

1.1.C.7 Hepatitis Vaccinations

I Policy Index:



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Replaces Policy: 4E.15
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Affected Units: All Units
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Revision Number: 11
Office of Primary Responsibility: DOC Administration

II Policy:

The Department of Corrections (DOC) will offer Hepatitis vaccinations to employees as specified in this policy. Hepatitis vaccinations administered to an employee will be provided at no cost to the employee.

III Definitions:

Employee:

For the purposes of this policy, an employee 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, student interns and authorized full-time (Level One Volunteers).

Direct Care Employee:

For the purposes of this policy, a direct care employee is any person whose job duties involve regular personal contact with offenders. This includes any person employed by the DOC, full or part time, and includes anyone under contract who is assigned to the DOC; an employee of another state agency assigned to the DOC, student interns and authorized full-time (Level One Volunteers) who have regular personal contact with offenders.

Level One Volunteers:

Volunteers who enter an adult DOC institution more than once a month, have reviewed the [South Dakota Department of Corrections Volunteer Handbook](#), completed the required information requested within this handbook, completed a minimum of thirty-two (32) hours of core curriculum during pre-service training and a minimum of four (4) hours of mandatory topics during annual in-service training.

Bloodborne Pathogens:

Any microorganism that is present in human blood and can infect and cause disease in persons exposed to blood containing the pathogen.

Hepatitis A:

A liver disease caused by the hepatitis A virus (HAV). Hepatitis A virus is spread from person to person by putting something in the mouth that has been contaminated with the fecal material of a person with hepatitis A. This type of transmission is called "fecal-oral."

Hepatitis B:

A serious disease caused by a virus that attacks the liver. The virus, which is called Hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected.

IV Procedures:

1. Hepatitis A Vaccinations:

- A. The DOC will offer Hepatitis A vaccinations to employees who work in a maintenance department.
- B. Hepatitis A vaccinations are encouraged and will be offered for maintenance employees who may potentially be exposed to fecal material during the performance of their assigned duties.
 - 1. Newly hired maintenance employees will be given information (See [Attachment 2](#)) and offered a Hepatitis A vaccination within the first month of employment.
 - 2. Hepatitis A vaccinations will be provided either through institutional health care providers (Department of Health staff) or local community health nurses.
- C. Hepatitis A vaccinations are administered in two (2) doses. The second dose is administered six (6) to twelve (12) months after the first dose has been administered.
- D. Maintenance employees who do not wish to receive the Hepatitis A vaccinations must sign the [Hepatitis A Declination](#) form (See [Attachment 3](#)).
- E. The Hepatitis A vaccinations shall be available for maintenance employees who choose to receive them at a later date.

2. Hepatitis B Vaccinations:

- A. The DOC will offer Hepatitis B vaccinations to direct care employees.
- B. Hepatitis B vaccinations are encouraged and will be offered for all direct employees who may be exposed to bloodborne pathogens.
 - 1. Newly hired employees will be given information (See [Attachment 4](#)) and offered a vaccination within the first month of employment.
 - 2. Vaccinations will be provided either through institutional health care providers (Department of Health staff) or local community health nurses.
- C. Hepatitis B vaccinations are administered in three (3) doses over a period of approximately six (6) months.
- D. Direct care employees who do not wish to receive the Hepatitis B vaccinations must sign the [Hepatitis B Declination](#) (See [Attachment 5](#)).
 - a. Direct care employees may rescind their letter of declination at any time and receive the Hepatitis B vaccination.

- b. Direct care employees who wish to rescind their letter of declination will do so through a written notice to their Bureau of Human Resources (BHR) representative.
- E. The Hepatitis B vaccinations will be made available for any employee who chooses to receive them.

3. Possible Exposure to Hepatitis:

- A. Should a significant blood borne exposure occur, an employee will follow the Office of Risk Management bloodborne pathogen procedures from [State Employee Blood Borne Pathogen Procedures](#) (See [Attachment 1](#)).
- B. Exposed employees will contact Health Service staff and/or their immediate supervisor. If the exposure occurs when an employee is outside the DOC facility, i.e. during an offender transport, while supervising community service inmates in the community or offenders released on supervision (parole and/or juvenile community corrections staff) the staff person will contact their supervisor immediately.
- C. Staff who have had a significant blood borne exposure during the performance of their assigned duties will complete a [Report of Accident, Incident or Unsafe Condition](#) (See [Attachment 6](#)).
- D. Staff who have had a significant blood borne exposure during the performance of their assigned duties will complete a [Major Incident Report](#) and submit this to their supervisor, who will in turn ensure the [Major Incident Report](#) is reported directly to the Secretary of Corrections or the Deputy Secretary of Corrections in accordance with DOC policy 1.1.A.3 [Reporting Information to DOC Administration](#).

