completed on the involved source offender(s) as soon as possible.
 - 5. If the employee agrees to testing, the exposed DOC employee's blood will be tested within four hours by a designated Workers' Compensation practitioner (at an ER that offers HIV quick testing, education for post exposure precautions, and if necessary, provide post exposure prophylactic medications).
 - 6. All details of the incident will be reported through a major incident report.
 - 7. Contact Risk Administration Services, Inc. (RAS) as soon as possible to report all information regarding the exposure incident and open a Workers' Compensation Claim.
 - a. RAS contact number: 1-888-585-5075.
- C. Occupational Exposure Workman's Compensation:
 - 1. Information regarding exposure incidents will be reported to and retained confidentially by the designated DOC RAS specialist.
 - 2. Post exposure treatment, counseling, and follow-up will be made available to all DOC employees, if needed, through Workers' Compensation.
- D. List of Reporting Contacts for Confidential Documentation:
 - 1. Immediate supervisor.
 - 2. Designated Workers' Compensation practitioner.
 - 3. Facility/department/staff BHR resource coordinator.

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4. Office of Risk Management.
5. Risk Administration Services will be responsible for maintaining a separate confidential medical file for all DOC employees. Any pathogen exposure information will be included in these files.
6. All confirmed occupational exposures involving staff member will be reported as a major incident (see DOC policy 1.1.A.03 *Staff Reporting Information to DOC Administration and Office of Risk Management*).

- E. The report documenting an occupational exposure incident must be retained for the duration of the staff person's employment with the department plus thirty (30) years, in accordance with federal law.

V. RESPONSIBILITY

The director of Clinical and Correctional Services is responsible for the annual review and revision of this policy.

VI. AUTHORITY

SDCL §§ 22-18-1, 22-18-26, 23A-35B-1, 23A-35B-2, 23A-35B-3, 23A-35B-4, 23A-35B-5, 23A-35B-7, 24-2-29

VII. HISTORY

October 2023 – Renumbered from 1.4.E.8 to 1.6.A.12

September 2019

September 2018

March 2018

October 2017

August 2016

ATTACHMENTS *(*Indicates document opens externally)*

1. Clinical Services Authorization for Release of Information*
2. DOH Occupational Blood Borne Pathogen Exposure Management Plan*
3. DOC Policy Implementation / Adjustments

RESOURCES

Center for Disease Control and Prevention (CDC). <http://www.cdc.gov/>
SD Bureau of Human Resources and Administration <https://bhr.sd.gov>

CLINICAL SERVICES AUTHORIZATION FOR RELEASE OF INFORMATION

Offender Name: _____

DOB: _____

DOC #: _____

Provider: _____

FROM

PHONE _____ FAX _____

TOSD DEPT. OF CORRECTIONS —CLINICAL SERVICES

PHONE _____ FAX _____

REASON: CONTINUITY OF MEDICAL CARE**PLEASE RELEASE INFORMATION AS FOLLOWS:****DATE(S) OF SERVICE (Approximate):** _____HISTORY AND PHYSICAL
NURSE PROGRESS NOTES
LABORATORY REPORTS
XRAY REPORTSPROVIDER PROGRESS NOTES
IMMUNIZATIONS
EKG REPORTS
MEDICATION LISTCOMPLETE RECORD
(ATTORNEY USE ONLY)

OTHER: _____

I understand the information may include information regarding drug or alcohol abuse and release the above from all legal responsibility or liability that may arise from the act I have authorized.

This authorization shall be in effect for one year from the date of signature below unless earlier revoked in writing by myself.

