

1.4.E.8 Blood Borne Pathogen and Infectious Disease Management

I Policy Index:



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II Policy:

The Department of Corrections (DOC) will provide training and establish procedures to minimize occupational risk of exposure to blood borne pathogens and infectious disease. Effective procedures include surveillance, prevention and control of infectious disease.

III Definitions:

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).

Biohazardous Waste:

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

Exposure Incident:

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

Infectious Disease:

Any disease caused by the growth of pathogenic microorganisms in the body, which may or may not be contagious.

Infectious Materials:

Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluids, saliva, and any bodily fluid that is visibly contaminated with blood. Includes any unfixed human tissue or organ, other than skin.

Occupational Exposure:

Reasonably anticipated skin, eye, mucous membrane or parenteral contact with human blood or other potentially infectious materials, that may result from the performance of a staff member's duties.

Offender:

For the purposes of this policy, an inmate in the custody of the DOC institutional system, a parolee under parole or suspended supervision by South Dakota Parole Services or a juvenile on DOC supervised aftercare or placement.

Source Individual:

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.

Staff Member:

For the purposes of this policy, a staff member is any person employed by the DOC, full or part time, including an individual under contract assigned to the DOC, an employee of another State agency assigned to the DOC, authorized volunteers and student interns.

Standard Precautions:

The outlined and conveyed precautions expected to be implemented by staff when dealing with offenders. These will be used during the care of all offenders to reduce the risk of transmission of blood-borne pathogens from moist body substances (blood, body fluids and/or tissues) and shall be applied regardless of the offender's diagnosis or presumed infection status. Through this approach, all human blood and certain bodily fluids are treated as if known to be infectious for blood-borne pathogens.

Test:

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

Victim:

All staff and inmates who are a direct subject of an alleged act which 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](#) (inmate assault on staff, visitor or other authorized person) who have potentially been exposed to a blood-borne pathogen.

IV Procedures:**1. Education and Training:**

- A. Education and training will be provided to staff to manage and reduce risk of occupational exposure to infectious disease and blood borne pathogens. Training will be mandatory for designated staff assigned to DOC institutions, parole services and juvenile services (herein referred to as community corrections staff).
- B. Training will occur during pre-service training and annual in-service training (See DOC policy 1.1.D.1 [Staff Training Requirements](#)). Staff will be trained by a person(s) 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 blood borne pathogens.
 2. The methods of control to reduce or eliminate exposure, i.e. standard precautions.

3. The use and application of appropriate and approved work practices, to reduce 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 spills that may include such material.
 4. Proper use, storage, removal, handling, decontamination and disposal of personal protective equipment and clothing as a result of assigned duties or involvement in job-related activities and assignments.
 - a. Personal protective equipment includes, but is not limited to, hypoallergenic gloves, gowns and medical masks.
 - b. Personal protective equipment approved by the DOC shall be made available to staff at no cost to the staff member. Availability of personal protective equipment shall be based on anticipated exposure to biohazardous waste or infectious materials.
 5. Procedures to follow in the case of occupational exposure or possible exposure involving infectious disease or blood borne pathogens are contained in the approved Exposure Packet.
- C. Education materials pertaining to infectious disease and blood borne pathogens will be made available to inmates through the Department of Health (DOH) and may be in the form of brochures, pamphlets and videos (See DOH policy P-F-01 [Healthy Lifestyle Promotion](#)), as deemed appropriate. Non-English-speaking inmates may request such materials in their primary language (See DOH policy P-E-01A [Interpretation Services](#)).
1. Information and education materials provided to or made available to inmates, will be reviewed and updated, as deemed appropriate by designated DOC and Department of Health (DOH) staff.
 2. Health Services staff will determine those inmates who may be offered individual counseling, health education and/or instruction regarding blood borne pathogens and infectious disease.
 3. DOH staff will be used as a resource when providing and developing blood-borne pathogen and infectious disease training and educational materials for staff and inmates.
- D. Information specific to tuberculosis (TB) is contained in DOC policy 1.1.C.8 [Staff Tuberculosis Testing and Exposure Control Plan](#). Information regarding TB testing and screening of inmates is located in DOH policy P-E-04A [Initial Health Assessment-Tuberculosis](#).
1. In work areas where there is a risk of possible exposure to active TB, staff is encouraged to utilize approved and available protective equipment. Equipment may include approved respirators, as recommended and deemed necessary by Health Service staff.

