

1.1.C.8 Tuberculosis Exposure Control Plan

I Policy Index:



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Office of Primary Responsibility: DOC Administration

I Policy:

The Department of Corrections (DOC) requires all direct care employees to have a Tuberculosis (TB) test administered upon hire and every year thereafter. Any DOC employee is required to have a TB test administered in the event of a possible exposure. The DOC will offer a TB test to other employees as specified in this policy.

II Definitions:

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.

Other Employee:

For the purposes of this policy, "other employee" is any person whose job duties do not involve regular personal contact with offenders. In most cases, this is limited to administrative staff employed by the DOC, full or part time and includes administrative staff under contract assigned to the DOC.

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.

Offender:

For the purposes of this policy, an offender is an inmate (in the custody of the DOC institutional system), a parolee (under parole or suspended supervision by South Dakota Parole Services), a juvenile housed at the STAR Academy or a juvenile on DOC supervised aftercare.

Whole Blood Assay Test:

A process where blood is drawn to test for TB.

III Procedure:

1. TB Tests for New Employees:

- A. New direct care employees are **required** to have a TB test administered by DOC Health Service personnel within the first month of employment.
1. New direct care employees will receive a two-step TB test unless they have documentation showing the results of a TB test which was administered within the last calendar year.
 - a. The first TB test will be read forty-eight (48) to seventy-two (72) hours after placement.
 - b. The second TB test will take place one to three (1-3) weeks after the first test and will be read forty-eight (48) to seventy-two (72) hours after placement.
 2. Under special circumstances other TB testing accommodations may be allowed at the request of the direct care employee to the Chief Executive Officer of the designated institution/unit, which may include:
 - a. Whole Blood Assay Test.
- B. Newly hired other employees will be **offered** a TB test at the time of hire.
1. Other employees who do not wish to receive the TB test must sign the [TB Test Declination](#) (See [Attachment 1](#)).
 - a. Those other employees who sign the [TB Test Declination](#) are not required to complete the annual TB test, Employee Tuberculin Screening or a chest X-ray.
 - b. Other employees may rescind their letter of declination at any time and receive TB tests as required in this policy.
 - c. Other employees who wish to rescind their letter of declination will do so through a written notice to their Bureau of Human Resources (BHR) representative.
 2. New other employees who wish to be tested will receive a two-step TB test.
 - a. The first TB test will be read forty-eight (48) to seventy-two (72) hours after placement.
 - b. The second TB test will take place one to three (1-3) weeks after the first test and will be read forty-eight (48) to seventy-two (72) hours after placement.
 3. Under special circumstances other TB testing accommodations may be allowed at the request of the other employee to the Chief Executive Officer of the designated institution/unit, which may include:
 - a. Whole Blood Assay Test.
- C. All employees will be asked if they have any history of TB in their family or a history of TB themselves.
- D. All new employees will be instructed on the procedure to report exposures with any known cases of TB.

2. Annual TB Testing:

- A. All direct care employees are required to have a TB test administered annually on their anniversary date.
- B. All other employees, except those who signed a one-time [TB Test Declination](#) (See [Attachment 1](#)) are required to have a TB test administered annually on their anniversary date.
 - 1. Any employee with a history of TB (including a past positive TB test) is required to contact Health Services annually to complete the [Employee Tuberculin Screening](#) (See [Attachment 2](#)).
 - 2. Health Services personnel assigned to the DOC will be responsible for completing the annual [Employee Tuberculin Screening](#) and submitting it to the Bureau of Human Resources (BHR).
- C. All employees who have demonstrated signs and symptoms of TB from the information received in the [Employee Tuberculin Screening](#) will receive a chest x-ray within one (1) month from their anniversary date of hire, unless written documentation is received from their primary physician indicating otherwise.
- D. The human resources office at each institution will provide Health Services with a list of direct care employees, other employees who did not sign the [TB Test Declination](#) and the date of hire for testing. In some situations, the human resources office may email staff with access to email that they are due for their annual TB test.
- E. All employees will be allowed a one (1) month "grace period" from their anniversary date of hire to complete the required TB test or [Employee Tuberculin Screening](#) or chest x-ray, as required per this policy.
- F. If any employee exceeds thirteen (13) months from the date of his/her last TB test, they will be required to take the two-step test
- G. Parole and Juvenile Corrections Agents (JCA) supervisors and/or the BHR representative assigned to the DOC unit are responsible for ensuring annual testing records are maintained for all DOC field employees.

