1.1.C.8 Tuberculosis Exposure Control Plan

I Policy Index:

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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 choose 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.
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.
Attachment 2: Employee Tuberculin Screening

This form is provided by South Dakota Department of Health.
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](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 doubt …..report the exposure right away and seek guidance.**

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**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](http://orm.sd.gov/documents/AccidentIncidentUnsafeConditionfill.pdf) 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](http://orm.sd.gov/documents/AccidentIncidentUnsafeConditionfill.pdf) to access the *Report of Accident, Incident, or Unsafe Condition*.
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.