2. Standard Precautions:

- A. Staff may come into contact with blood and body substances of others and infectious materials while performing assigned duties (occupational exposure). In an effort to reduce and minimize the risk of occupational exposure, standard precautions will be initiated and applied by staff (See [Attachment 1](#)).

1. Staff will be informed of work practices, housekeeping standards and emergency medical services/aid that may include risk of occupational exposure.
 2. Staff shall not willfully fail to use recommend protective equipment, safety devices or disregard standard precautions while performing duties that may include a risk of occupational exposure.
- B. Supervision of inmates by staff will include any special procedures and/or precautions communicated by Health Service staff to minimize staffs' risk of occupational exposure to infectious disease or blood borne pathogens and/or to contain the spread of disease.
- C. Staff and inmates assigned certain 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 biohazardous materials.
- D. Any condition within a DOC facility that includes a reasonable expectation of occupational exposure and/or possible spread of infectious disease to inmates or the public, will be addressed immediately by designated DOH and DOC staff. Appropriate responses shall include but are not limited to:
1. Surveillance to detect and monitor the spread of the infectious disease.
 2. Offering immunization (when possible and practical), and other medically indicated prevention methods, protocols and techniques.
 3. Isolation of those contaminated, to the extent possible.

3. Inmate Testing:

- A. Inmates identified by the Disease Intervention Specialist (DIS) office as having had possible contact with a person(s) testing positive for certain infectious or communicable disease, may be asked by Health Service staff to submit to testing and screening (See DOH policy P-B-01B [Communicable Disease Testing](#) and DOH policy P-B-01 [Infection Control Program](#)).
1. Testing may include education provided by Health Service staff regarding risk, modes of transmission and reasons for the testing.
 2. Inmates will receive follow-up care with an appropriate medical provider, consistent with the results of the test, and as recommended by DOH staff.
 3. Testing in these cases must never be done as a control or disciplinary measure; rather the intent of the testing will be to assess the risks posed.
- B. Inmates requesting communicable disease testing will be directed to the open nurse sick call system or may submit a written request/kite to Health Services (See DOH policies P-A-01 [Access to Care](#)). Any inmate who is a victim of a crime, in accordance with SDCL § [23A-35B-1](#), may request to be tested by the DOH for infection by blood-borne pathogens and referral for appropriate health care and support services (See SDCL § [23A-35B-2](#)).
- C. Testing, screening and medical examination of inmates will be offered by Health Services whenever exposure to certain blood borne pathogens or infectious or communicable disease is suspected, reported or confirmed, including involvement in a sex crime, sexual offense

(consensual or non-consensual) or through intentional exposure. Testing, screening and examinations may be conducted by outside medical providers/physicians or a hospital, clinic or laboratory.

- D. Inmates testing positive for certain infectious diseases may be offered repeat or periodic testing and surveillance, as deemed necessary by Health Service staff.
- E. All new admission inmates will be tested for tuberculosis (TB), in accordance with DOH policy P-B-01 *Initial Health Assessments* and DOC policy. Inmates may be subject to additional testing, based on the results and information obtained through the initial health assessment/screening (See DOC policy 1.4.A.2 *Inmate Admission*). Inmates found to have active TB may be subject to medical isolation, as deemed necessary and appropriate by Health Services staff (ACA 1-HC-1A-12). All DOC facilities will follow an approved TB control plan, consistent with current published guidelines from the Centers for Disease Control and Prevention (CDC) and recommendations of the DOH/Health Service staff.
- F. Testing and screening for TB and treatment of active TB, is mandatory for the protection of the health and safety and welfare of inmates, staff and the public. Refusal by an inmate to submit to testing and treatment is grounds for disciplinary action. Testing for TB may be initiated any time information is received that supports the need for testing. Any inmate who fails testing or omits or refuses to truthfully disclose previous exposure to TB or previous medical attention for TB, is subject to disciplinary action.
- G. Any inmate suspected of having an infectious or communicable disease by DOC staff will be reported to Health Services as soon as possible.
- H. Approved prevention methods, including offering immunizations, when determined appropriate, will be implemented by the DOC and Health Services.