3. Staff Exposure to Tuberculosis:

- 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](#).
- E. When an employee is exposed to an active case of TB, Tuberculin Skin Testing will be provided/offered to the employee immediately and again ten to twelve (10-12) weeks following the exposure.

4. Administering TB Tests:

- A. Trained Health Services staff will administer TB tests.
 - 1. Institutional employees will have their tests administered by Health Services at their respective institutions.
 - 2. Field staff employees will have their tests administered at their local community health service office.
- B. TB testing will be administered at no cost to the employee, unless the employee chooses to have TB testing completed through another source, without prior approval from the Chief Executive Officer.
 - 1. Employees may chose to have TB testing completed through another source (private doctor) at the employees' expense.
 - 2. Direct care employees must provide the DOC with documentation of the required tests and the results.

5. Positive TB Test Results:

- A. If an employee tests positive for TB, the results will be recorded and consultation coordinated by their respective personnel office.
- B. Employees who have tested positive for TB in the past and who have not completed the recommended treatment must contact Health Services to complete the annual [Employee Tuberculin Screening](#).
- C. All new positive TB tests are required to complete the [Employee Tuberculin Screening](#) and a chest x-ray, unless the employee's primary physician provides written documentation to Health Services stating that the employee does not have TB and indicates whether a chest x-ray has been completed under their care.

Note: Health Services are **required** to report all positive TB tests to the South Dakota Department of Health (DOH). The DOH will issue the employee with a green card.

- D. If the employee demonstrates signs and symptoms of TB from the information received in the [Employee Tuberculin Screening](#), the employee will be required to receive a chest x-ray, unless written documentation is received from their primary physician indicating otherwise.
 - 1. It is the employees' responsibility to ensure a chest x-ray is completed.

2. The cost of the annual chest x-ray will be paid for by the DOC and/or the cost of the medical appointment to determine if a chest x-ray is required.
 3. Employees who have completed the recommended treatment must provide a copy of their blue card issued by the Department of Health or a copy of their medical records showing they have completed recommended treatment to Health Services.
 4. Health Services will annually confirm the employee has not had symptoms consistent with TB by completing the [Employee Tuberculin Screening](#) form or a chest x-ray, if indicated by the responses from the screening.
 5. The personnel office will retain a copy of the records in the employee medical file.
- E. Employees with a positive TB test result and an affirmative chest x-ray will not be allowed to work. In this event, the Secretary of Corrections will be notified.
- F. Employees that have tested positive for TB will not be tested again by the DOC unless otherwise recommended by a physician and South Dakota DOH infection control.
- G. Costs for required counseling, testing, treatment and medical care incurred as a result of a work related exposure will either be covered by the Centers for Disease Control (CDC) or the DOC.
- H. Expenses as a result of non-work related exposure will not be paid for by the DOC.

IV Related Directives:

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

V Revision Log:

March 2002: Revised section B under Positive Test Results. Deleted references to Sioux Valley Hospital. Revised Custer section on Attachment 1.

December 2003: Revised the policy statement. Rearranged policy sections and some information within the policy sections. Changed South Dakota Department of Health infection control to South Dakota Department of Health Health Tuberculosis Control Program TB Treatment Regulations.

August 2004: Revised the wording on annual TB testing to allow for a one (1) month grace period.