I authorize South Dakota Department of Corrections staff to discuss medical information with:

Name: _____

Relationship: _____

Phone: _____

DATE_____
SIGNATURE OF PATIENT

INFORMATION NEEDED BY:

RELATIONSHIP (IF PATIENT UNABLE TO SIGN)

DATE_____
WITNESS

**Bloodborne Pathogens Exposure Policy and Procedures
Employees of the State of South Dakota**

Department of Health

Bloodborne Pathogens
(HIV, HBV, and HCV)
Exposure Management

PEP Hotline 1-888-448-4911
DOH 1-800-592-1861

Revised November 9, 2009
Revised August 28, 2012
Revised June 3, 2016

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South Dakota's Employer's First Report of Injury (Electronic).....	Form #5

Attachment

Post-Exposure "Quick Guide"	Attachment #1
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**South Dakota Department of Health
Administrative Policies and Procedures**

STATEMENT NO. 41**TITLE: Human Resources – Bloodborne Pathogens Exposure****ISSUED: November 1, 2006****REVISED: April 22, 2016**

In the interest of the health and safety of employees, patients, and clients, all needle-stick, puncture wounds and exposure to mucocutaneous blood and/or body fluids must be reported immediately.

Employees must report all needle-stick, puncture wounds, or other exposures as specified by *Administrative Policy Statement No. 56* and should reference the State Employee Bloodborne Pathogen Procedures found on the Bureau of Human Resources website at <http://bhr.sd.gov/forms/policies/> for more detailed procedures. For any exposures to any person other than employees (i.e., patient or client), a *Report of Accident, Incident, or Unsafe Condition Form* from the Office of Risk Management must be completed.

In addition, individual occurrences will be managed in accordance with the state's post-exposure protocol (<http://doh.sd.gov/resources/assets/DOHBloodbornePathogens.pdf>). This includes all occurrences experienced by Department of Health employees and patients or clients of the department.

All supervisors, whose employees are subject to needle-sticks, puncture wounds, and exposure to body fluids will make this policy available to their employees upon hiring.

South Dakota Department of Health Human Resources – Bloodborne Pathogens Exposure
Issued: November 1, 2006 Statement No. 41
Revised: April 22, 2016

Introduction Bloodborne Exposure Management

Employees may be reluctant to report occupational risk exposures for a variety of reasons; however immediate medical management is vital for the following reasons:

1. Immediate reporting allows time for you and your physician to discuss anti-viral treatment risks/benefits.
2. Anti-viral treatment has been shown to decrease the rate of HIV seroconversions following occupational exposures by 79% if initiated within 1-2 hours. As time goes by, the potential effectiveness of anti-viral medications preventing HIV infection decreases.
3. If after 24 - 36 hours anti-viral medications have not been initiated expert consultation* for HIV post exposure prophylaxis (PEP) is advised.
4. Reevaluation is strongly encouraged within 72 hours post exposure, especially as additional information about the exposure or source person becomes available.
5. Post exposure prophylaxis management for Hepatitis B is also available, and should be considered.
6. The appropriate forms are required to claim worker's compensation benefits for the post exposure follow up. These benefits may include potential medical benefits. All forms should be returned to the Bureau of Human Resources.

* Either with local infectious disease specialist or by contacting the National Clinicians/ Post Exposure Prophylaxis Hotline (PEpline), telephone **888-448-4911**.

Definition of a Significant Bloodborne Exposure

An exposure to blood or potentially infectious body fluid through:

1. Percutaneous (needlestick, puncture or cut by an object through the skin);
2. Mucous membrane (exposure to the eyes, mouth, nasal, etc); or
3. Non-intact skin (exposure to blood or other potentially infectious body fluids).

Other infectious or potentially infectious body fluids include:

1. Semen
2. Vaginal secretions
3. Any body fluid visibly contaminated with blood
4. Human tissues

A significant bloodborne exposure is an exposure to blood or potentially infectious body fluid through:

1. Needle stick, puncture or cut by an object through the skin;
2. Direct contact of mucous membrane (eyes, mouth, nasal, etc);
3. Exposure of broken skin to blood or other potentially infectious body fluids such as:
 - Semen
 - Vaginal secretions
 - Any body fluid visibly contaminated with blood
 - Human tissues
 - Cerebrospinal fluid