4. Victim Initiated Testing for Blood-borne Pathogens:

- A. Any victim, which includes any person (staff, offender and visitor and other) who is the direct subject of an alleged act which 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 B. below and SDCL § 23A-35B-3. Also see DOH policy P-B-05 *Procedure in the Event of Sexual Assault*, DOC policy 1.3.E.6 *PREA Response Investigation of Sexual Abuse-Harassment* and the Blood Exposure Packet.
- B. Law enforcement officers, which include correctional security staff, JCAs and Parole Agents, and any victim, as defined in SDCL § 23A-35B-1, may request in writing to the state's attorney in the jurisdiction where the incident occurred, that an offender be tested for blood borne pathogen infection by the DOH and a search warrant be obtained, for the purpose of taking a blood sample from the offender, if the offender has refused to comply with providing a sample for testing. The request shall state that the person making the request believes there was an exchange of blood or other fluids between them and offender and the factual basis to support this occurred. The court shall 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, the DOH is required to complete the testing of the sample within 48 hours of receipt (See SDCL § 23A-35B-3).
- C. Correctional Health staff and DOC staff who believe they potentially have been exposed to a blood-borne pathogen while rendering medical aid to an inmate during the performance of their duties, may file a petition with the circuit court to require the source inmate be tested for blood-

borne pathogens by the DOH, if the inmate has refused a request to provide a sample for testing. The court may issue an order for the purpose of taking a blood sample from the inmate for testing (See SDCL §§ [23A-35B-7](#) and [23A-35B-1](#)).

- D. Any staff member, visitor or other person authorized by the DOC to be on the premise of a DOC facility, who is assaulted by an inmate who intentionally throws, smears, spits or otherwise causes blood, vomit, saliva, mucus, semen, excrement, urine, or human waste to come into contact with the staff member, visitor or other person, may seek to have a sample provided/obtained from the inmate and the sample tested for blood-borne pathogens, in accordance with B. above (See SDCL § [23A-35B-3](#)).
- E. Any person who is a victim of a crime, as specified within SDCL § [23A-35B-1](#), may request to be tested by the DOH for infection by blood-borne pathogens and referral for appropriate health care and support services by the DOH (See SDCL § [23A-35B-2](#))
- F. A health professional licensed or certified to perform such testing, shall obtain the required blood sample from the offender and forward the sample(s) to the DOH State Lab for testing and/or Avera Health Lab. 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](#).
 - 1. Health Service staff will not be directly involved in the collection of forensic information from an inmate if the inmate refuses to provide consent to the procedure.
 - 2. 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](#).
- 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. 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, or visitor other authorized by the DOC to be on DOC premises (See SDCL § [22-18-26](#)).

5. Notification of Test Results:

- A. The inmate and Correctional Health Services medical provider will be notified of the testing results.
- B. Release or notification of an inmate's test result, not subject to Chapter 23A-35B, require a valid and current Release of Information signed by the inmate or a court order (See DOC policy 1.1.E.3 [Inmate Access to DOC Records](#)).
- C. The results of the test may not be used to establish an inmate's guilt or innocence of a criminal offense or offense in custody (See SDCL § [23A-36B-5](#)).

6. Isolation for Health Reasons:

- A. Inmates shall not be isolated or housed in special units solely because of the results of a test, or direct need to conduct a test, unless, in the reasonable judgement of the multidisciplinary team, the inmate poses a direct threat to the health or safety of staff or others. The team shall consist of at a minimum, the Correctional Health Services Medical Director and Warden or designee (ACA #4-4354).