V Related Directives:

DOC policy 1.1.A.3 -- [Reporting Information to DOC Administration](#)
Risk Management Bulletin Issue 45: *State Employee Blood Borne Pathogen Procedures*.

VI Revision Log:

March 2002: Revised definition of employee. Clarified Office of Risk Management bloodborne policy in Exposure section.

December 2003: Changed Office of Risk Management bloodborne pathogen "policy" to "procedures" and referenced bulletin issue 45.

August 2004: Revised section on Vaccinations and attachment 1 to clarify the schedule for shots.

March 2005: Changed the policy name. Revised the policy statement. Added reference to Hepatitis A throughout the policy. Added attachments 3 and 4. Revised the definition of Hepatitis B.

January 2006: Clarified that only new maintenance employees will be given information on Hepatitis A and offered a vaccination. Revised the definition of employee.

December 2006: Minor style/format changes throughout the policy.

December 2007: No changes made.

November 2008: Revised formatting of policy and attachments in accordance with DOC policy 1.1.A.2. Clarified Hepatitis A and B forms throughout policy. Revised titles of Attachments 1, 2, 3 and 4 to be consistent with policy, attachment and WAN.

November 2009: Added hyperlinks.

November 2010: Revised formatting of Section I. Replaced "regular volunteers" with "Level One Volunteers" in the definition of Employee. Added definition of Level One Volunteers.

January 2012: Deleted "Non Public" and Replaced with "Public". Deleted "be directed to consult the Risk Management contact in their institution/ facility/agency or their Bureau of Personnel representative for a copy of these procedures." Replaced with "contact Health Service staff and/or their immediate supervisor. If the exposure occurs when an employee is outside the DOC facility i.e.

during a transport or while supervising community service inmates in the community, the staff person will contact their supervisor immediately.” in Section 3 B. **Added** C. “Staff who have been involved in a bloodborne exposure will complete a First Report of Injury and Accident Report” to Section 3. **Added** Attachment 1. RM Bulletin #45 and renumbered existing attachments.
December 2012: Added definition of “Direct Care Employee”. **Added** “during the performance of their assigned duties” to Section 1 B. **Added** “Newly hired” and “within the first month of employment” to Section 1 B. 2. **Added** (Department of Health Staff) to Section 1 B. 2. **Added** “direct care” to Section 2 A. **Added** “Newly hired” and “within the first month of employment” to Section 2 B. 1. **Added** “Direct care” to Section 2 D. **Added** a. and b. to Section 2 D. **Added** “any” and **Deleted** “at a later date” to Section 2 E. **Added** “or offenders released on supervision (paroles or juvenile community corrections staff)” to Section 3 B. **Added** “during the performance of their assigned duties” in Section 3 C. **Added** D. to Section 3. **Added** Attachment 6 and 7 to policy.

Denny Kaemingk

Denny Kaemingk, Secretary of Corrections

01/24/2013

Date

Attachment 1:

RISK MANAGEMENT BULLETIN

Issue 45: State Employee Blood Borne Pathogen Procedures

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

Employee's Immediate Responsibility

If a Significant Exposure Occurs:

“Immediately”

- Needle-sticks, Cuts & Skin Exposures should be washed with Soap & Water. (*Do NOT use bleach*)
- Splashes to the Nose, Mouth, or Skin should be flushed with Water.
- Splashes to the Eyes should be flushed with Clean Water or Saline.

“After” the Above Steps are Completed

- **Report** the Exposure to your Immediate Supervisor Right Away “Do Not Delay”

If HIV Post-Exposure Treatment is recommended, you should start treatment within **1-2 hours** after the exposure. (*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.
- **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 Accident Report** for all blood borne pathogen exposures. This form 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 declined this should also be reported.
- **Consult and the comprehensive "Blood borne Pathogens Exposure Guidelines"** for the complete policy, testing and forms required for this event. These guidelines may be found in your department's safety manual, from your Human Resource Manager, Risk Management Contact or from the Department of Health.
- **Ensure that the employee complete any follow up testing required in the comprehensive guidelines.**
The Department of Health at **1-800-592-1861** can provide you with the guidelines, additional information, assistance & guidance or check the comprehensive guidelines at <http://intranet.state.sd.us/bop/index.htm>
- **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.

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

*Bureau of Administration * Office of Risk Management
1429 East Sioux Avenue
Pierre, SD 57501-3949
Phone: (605) 773-5879 * FAX (605) 773-5880*

Attachment 2: Hepatitis A Description

The **Hepatitis A Description** is located on the state's WAN.

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

1. Click [here](#) to access the **Hepatitis A Description** 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 **Hepatitis A Description**.