Employee's Responsibility

- Needle-sticks, cuts and skin exposures should be washed as soon as possible with soap and water. Puncture wounds can be cleaned with an alcohol-based cleanser, chloroxylonol, or chlorhexidine. (Do NOT use bleach)
- Splashes to the nose, mouth, or skin should be flushed with water.
- Splashes to the eyes should be irrigated with sterile irrigants, saline or clean water.
- Report the exposure to your supervisor right away. If HIV Post-exposure treatment is recommended, you should start treatment within 1-2 hours after the exposure or as soon as possible. (This can reduce HIV infection by up to 79%)

Supervisor's Responsibility

- Without delay – If a significant blood borne exposure has occurred, get the exposed individual to the nearest emergency room for evaluation. Supervisor should call the emergency room and inform them that they are sending an employee to the emergency room for evaluation and follow-up to a bloodborne exposure.
- Complete a "South Dakota Employer's First Report of Injury" and an "Employees Accident Report" for all bloodborne pathogen exposures. These forms must be completed and filed with the Workers Compensation Office/Bureau of Personnel within seven (7) days of the exposure/incident. An official written report is necessary for reporting the incident and to claim worker's compensation benefits for initial treatment and post exposure testing. If testing is refused this should also be reported. Report exposure to your next level supervisor.

Healthcare Provider's Responsibility

- Determine the nature and severity of the exposure
- Evaluate source patient (if information is available)
- Counsel/treat exposed employee
- Also evaluate employee for Hepatitis B & C

Time is critical with this exposure. Know what you are going to do before an exposure occurs. When in doubt, report the exposure right away and seek guidance.

Supervisor's Checklist

Supervisor's Responsibility

- Supervisor should call the emergency room and inform them that they are sending an employee to the emergency room for evaluation and follow-up to a bloodborne exposure.
- Ensure that the source of the exposure, if known, is informed and that a specimen may be needed for testing.
- The "Occupational Risk Exposure Form" and the "Bloodborne Exposure Medical Follow-up Sheet" will be forwarded to the personnel office for inclusion in the employee's personnel file.
- As the employee receives treatment, the employee should be reminded to notify the personnel office of these treatments. The personnel office shall update the "Bloodborne Exposure Medical Follow-up Sheet"

Medical Management of Bloodborne Exposures Policy and Procedure

1. Any employee with a significant bloodborne exposure should immediately wash or flush the exposed area and be immediately directed to the nearest emergency room for assessment and treatment.
2. If possible have the employee bring the "Quick Guide" (Attachment #1) with them to the emergency room. (Do not delay employee's departure for this task)
3. Whenever possible, consultation with an infectious disease consultant or physician who has experience with antiretroviral agent is recommended, but it should not delay initiation of PEP.
4. Decisions regarding the initiation of post exposure prophylaxis (PEP) should be made by the employee, and the medical provider. **Situations may call for expert consultation for HIV post exposure prophylaxis (PEP), the National Clinicians Post Exposure Prophylaxis Hotline (PEPline), telephone 888-448-4911.**
5. Decisions regarding post exposure prophylaxis for Hepatitis B should be made using the algorithm for Hepatitis B prophylaxis ("Quick Guide" – Attachment #1). If an employee refuses the recommended Hepatitis B post exposure management, then a baseline Hepatitis B surface antigen test should be done and repeated in 6 months.
6. Testing of the employee and the source person is strongly recommended when a significant bloodborne exposure has occurred. **Regardless of the potential risk, the employee has the right to request or refuse testing.** The exposure to the employee should be explained to the source person and testing requested. The source person cannot be tested without consent, except under the circumstances described in SDCL 23A-35B (laws dealing with sexual assault and exposure to law enforcement personnel).
7. If the source person chooses to be tested, he/she must give written consent by using the "Request for Testing Form" (Form #4) or similar type consent form.
8. The physician may request that the source person's name be checked with the South Dakota Department of Health for prior reports of bloodborne pathogens. The source person's test results may be released to the physician to assist in medical treatment of employee.
9. The employee may choose to have a baseline test at the time of the exposure, but held and not tested until the source person's test results are known.
10. For workers compensation, the responsibility to report as soon as practicable lies with the employee (or a representative). An injured employee must give written notice of injury to the employer no later than 3 business days after the occurrence.
11. Employees must inform their supervisor of the incident and then complete the electronic First Report of Injury. If they are unable to complete it themselves, the supervisor should complete it for them.
12. The electronic First Report of Injury can be found under Forms and Documents on the Bureau of Human Resources website <http://bhr.sd.gov/> or the direct link <https://apps.sd.gov/EB05FROI/eb05froi/default.aspx> no later than 3 business days after the exposure.
13. Notify the next level supervisor.