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 inmate; 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.
 2. A direct threat is a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services.
 3. Medical isolation includes, but is not be limited to, housing an inmate in a separate room with a separate toilet, hand-washing facility, soap, single-service towels and appropriate accommodations for showering.
- B. Inmates subject to mandatory testing due to high risk status (determined by screening and assessment), may be segregated, as deemed appropriate and necessary by the responsible physician/medical provider or designee and Warden or designee, until such time the inmate submits to the testing and/or treatment, and is cleared for placement outside of the isolation area, i.e. general population, by the multidisciplinary team.
- C. Inmates testing positive for certain identified infectious disease (also referred to as the source individual) that 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 inmate is no longer likely to transmit the infectious disease to others (as determined by Health Service staff).
- D. Additional measures and practices are available from the Centers for Disease Control, National Institute for Occupational Safety, and Health and the Occupational Safety and Health Administration (OSHA).

7. Medical Care for Inmates Testing Positive:

- A. Inmates testing positive for certain blood-borne pathogens or infectious or contagious disease will be offered appropriate medical care, as determined by the Correctional Health Services Medical Director, supervising specialist or physician (See DOH policy P-B-01 [Infection Control Program](#)). The goal of offering care will be to decrease the frequency and severity of symptoms, including preventing progression of the disease and fostering improvement in function (See DOH policies P-G-02 [Patients with Special Health Needs](#)).
- B. Medical services for inmates 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.
- C. Inmates scheduled for release from DOC custody may be referred by HS staff to appropriate outside agencies for assistance in locating and obtaining appropriate medical and counseling services, medications and treatment and for assistance in ensuring continuity of medications and care (See DOH policy P-E-13 [Discharge Planning](#)).
- D. Documentation of care and treatment provided or offered to an inmate, and other related medical information, will be included in the inmate's medical record.
- E. Inmates testing positive may be placed on medical surveillance (includes identification and monitoring of the disease and inmate).

8. Impact on Programming:

- A. A positive test result cannot be used solely to restrict an inmate's access to any approved and available program or classification status.
- B. A positive test result cannot be used solely as a basis for release/discharge from the DOC.

9. Occupational Exposure Incidents:

- A. Staff members, contractors, visitors involved in an occupational exposure will:
 - 1. Immediately wash the area with soap and water (See [Attachment 1](#)).
 - 2. Seek immediate medical treatment. Questions may be directed to the Avera Exposure Hotline at (605) 322-1946. Ask to speak with a resource nurse.
 - 3. Contact their supervisor. Supervisors should offer/provide the Blood Exposure Packet.
 - a. If the exposure involves an inmate, the supervisor should notify Health Services staff of the incident.
 - b. Those exposed will be referred to the nearest hospital or emergency room. Staff will take the Blood Exposure Packet with them and complete the forms as instructed.
 - 4. In the case of an occupational exposure involving community service staff, the staff member should contact their supervisor. The steps noted above shall apply.
- B. Staff involved in an occupational exposure incident should refer to the *BHR State Employee Blood borne Pathogen Procedures (Short Guide)* (See [Attachment 2](#)).
- C. All staff involved in an exposure incident will complete the *Employer's Risk Report of Injury and Accident Report* within seven (7) days of the exposure incident and forward the report to their supervisor (located in the Blood Exposure Packet).
- D. All confirmed occupational exposures involving staff member will be reported as a major incident (See [Attachment 3](#)) in accordance with DOC policy 1.1.A. [Reporting Information to DOC Administration](#).
 - 1. The report documenting an occupational exposure incident must be retained for the duration of the staff person's employment with the department plus 30 years, in accordance with federal law.