January 2006: Revised the definition of employee. Added reference to DOH policy Y-B-01.

Clarified that if a TB test is done through a non-state source the results of the test must also be provided.

January 2007: Revised the policy statement. Changed the definition of Employee to Direct Care Employee. Added a definition for offender.

December 2007: No changes made.

November 2008: Revised formatting of policy and attachment in accordance with DOC policy 1.1.A.2. Added definition of other employee and whole blood assay test. Added statement regarding documentation of TB test must be within past year and TB test must be completed within first month of employment of ss (A1), deleted new in reference to other employees in ss (B1, B1b and B1c) and added ss (B1a and B3a) of TB Tests for New Employees). Added new ss (A, B, B1, B2 and C), revised ss (D) to include other employees and TB Test Declination, revised ss (E) to include all employees vs direct care employees and added Employee Tuberculin Screening and chest x-ray per this policy, replaced direct care employee with any in ss (F), deleted former ss (D and E) regarding other employee having their annual TB tests and revised bullets for entire Annual TB Testing. Added prior approval of the CEO in ss (B of Administering TB Tests. Deleted former Attachment 2 regarding procedures for positive PPD Test, replaced chest X-ray with Employee Tuberculin Screen and added reference to green card in ss (B), added ss (C), added statement regarding cost of medical appointment in ss (C2),

deleted green card in ss (C3) and **added** reference to the Employee Tuberculin Screening in ss (C4) of Positive TB Test Results. **Added** phrase regarding testing positive in the past and **replaced** chest x-ray with annual screening in ss (B), **revised** wording in ss (B) and **added** Note regarding reporting positive TB tests to DOH, **added** ss (C and D), **deleted** each year in ss (C1), **deleted** blue card in ss (C3) and **added** statement regarding screening or chest x-ray if indicated by screening in ss (C4) of Positive TB Test Results. **Deleted** reference to SD DOH Tuberculosis Control Program TB Treatment Regulations throughout policy. **Revised** wording and formatting throughout policy. **Added** new Attachment 2 and **deleted** former Attachment 2 from policy. **Revised** numbering of attachments throughout policy.

November 2009: **Replaced** on with reference to one month within ss (C) and **added** reference BOP emailing staff who have access to email of their annual TB test in ss (D) both within Annual TB Testing. **Added** hyperlinks.

November 2010: **Revised** formatting of Section I. **Replaced** “regular volunteers” with “Level One Volunteers” in the definition of Direct Care Employee. **Added** definition of Level One Volunteers. **Revised** Attachment 1 to include still an employee for TB testing.

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

December 2012: **Added** A-D and **changed** previous A. to E. and **Deleted** B. “Also refer to DOH policies PB 01 and YB 01 for additional environmental procedures in Section 3. **Added** “direct care” to Section 4 B. 2. **Added** Attachment 3, 4, and 5.

Denny Kaemingk

Denny Kaemingk, Secretary of Corrections

01/24/2013

Date

Attachment 1: TB TEST DECLINATION

The **TB Test 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 **TB Test 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 **TB Test Declination**.

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

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: TB Test Declination Please refer to DOC policy 1.1.C.8 Tuberculosis Exposure Control Plan
TB TEST DECLINATION	
<p>I understand that due to my occupational exposure to offenders, I may be at risk of acquiring Tuberculosis. I have been given the opportunity to be tested for Tuberculosis exposure, at no charge to myself. However, I decline the Tuberculosis test at this time. I understand that by declining this test, I may not be aware of my exposure to Tuberculosis, a serious disease. If in the future I want to be tested for Tuberculosis exposure and still an employee, I can receive the test(s) at no charge to me.</p>	
_____ (Printed Name)	_____ (Department)
_____ (Signature)	_____ (Date)
Revised: 12/7/2010	Page 1 of 1

Attachment 2: Employee Tuberculin Screening

This form is provided by South Dakota Department of Health.