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

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: Hepatitis A Description Please refer to DOC policy 1.1.C.7 Hepatitis Vaccinations
HEPATITIS A DESCRIPTION	
<p>Hepatitis A is transmitted by exposure to fecal material from someone who has the Hepatitis A virus (HAV). Hepatitis A is one of at least three (3) viral causes of Hepatitis. Having Hepatitis from one virus, or having the Hepatitis A vaccine, will not prevent you from having Hepatitis from one of the other viruses. Common symptoms of Hepatitis A include a mild "flu-like" illness, jaundice, severe stomach pains and diarrhea.</p> <p>The South Dakota Department of Corrections is making the Hepatitis A vaccine available to you at no charge. Two (2) shots should be administered at least six (6) months apart. The Hepatitis A vaccine may be given at the same time as other vaccines.</p> <p>Adverse reactions to the vaccine are unusual. The most common side effects are soreness where the shot was given, headache, loss of appetite or tiredness. If these problems occur, they usually last for one (1) or two (2) days. On very rare occasions a serious allergic reaction will occur within a few minutes to a few hours of the shot.</p> <p>People with the following conditions should not receive the vaccine or should wait before getting the vaccine:</p> <ol style="list-style-type: none">1. A severe (life-threatening) allergic reaction to a previous dose of Hepatitis A vaccine.2. A severe (life-threatening) allergy to any vaccine component.3. Moderately or severely ill at the time the shots is scheduled. These people should wait until they recover before obtaining the shot.4. Pregnant. The safety of the Hepatitis A vaccine for pregnant women has not been determined.	
Revised: 11/27/2008	Page: 1 of 1

Attachment 3: Hepatitis A Declination

The **Hepatitis A Declination** form is located on the state's WAN.

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

1. Click [here](#) to access the **Hepatitis A Declination** 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 **Hepatitis A Declination**.

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

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: Hepatitis A Declination Please refer to DOC policy 1.1.C.7 Hepatitis Vaccinations
HEPATITIS A DECLINATION	
I understand that due to my occupational exposure to fecal material, I may be at risk of acquiring Hepatitis A virus (HAV) infection. I have been given the opportunity to be vaccinated with Hepatitis A vaccine, at no charge to myself. However, I decline the Hepatitis A vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis A, a serious disease. If in the future I continue to have occupational exposure to fecal material and I want to be vaccinated with Hepatitis A vaccine, I can receive the vaccination series at no charge to me.	
[Gray Box] (Printed Name)	[Gray Box] (Department)
[Gray Box] (Signature)	[Gray Box] (Date)
Revised: 11/27/2008	Page 1 of 1

Attachment 4: Hepatitis B Description

The **Hepatitis B Description** is located on the state's WAN.

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

1. Click [here](#) to access the **Hepatitis B Description** 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 **Hepatitis B Description**.

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

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: Hepatitis B Description Please refer to DOC policy 1.1.C.7 Hepatitis Vaccinations
HEPATITIS B DESCRIPTION	
<p>Because your employment tasks include the possible exposure to blood or other bodily fluids, you have been identified by the Federal Centers for Disease Control as having "High/Intermediate risk" for contracting Hepatitis B.</p> <p>Hepatitis B is transmitted by exposure to blood, saliva and other bodily fluids. The usual means of catching Hepatitis B include through sexual intercourse, receiving contaminated blood or the use of contaminated needles. The most likely exposure to our staff has been identified as handling urinary tests.</p> <p>Hepatitis B is one of at least three (3) viral causes of Hepatitis. Having Hepatitis from one virus, or having the Hepatitis B vaccine, will not prevent you from having Hepatitis from one of the other viruses.</p> <p>Common symptoms of Hepatitis B include jaundice, abdominal pain, itching skin, low grade fever, fatigue, weight loss, loss of appetite, nausea and vomiting. Many people with Hepatitis B have no symptoms, or such mild symptoms that they do not recognize that they are sick.</p> <p>The South Dakota Department of Corrections is making the Hepatitis B vaccine available to you at no charge. Three (3) shots are required with this vaccine. The usual schedule for adults is two (2) doses separated by no less than four (4) weeks, and a third dose four to six (4-6) months after the second dose. If an accelerated schedule is needed, the minimum interval between the first two (2) doses is four (4) weeks, and a minimum interval between the second and third doses is eight (8) weeks. However, the first and third doses should be separated by no less than four (4) months. Doses given at less than these minimum intervals should not be counted as part of the vaccination series. It is not necessary to restart the series or add doses because of an extended interval between doses.</p> <p>The vaccine is eighty-seven percent (87%) to nine (9) to six percent (96%) effective in immunizing individuals.</p> <p>Adverse reactions to the vaccine are unusual. The most common side effects are related to the injection site and include soreness, redness, swelling, warmth and some itching in the skin. These side effects are usually mild and go away within a few days. Other side effects may include generalized fatigue, low grade fever - up to one hundred degrees (100°), various gastrointestinal complaints including loss of appetite, nausea and vomiting, abdominal pain, diarrhea, headache, symptoms of upper respiratory infection and vague muscle pains. As with any vaccine, an anaphylactic reaction is always a possibility.</p> <p>Potential adverse effects:</p> <ol style="list-style-type: none">1. Neurological disabilities, such as Guillain-Barre (French Polio), Sella, Babes and Herpes Zoster.2. Thrombocytopenia (decrease in blood platelets).3. Tinnitus, (stuck disc balances ringing in the ears). <p>People with the following conditions should not receive the vaccine:</p> <ol style="list-style-type: none">1. Any serious acute infection.2. Any serious cardiac or pulmonary conditions for which the person is under a doctor's care.3. Pregnant or nursing mothers.4. Any demonstrated allergic reaction to any previous vaccination.5. Hypersensitivity to yeast.	
Revised: 11/27/2008	Page 1 of 1