V Related Directives:

SDCL §§ [21-2-1\(9\)](#), Chapter 22-22, [22-18-1](#), [22-18-26](#), [22-28-26](#), [23A-35B-1](#), [23A-35B-3](#), [23A-35B-4](#), [23A-35B-5](#), [23A-35B-6](#) and Chapter 32-23.

DOC policy 1.1.A.3 -- [Reporting Information to DOC Administration](#)

DOC policy 1.1.C.8 -- [Staff Tuberculosis Testing and Exposure Control Plan](#)

DOC policy 1.1.D.1 -- [Staff Training Requirements](#)

DOC policy 1.1.E.3 -- [Inmate Access to DOC Records](#)

DOC policy 1.3.E.6 -- [PREA Response Investigation of Sexual Abuse-Harassment](#)

DOC policy 1.4.A.2 -- [Inmate Admission](#)

DOH policy P-A-01 – [Access to Care](#)
 DOH policy P-B-01 – [Infection Control Program](#)
 DOH policy P-B-01B -- [Communicable Disease Testing](#)
 DOH policy P-B-05 -- [Procedure in the Event of Sexual Assault](#)
 DOH policy P-E-01A -- [Interpretation Services](#)
 DOH policy P-E-04A -- [Initial Health Assessment-Tuberculosis](#)
 DOH policy P-E-13 -- [Discharge Planning](#)
 DOH policy P-F-01 -- [Healthy Lifestyle Promotion](#)
 DOH policy P-G-02 -- [Patients With Special Health Needs](#)
 DOH policy P-H-02A -- [Release of Information From Medical Records](#)

VI Revision Log:

December 2002: **Revised** infectious disease to Tuberculosis in Policy statement and in Prevention section. **Added** A.1. to section on Prevention.

July 2003: **New** signature blocks Revised information in section on Education and Training.

Changed the term “Universal Precautions” to “Standard Precautions” Added references to DOH policies and **added** a definition for inmate.

September 2004: **Deleted** reference to DOH policies P138 *Sick Call* and P173 *Tuberculosis Testing*. **Updated** policy number for DOH policy on *Training for Correctional Officers*. **Added** references to DOH policies. **Added** reference to DOC policies 1.1.D.1 and 1.1. D.2. **Revised** the definition of Staff Member and Inmate. **Revised** #6 under Standard Precautions in Attachment 1.

September 2005: **Updated** policy references. **Revised** the policy statement.

October 2007: **Revised** the policy statement **Moved** the definition of “staff member” to “staff”.

Changed the use of “staff member” to “staff” throughout the policy Added information on MRSA.

September 2008: **Revised** formatting of policy and attachment in accordance with DOC policy 1.1. A.2. **Added** “when possible” to ss (B3 of MRSA) to be consistent with statement made in ss (B2 of MRSA). **Replaced** “identified” with “labeled” in #10 and **added** operational memorandums to #16 of Standard Precautions and **revised** minor wording throughout Attachment 1.

September 2009: **Revised** title of DOC policy 1.1.D.2 and DOH policy P.G.0.2 to be consistent with policies **Added** hyperlinks.

September 2010: **Revised** formatting of Section I.

September 2012: **Deleted** “Non-Public” and **Replaced** with “Public”

September 2013: **Revised** policy by combining DOC policy 1.4.E.9 HIV & AIDS Management with 1.4.E.8 Management of Infectious Disease and making other revisions to the policy. Policy 1.4.E.9 was rescinded.

September 2014: **Deleted** “The Superintendent of STAR Academy or Health Service staff may only notify the parent(s) or guardian(s) of a juvenile inmates test result if the juvenile has signed a Release of Information.” and **Replaced** with “Written authorization from the STAR Superintendent or juvenile’s legal representative is required to disclose test results.” in Section 4 A. 1. **Added** “with a goal of decreasing the frequency and severity of symptoms, including preventing disease progression and fostering improvement in function” in Section 6 A. **Added** “to help ensure continuity of medications and care” in Section 6 C. **Added** D. to Section 6.

December 2014: **Added** 1-4 in Section 1 A. **Added** 1. to Section 1 B. **Added** C. - F. in Section 2. **Added** C. and C. 1. in Section 5.