Bloodborne Pathogens Testing Protocols

HIV Post Exposure Testing Protocol

- Base Line Test
- Test 6 weeks after exposure
- Test 3 months after exposure
- Test 6 months after exposure
- Test 1 year after exposure

Hepatitis C Evaluation

Source Patient

- Baseline testing for Hepatitis C antibody (EIA)

Exposed Patient

- **Baseline and 6 month** testing for Hepatitis C antibody (EIA) and alanine aminotransferase activity (*liver enzymes*)
- Confirmation by supplemental anti-HCV testing of all anti-HCV results reported as repeatedly reactive by enzyme immunoassay (EIA)
- Educate patient about the risks for and prevention of bloodborne infections, including Hepatitis C

Reference: Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016

<http://dx.doi.org/10.15585/mmwr.mm6517a5>

<http://www.cdc.gov/hiv/guidelines/>

MMWR Notice to Readers Recommendations for Follow-up of Healthcare Workers After Occupational Exposure to Hepatitis C Virus, Jul 4, 1997.

<http://www.cdc.gov/mmwr/PDF/wk/mm4626.pdf>

CDC. Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Postexposure Prophylaxis. MMWR May 15, 1998/47 (RR-7)

<http://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4707.pdf>

Hepatitis B Evaluation Post Exposure Prophylaxis (PEP) Guide

- Draw Source Patient for Hepatitis B Surface Antigen
- Draw Exposed Patient for Hepatitis B Surface Antibody and Surface Antigen

TABLE 4. Hepatitis B virus screening serology¹⁷⁷

HBsAg	Anti-HBc	Anti-HBs	IgM Anti-HBc	Interpretation	Action
Negative	Negative	Negative	—	Susceptible	Vaccinate
Negative	Positive	Positive	—	Immune (natural infection)	Document
Negative	Negative	Positive	—	Immune (prior vaccination)	Document
Positive	Positive	Negative	Negative	Chronic hepatitis B virus infection	Evaluate for treatment
Positive	Positive	Negative	Positive	Acute hepatitis B virus infection	Follow and evaluate for treatment
Negative	Positive	Negative	—	Unclear—might be: • resolved infection (most common) • false-positive anti-HBc; susceptible • "low level" chronic infection • resolving acute infection	Case-by-case evaluation

Abbreviations: HBsAg, hepatitis B surface antigen; anti-HBc, hepatitis B core antibody; anti-HBs, hepatitis B surface antibody.

All persons not known to be previously vaccinated against HBV, should receive hepatitis B vaccination (without hepatitis B immune globulin),¹⁷⁴ with the first dose administered during the initial examination. If the exposure source is available for testing and is HBsAg-positive, unvaccinated nPEP patients should receive both hepatitis B vaccine and hepatitis B immune globulin during the initial evaluation. Follow-up vaccine doses should be administered during 1–2 months and at 4–6 months after the first nPEP dose. Previously vaccinated sexually assaulted persons who did not receive postvaccination testing should receive a single vaccine booster dose.

Reference: Updated guidelines for antiretroviral postexposure prophylaxis after sexual, use, or other nonoccupational exposure to HIV—United States, 2016 Table 4.


<http://dx.doi.org/10.15585/mmwr.mm6517a5>

<http://www.cdc.gov/hiv/guidelines/>

MMWR Vol 50, No. RR-11;–42, June 29, 2001.