Attachment 5: Hepatitis B Declination

The **Hepatitis B Declination** is located on the state's WAN.

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

1. Click [here](#) to access the **Hepatitis B Declination** 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 **Hepatitis B Declination**.

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

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: Hepatitis B Declination Please refer to DCC policy 1.1.C.7 Hepatitis Vaccinations
HEPATITIS B DECLINATION	
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.	
<input type="text"/>	<input type="text"/>
(Printed Name)	(Department)
<input type="text"/>	<input type="text"/>
(Signature)	(Date)
Revised: 11/27/2008	Page 1 of 1

Attachment 6: Report of Accident, Incident, or Unsafe Condition

The **Report of Accident, Incident, or Unsafe Condition** form is located on Risk Management's website.

A copy of the **Report of Accident, Incident, or Unsafe Condition** may be printed as follows:

1. Click [here](#) to access the **Report of Accident, Incident, or Unsafe Condition** 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 go to <http://orm.sd.gov/documents/AccidentIncidentUnsafeConditionfill.pdf> to access the **Report of Accident, Incident, or Unsafe Condition**.

Risk Mgmt Non-State Vehicle Accident Report Report of Accident, Incident, or Unsafe Condition (Non-State-Automobile)				
Bureau of Administration Phone (605) 773-5879		Office of Risk Management Fax (605) 773-5880		
Department/Bureau	Agency/Division	Date of Accident	Time of Accident	<input type="checkbox"/> AM <input type="checkbox"/> PM
Type <input type="checkbox"/> Accident <input type="checkbox"/> Incident <input type="checkbox"/> Unsafe Condition		Location of Accident, Incident, or Unsafe Condition		
Employee Completing Report				
Name	DOB			
Title	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	Work Phone	Home Phone	
Person Involved in the Accident or Incident				
Name	DOB			
Address	Home Phone	Occupation		
Business Address	Business Phone			
What was the person involved doing at the time of the accident or incident?				
Injury				
What was the nature and extent of the injury?				
Was first-aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom?				
Describe the type of first-aid treatment given.				
Was medical treatment administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom?				
Name and address of medical facility			Did accident result in fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Damage				
Owner (include address and phone)		Damage description (include estimated repair costs)		
Witnesses				
Name (include address and phone)		Name (include address and phone)		
Accident Description				
Legal				
Law Enforcement Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Law Enforcement agency				
Signature				
Employee Signature:		Date:		
Authorized Agency Signature:		Date:		
Make copy for your records and send original to: Office of Risk Management 1429 East Sioux Pierre, SD 57501 Note: This Report Does Not Constitute A Claim Against The State of South Dakota, Nor Does It Constitute A Notice of Injury Pursuant To SDCL ch 3-21				
Attach Additional Sheets For More Information				

Attachment 7: 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 [here](#) 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.

Page 1 of 2

Page 2 of 2

The image shows two pages of a 'MAJOR INCIDENT REPORT' form. The form is divided into two columns. The left column (Page 1) contains the following sections: 'TO:' (Secretary of Corrections, Mary Wilson), 'FROM:', 'NAME OF OFFENDERS:' (with columns for Last-First, Middle-Initial, DOC, and Crime or adjudication), 'TYPE OF INCIDENT:', 'DATE OF INCIDENT:', 'TIME OF INCIDENT:', 'LOCATION OF INCIDENT:', and 'NARRATIVE SUMMARY:'. The right column (Page 2) contains: 'WHO WAS INVOLVED?', 'HOW WAS ESTABLISHED POLICY AND PROCEDURES FOLLOWED?', 'RESPONSE:' (with sub-sections for Media, Law Enforcement, and Others contacted), and 'CORRECTIVE ACTION:'. The form includes checkboxes for 'Yes/No' and 'Date/Time Contacted' for the response section. At the bottom of each page, it says 'Revised: 11/1/2008' and 'Page 1 of 2' or 'Page 2 of 2'.