September 2015: **Reviewed** with no changes.

March 2016: **Revised** policy statement. **Added** “to manage” and **Added** “the risk of staff occupational exposure to” to Section 1 A. **Added** a. and b. to Section 1 A. 4. **Added** 1. to Section 5 A.

Added “Written materials are available to all inmates, including non-English speaking inmates in their primary language. Contracted interpreter services are available for English language deficit inmates and those with English language impairments (See DOH policy P-E-01A *Interpretation Services*)” to Section 1 B. **Added** 1. to Section 1 C. **Deleted** 1. in Section 4 A. reference to STAR. **Added** “All DOC facilities will follow a tuberculosis control plan that is consistent with current published guidelines from the Centers for

Disease Control (CDC)" in Section 2 E. **Added** D. to Section 5. **Deleted** term "superintendent" and "juvenile" from policy.

June 2016: **Added** definition of "Source Individual" Infectious Material" "Occupational Exposure", "Exposure Incident" and "Biohazardous Waste". **Updated** terms within the policy.

August 2016: **Added** G. and H. to Section 3. **Added** 1. and 2. to Section 5 A. **Added** E. to Section 6. **Added** "and the DOC Exposure Hotline at (605) 266-5251" in Section 8 A. 1. **Deleted** "twenty-four hours and **Replaced** with "seven" days. **Added** Attachment 5.

October 2017: **Reviewed** with no changes.

March 2018: **Revised** definition of "Victim". **Added** 2. to Section 2 B. **Revised** A and **Added** B. C. D. and E. within Section 4. **Added** "including alleged rape, sexual offense or intentional exposure. Testing, screening and examinations may be conducted by outside medical providers/physicians or at a hospital, clinic or laboratory" in Section 4 C. **Added** E. to Section 4. **Revised** Section 9 to reflect changes in current process. **Deleted** Attachments 4 and 6, now included in the packet.

September 2018: **Added** "and/or Avera Health Lab" in Section 4 F.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

12/03/2018

Date

Attachment 1: Standard Precautions

Objective: To identify those categories of job-related tasks for Department of Corrections' personnel who have potential exposure to blood, body fluids, or body tissues. To describe standard precautions and their application to prevention of contamination and spread of infectious diseases to employees, inmates and visitors.

Procedures: The Department of Labor has identified three categories of work tasks, which indicate an individual's degree of risk for exposure to blood, body fluids, or tissues. In the Department of Corrections, all correctional officers and health care employees are classified as Category I or II.

- Category I: Job-related tasks that involve a potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for splashes of them.
- Category II: Tasks that involve no exposure to blood, body fluids or tissues, but employment may require performing unplanned Category I tasks.
- Category III: Tasks that involve no exposure to blood, body fluids or tissues, and Category I tasks are not a condition of employment.

Standard Precautions: Standard Precautions should be used in the care of all inmates to prevent the potential transmission of infectious diseases via blood, body fluids, or tissues. Appropriate barriers to be utilized with standard precautions include:

1. **Hand Washing:** Hand washing is still the most important method of preventing the transmission of infection. Hands are washed prior to and after all inmate care activities. If gloves are worn, hands must still be carefully washed prior to gloving and after gloves are removed. Appropriate hand washing procedure includes:
 - a. Remove jewelry, including rings and watches;
 - b. Wet both hands and wrists with warm water before applying soap;
 - c. Apply soap to palms first, lather well, then spread lather to back of hands and wrists;
 - d. Continue scrubbing, paying close attention to fingernails and between fingers. Scrubbing should be at least ten seconds;
 - e. Rinse hands and wrist thoroughly to remove all soap;
 - f. Dry hands completely with disposable towels;
 - g. Turn faucet off with the disposable towel.
2. **Gloves:** Gloves should be worn for touching blood, body fluids, mucous membranes or non-intact skin of all inmates; for handling items or surfaces potentially contaminated with blood or body fluids; and for performing venipuncture and other vascular access procedures. Gloves should be discarded after contamination with blood and/or body fluids and a new pair used. Hands should be washed immediately after gloves are removed.
3. **Masks, Eye Protection and Face Shield:** Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent contamination of mucous membranes of the mouth, nose and eyes.
4. **Gowns and Other Outer Covering:** Gowns, aprons, or coveralls should be worn during procedures that are likely to generate splashes of blood or other bodily fluids.