South Dakota Department of Health
 Correctional Health Services

EMPLOYEE TUBERCULIN SCREENING

NAME: Last: _____ First: _____ Middle Init: _____

City: _____ State: _____ ZIP: _____

Birthdate: ____/____/____ Employee Number: _____ Sex: Male Female

Race/Ethnicity: White, not Hispanic Asian/Pacific Islander
 Black, not Hispanic American Indian of Alaska Native
 Hispanic Other race, specify: _____

Were you born in the U.S.? (Persons from outlying U.S. areas such as Puerto Rico, Guam, and the Virgin Islands should check no.)
 Yes No If no, country of birth: _____
 You entered the U.S.: _____ or Don't know year

Have you ever received BCG vaccine? (BCG vaccine is not a PPD Tuberculin Skin Test.)
 No Don't know Yes If yes, year received vaccine: _____

Have you ever had TB disease? Yes No Don't know
 Have you ever been exposed to a person with infectious TB disease? Yes No Don't know

Date employed (month/year): ____/____ Facility: _____
 Job title: _____ Full-time Part-time Contract

Work location since last form filled out: (Check only one.)
 Work 75% or more of the time at one location. Specify: _____
 Work at multiple locations

Last documented PPD date: ____/____/____ Last PPD result: ____ mm Circle: Positive or Negative

Symptom evaluation: (Answer yes or no.)
 Persistent cough? Yes No
 Unexplained weight loss? Yes No
 Fever? Yes No
 Night Sweat? Yes No

Employee signature _____ Date: _____

PLEASE DO NOT WRITE BELOW

Step	Brand/Lot #	Date Given	Given By	Date Read	Read By	Result (mm)
1						
2						

Referred for follow-up evaluation? Yes No

If yes, where: Employee health unit Local health department
 Personal physician Other, specify: _____

Interviewer Signature: _____ Date: _____

Attachment 3:

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 4: 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	DUB			
Title	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	Work Phone	Home Phone	
Person Involved in the Accident or Incident				
Name	DUB			
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 5: 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.

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South Dakota Department of Corrections Policy Distribution: Public or Non-Public		Attachment 5: Major Incident Report Please refer to DOC policy 1.1.A.3 (1.2.A.3) Reporting Information to DOC Administration / Use of Force - JCC		South Dakota Policy Distribution: Public or Non-Public		Attachment 5: Major Incident Report Please refer to DOC policy 1.1.A.3 (1.2.A.3) Reporting Information to DOC Administration / Use of Force - JCC	
MAJOR INCIDENT REPORT							
TO:	Secretary of Corrections Mary Wilson	FROM:					
NAME OF OFFENDER(S):							
TYPE OF INCIDENT:							
DATE OF INCIDENT:							
TIME OF INCIDENT:							
LOCATION OF INCIDENT:							
NARRATIVE SUMMARY: (Provide how the incident occurred, how the incident was discovered and all details of the incident in chronological order.)							
WHO WAS INVOLVED? (Include the names of all staff involved in the incident)							
HOW WAS CORRECTIONAL POLICY AND PROCEDURES FOLLOWED?							
RESPONSE: (Indicate when and where law enforcement, media and others were contacted)							
Media Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time Contacted: <input type="text"/> <input type="text"/> <input type="checkbox"/> JCC <input type="checkbox"/> PU							
Law Enforcement Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time Contacted: <input type="text"/> <input type="text"/> <input type="checkbox"/> JCC <input type="checkbox"/> PU							
Others Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? <input type="text"/>							
Date/Time Contacted: <input type="text"/> <input type="text"/> <input type="checkbox"/> JCC <input type="checkbox"/> PU							
Others Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? <input type="text"/>							
Date/Time Contacted: <input type="text"/> <input type="text"/> <input type="checkbox"/> JCC <input type="checkbox"/> PU							
CORRECTIVE ACTION: (State any corrective action or disciplinary action that has been taken or will be taken as a result of this incident)							