<http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

SOUTH DAKOTA DEPARTMENT OF HEALTH
Occupational Risk Exposure Reports Form
(Please Print and return to the Bureau of Human Resources)



**SOUTH DAKOTA
DEPARTMENT OF HEALTH**

Exposed Employee Information

Report Date: _____ Job Title: _____ State ID Number: _____

Employee Name: _____

Last
First
Middle Initial

Date of Birth: _____ Telephone: _____

Address: _____

Code
Street
City
State
Zip

Number of Hepatitis B vaccinations previously received: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ Unknown
 Previously Anti-HBs positive: ☐ Yes ☐ No ☐ Unknown
 If Yes: result ≥ 10 mIU/mL ☐ Yes ☐ No ☐ Unknown

Exposure Information

Exposure Date: _____ Exposure Time: _____ AM / PM
 Facility and specific location where incident occurred (room, etc): _____

Type and model of device involved in the incident (needle, lancet, etc.): _____
 Route and circumstances of exposure (stick, splash, etc.): _____

Provide detail of the exposure (including the type and amount of fluid or material and the severity of exposure):

Source Person Information

Source Person Known: ☐ Yes (If yes, complete remainder of form) ☐ No (Skip this section)
 Source Person Name: _____

Last
First
Middle Initial

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Address: _____

Code
Street
City
State
Zip

Phone Numbers:
 Home: _____ Work: _____ Cell: _____

Indicate if source person has any known history of bloodborne pathogens or risks for bloodborne pathogens: _____

Employee Signature: _____ Date: _____

SOUTH DAKOTA DEPARTMENT OF HEALTH
Employee HIV Post-Exposure Prophylaxis (PEP) Decision Form
(Please Print and return to the Bureau of Human Resources)



Employee Statement - to be completed if a physician or physician's designee indicates an exposure having the potential for HIV transmission occurred to a Department of Health employee.

I understand that due to my occupational exposure to blood or other potentially infectious materials which occurred on ___/___/___, that I may be at risk of acquiring HIV infection.

I understand the US Centers for Disease Control and Prevention (CDC) publishes recommendations concerning specific protocols for post-exposure prophylaxis that may decrease my risk of acquiring HIV infection. (*Post-exposure prophylaxis* means medications to help prevent disease which may be taken after an occupational exposure.) I also understand that the only published efficacy data for chemoprophylaxis, after occupational exposure to HIV, are agents from five classes of drugs. These include the nucleoside reverse transcriptase inhibitors (NRTIs), nucleotide reverse transcriptase inhibitors (NtRTIs), nonnucleoside reverse transcriptase inhibitors (NNRTIs), protease inhibitors (PIs), and a single fusion inhibitor associated with a theoretical decrease of approximately 79% in the risk of HIV seroconversion after percutaneous exposure to HIV-infected blood in a case-control study among health care providers. (*Efficacy data for chemoprophylaxis* means studies showing prevention medications may be effective. *Percutaneous exposure* means becoming infected after exposure to a sharp object.)

I have been counseled to my satisfaction concerning my occupational exposure incident, associated risks of harm, CDC recommendations, and the physician's or physician's designee's recommendations concerning post-exposure.

I acknowledge that I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I also acknowledge that I have been given the opportunity to receive medications, free of charge, which may reduce my risk of acquiring HIV as a result of my occupational exposure incident.

 (Initial) **I accept PEP recommendations to take the medication regimen as prescribed.**
 If for some reason I cannot complete the recommended course of medication, I will promptly report this to my supervisor.

 (Initial) **I accept PEP recommendations to not take the medication regimen.**

 (Initial) **I refuse to accept PEP recommendations to take the medication regimen.**

Name: _____
 (Please print)

Signed: _____ Date: ____/____/____
 (Signature)

Witness: _____ Date: ____/____/____
 (Signature)

FORM # 2

**SOUTH DAKOTA DEPARTMENT OF HEALTH
BLOODBORNE EXPOSURE MEDICAL FOLLOW-UP SHEET
(Please Print and return to the Bureau of Human Resources)**



Source Person Blood Testing

Name or ID: _____

HIV Status

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, date drawn
If "Not Done", specify why: _____