5. **Emergency Resuscitation Services:** Ventilation devices should be available in strategic areas for use to minimize the need for emergency mouth-to-mouth resuscitation, i.e. mouth pieces, pocket masks and resuscitation bags.
6. **Needles and Sharps Care/Disposal:** Precautions must be exercised to prevent injuries caused by needles, scalpels, razors and other sharp devices. To prevent needle stick injuries, needles should not be recapped, purposely bent, or broken by hand. All sharp items should be placed in puncture-resistant containers.
7. **Single Cell:** A single cell is indicated for inmates with poor hygiene and those whose documented clinical status indicates a significant potential for contaminating their environment with blood, body fluids or tissues.
8. **Spills:** Blood, body fluid or tissue spills should be cleaned up promptly with a solution of 5.25 percent (5.25%) sodium hypochlorite (bleach) diluted 1:10 with water. 3M HB Quat Disinfectant Cleaner; #25H may be substituted for the bleach and water solution.
9. **Laboratory Specimens:** Laboratory specimens are to be placed in a well-structured container with a secure lid, labeled and placed in a plastic bag before transporting to the laboratory. All persons processing blood or body fluid specimens must wear gloves. Masks and protective eyewear should be worn if mucous membrane contact with blood or body fluids is anticipated. Gloves should be changed, and hands washed after completion of specimen processing.
10. **Soiled Linen:** Soiled linen should be handled as little as possible and with a minimum of agitation to prevent contamination of the air and person handling the linen. Soiled linen with infected material must be bagged and labeled as "CONTAMINATED" before being sent to the laundry. Gloves are to be worn when collecting any dirty linen.
11. **Dishes:** Dishes require no special precautions unless they are visibly contaminated with infected material. These dishes should be placed in a plastic bag and labeled "CONTAMINATED" before sending them back to the dietary department. Food Service personnel who handle these dishes should wear gloves and should wash their hands before and after handling other clean dishes.
12. **Dressings:** All dressings, tissues and other disposable items soiled with potential infected material (blood, respiratory oral or wound secretions) must be bagged in plastic and discarded.
13. **Urine and Feces:** Urine and feces can be flushed down the toilet. Urinals and bedpans are to be cleaned thoroughly after each use with a chemical disinfectant, i.e. Septisol, Liquid Detergent Sanitizer, 3M HB Quat Disinfectant Cleaner #25H or other approved South Dakota DOC disinfectant.
14. **Contaminated Equipment/Articles:** Contaminated equipment/articles with infected material should be bagged and labeled "CONTAMINATED" before being sent for decontamination and reprocessing.
15. **Visitors:** Visitors must be instructed on the appropriate use of gowns, masks, gloves or other special precautions before visiting an inmate who has an infectious disease condition requiring these barrier precautions.
16. **Cleaning and Disinfecting Cells/Rooms:** Routine daily cleaning and disinfecting of inmate cells/rooms should be done consistent with institutional housekeeping policies and operational

memorandums. Inmates with an active infectious disease are to have any special cleaning or disinfecting needs addressed.

17. **Transport Personnel:** Transport personnel are to be informed of appropriate barriers to use when transporting an inmate who is infected or colonized. Personnel in the area the inmate is to be taken should be notified of the appropriate barriers to be utilized. Inmates should be informed as to how they can assist in maintaining a barrier against transmission of their infection to others.
18. **Autopsy Personnel:** Autopsy personnel should be notified about the inmate's disease condition, so the appropriate barrier precautions may be maintained during and after the autopsy

Reference:

"CDC" Guidelines for Isolating Precautions in Hospitals," U.S. Department of Health and Human Services, Atlanta, 1983. HHS Publication No. 83-8314.

MMWR, "CDC" Recommendations for Prevention of HIV/AIDS Transmission in the Health Care Setting," August 21, 1987.

MMWR, "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety workers," U.S. department of Human Services Center, Atlanta, June 23, 1989. HHS Publication No. (CDC) 89-8017

Attachment 2: Blood-borne Pathogen Procedures

State Employee Bloodborne Pathogen Procedures - Short Guide

Time is critical with Bloodborne exposures. When in doubt, report the exposure right away to your supervisor and seek guidance. If your supervisor is not available, **SEEK MEDICAL ATTENTION IMMEDIATELY.**

A Significant Bloodborne Exposure is an occupational risk exposure to blood or potentially infectious body fluid by:

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:
 - o semen
 - o vaginal secretions
 - o any body fluid visibly contaminated with blood
 - o human tissues (including dental extractions)

If a Significant Exposure Occurs:

Employee's Immediate Responsibility

- Needle-sticks, cuts and skin exposures should be washed with soap and water. (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 Immediate 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.
- Testing the employee and the source is strongly recommended when a high risk exposure has occurred. The employee has the right to request or decline testing. The source fluid/object should be collected (if possible) for testing. If the source is a person, they 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). The exposure to the employee should be explained to the source and testing of the source requested.

- Complete a First Report of Injury and an Employee Accident Report for all bloodborne pathogen exposures. This form must be completed and filed with the Workers Compensation office/Bureau of Human Resources 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 declined this should also be reported.
- Consult the comprehensive "Bloodborne Pathogens Exposure Guidelines" for the complete policy, testing, and forms required for this event. These guidelines can be found on the Department of Health's website at <http://doh.sd.gov/PDF/DOHBloodbornePathogens.pdf>.
- Complete and forward the "Occupational Risk Exposure Form" and the "Bloodborne Exposure Medical Follow-up Sheet" to the Human Resource Office for inclusion in the employee's personnel file.
- Ensure that the employee complete any follow up testing required in the comprehensive guidelines. If you have questions, you can contact the Department of Health at 1-800-592-1861 can provide you with the guidelines, additional information, assistance & guidance.
- Report exposure to your next level supervisor.

Healthcare Provider's Responsibility:

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

Attachment 3: Major Incident Report

The **Major Incident Report** form is located on the state's WAN.

A copy may be printed using **Microsoft Word 97** as follows:

1. Click to access the **Major Incident Report** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Major Incident Report**.

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections
Policy
Distribution: Non-PublicAttachment: Major Incident Report
Please refer to DOC policy 1.1.A.3 / 1.5.H.3
Reporting Information to DOC Administration / Use of Force - JCC

MAJOR INCIDENT REPORT

TO: Secretary of Corrections FROM: _____
Rebecca Linneweber

NAME OF OFFENDER(S): _____
_____ Last - First_____ Offender#_____ DOB_____ Crime or Adjudication

TYPE OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM PM

LOCATION OF INCIDENT: _____

NARRATIVE SUMMARY:

WHO WAS INVOLVED?
(include the names of all staff involved in the incident)

_____ Staff Member _____ Staff Member _____ Staff Member _____ Staff Member

HOW WAS ESTABLISHED POLICY AND PROCEDURES FOLLOWED?

RESPONSE: (list whether and when law enforcement, media and others were contacted)

Media Contacted: Yes No Date/Time Contacted: _____ AM PM

Law Enforcement Contacted: Yes No Date/Time Contacted: _____ AM PM

Others Contacted? Yes No Who? _____
Date/Time Contacted: _____ AM PM

Others Contacted? Yes No Who? _____
Date/Time Contacted: _____ AM PM

CORRECTIVE ACTION: (Briefly state any corrective action or disciplinary action that has been taken or will be taken as a result of this incident) _____

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