Hepatitis B Surface Ag

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, date drawn
If "Not Done", specify why: _____

Hepatitis C

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, date drawn
If "Not Done", specify why: _____

Employee Testing

Name or ID: _____

Hepatitis B Quantitative Anti-Hep B surface Antibody (for vaccinated employees only)

If done, date drawn: ___/___/___

Results: ___ \geq 10 mIU/mL ___ less than 10 mIU/mL ___ Not Done ___ Refused

HIV Employee Testing

Baseline

Date Drawn: ___/___/___
___ Positive ___ Negative ___ Indeterminate ___ Not Done ___ Refused

FORM # 3

Bloodborne Exposure Medical Follow-up Sheet (Continued)

Page – 2

Type Screening Test Done: _____

Type Confirmation Test Done: _____

6 WeeksDate Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____

Type Confirmation Test Done: _____

12 WeeksDate Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____

Type Confirmation Test Done: _____

6 MonthsDate Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____

Type Confirmation Test Done: _____

1 YearDate Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused

Type Screening Test Done: _____

Type Confirmation Test Done: _____

Hepatitis C Employee Testing**Baseline**Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused**6 Month**Date Drawn: ____/____/____
____ Positive ____ Negative ____ Indeterminate ____ Not Done ____ Refused**Employee Treatment****Hepatitis B Immunoglobulin (HBIG):**

____ Yes ____ No ____ Refused If Yes, Date Given: ____/____/____

Hepatitis B Vaccine

Dose 1: ____ Yes ____ No ____ Refused If Yes, Date Given: ____/____/____

FORM #3

Bloodborne Exposure Medical Follow-up Sheet (Continued)

Page - 3

Dose 2: ☐ Yes ☐ No ☐ Refused

If Yes, Date Given: ____/____/____

Dose 3: ☐ Yes ☐ No ☐ Refused

If Yes, Date Given: ____/____/____

HIV PEP (Post Exposure Prophylaxis)Meds Started: ☐ Yes ☐ No ☐ Refused

If Yes, Date Given: ____/____/____

Completed 4 weeks? ☐ Yes ☐ No

If Yes, Date Given: ____/____/____

Medication Taken: _____

Specify any other medical treatment for this exposure: _____

FORM #3

SOUTH DAKOTA DEPARTMENT OF HEALTH
Blood Borne Pathogen SOURCE PERSON
CONSENT FORM and RELEASE OF INFORMATION
(Please Print and return to the Bureau of Human Resources)



I understand that it has been determined by a physician or physician's designee that a Department of Health employee has had a significant exposure to my blood or body fluids. The nature of my blood or body fluids exposure to the Department of Health employee has been explained to my satisfaction.

I understand that in order to make appropriate medical decisions for the Department of Health employee exposed to my blood or body fluids, the Department of Health is requesting that I voluntarily submit a blood specimen for bloodborne pathogens, Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) testing. *The testing will be free of charge to me and all test results will be provided to:*

(a) my physician, or physician's designee, _____

(b) Department of Health employee's physician or physician's designee, _____

I acknowledge that I was given an opportunity to ask questions about the exposure, how my blood specimen is to be provided, what tests will be performed, who is to receive copies of my test results, and any other questions I had. I understood all of the answers to my questions before making my decision below.

 (Initial) **I consent to the Department of Health taking a blood specimen from me, testing it, and releasing those test results as indicated above.**

OR

 (Initial) **I refuse to allow the Department of Health to take a blood sample from me.**

Name of Source Person: _____
 (Please Print)

Source Person Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

FORM #4

SOUTH DAKOTA DEPARTMENT OF HEALTH
South Dakota Employer's First Report of Injury
Form #5

Please submit electronically.



The electronic First Report of Injury can be found under Forms and Documents on the Bureau of Human Resources website: <http://bhr.sd.gov/forms/default.aspx>
Or the direct link: <https://apps.sd.gov/EB05FROI/eb05froi/default.aspx>
no later than 3 business days after the exposure.

FORM #5