

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 risk of exposure to blood borne pathogens and infectious disease. Effective procedures will include surveillance, prevention and control of infectious disease.

III Definitions:

Infectious Disease:

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

Blood-borne Pathogen:

Blood-borne pathogens include any of a family of 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.

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.

Test:

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

DOC Staff:

For the purpose of this policy, staff is defined as DOC employees, volunteers and student interns assigned to a DOC facility, parole services or juvenile community corrections. Certain individuals

under contract and some employees of other state agencies assigned to a DOC facility, parole services or juvenile community corrections may also be considered staff.

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.

Victim:

All staff and inmates who are a "victim" (as defined in SDCL § [23A-35B-1](#)) of an alleged assault (See SDCL § 22-18-1), a sex crime (See Chapter § 22-22), a crime of violence (See SDCL § [22-1-2\(9\)](#)), or a violation of SDCL § [22-18-26](#) (committed against staff by an inmate).

Standard Precautions:

The outlined precautions that are expected to be implemented by staff when dealing with offenders. should be used in the care of all inmates to reduce the risk of transmission of blood-borne pathogens from moist body substances (blood, body fluids and/or tissues) that shall be applied to all inmates, regardless of their 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.

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.

Exposure Incident:

A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of a person's duties.

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

- A. Education and training will be provided to manage and reduce the risk of occupational exposure to infectious disease and blood borne pathogens. Training will be mandatory for staff assigned to DOC institutions, parole services and juvenile services (herein referred to as community corrections staff). 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 exposure to infectious disease or blood borne pathogens, otherwise referred to as occupational risk of exposure.
 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 and proper use of approved DOC issued personal protective equipment and/or

clothing when disposing of or handling biohazardous materials, infectious materials and/or cleaning up spills.

4. Proper use of personal protective equipment and/or clothing, based on assigned duties or involvement in job-related activities and assignments and proper use, storage, removal, handling, decontamination and disposal of personal protective equipment.
 - a. Personal protective equipment includes but is not limited to hypoallergenic gloves, gowns and masks.
 - b. Personal protective equipment shall be provided to staff by the DOC at no cost to the staff member. Issuance 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 occupational exposure involving infectious disease and/or blood borne pathogens.
- B. Education materials pertaining to infectious disease and blood borne pathogens will be made available to inmates through the Department of Health (DOH) in the form of brochures, pamphlets and videos (See DOH policy P-F-01 [Healthy Lifestyle Promotion](#)). Printed materials are available to all inmates. Non-English speaking inmates may request such materials in their primary language. Contracted interpreter services are available upon request by English language deficit inmates and those with English language impairments (See DOH policy P-E-01A [Interpretation Services](#)).
1. Information and education materials provided to inmates will be reviewed and updated as deemed appropriate by designated DOC and DOH staff.
 2. The Department of Health will be used as a resource to the extent possible when providing blood-borne pathogen and infectious disease training and educational materials to staff and inmates.
- C. 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 TB, staff is encouraged to utilize approved protective equipment. Equipment may include approved respirators, as recommended by Health Service staff.
- D. Health Services staff will determine which inmates will be offered individual counseling, health education and/or instruction for exposure to blood borne pathogens and/or infectious disease.
1. Counseling and education will be offered to identified inmates before and after testing for infectious disease and blood borne pathogens by Health Services staff (See DOH policy P-F-01 [Healthy Lifestyle Promotion](#)).

2. Standard Precautions:

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

- B. Personal protective equipment required to exercise standard precautions will be made available to staff.
 - 1. Staff will be informed of work practices, housekeeping standards and proper use of personal protection equipment to reduce or eliminate occupational exposure to blood-borne pathogens and infectious disease.
- C. 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.
- D. Staff and inmates assigned certain jobs within an environment where a raised level of risk to possible contact with infectious materials or biohazardous waste may exists will be trained in appropriate methods for handling and disposing of biohazardous materials and spills. Staff will receive explanation regarding the tasks or activities that may lead to possible exposure to such materials.
- E. Any condition that occurs that includes an elevated risk of exposure and/or possible spread of infectious disease to staff, inmates and/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 care.
 - 3. Isolation of those contaminated, to the extent possible.

3. Inmate Testing:

- A. Inmates in DOC custody, who have been identified by the Disease Intervention Specialist (DIS) office as having possible contact with a person or persons testing positive for certain infectious/communicable diseases, may be asked by Health Service staff to submit to testing and/or screening for that infectious/communicable disease (See DOH policy P-B-01B [Communicable Disease Testing](#) and DOH policy P-B-01 [Infection Control Program](#)).
 - 1. Testing will include education provided by Health Service staff to the inmate and will include information about the risk behaviors, modes of transmission and reasons for testing.
 - 2. Inmates will receive follow-up care with an appropriate medical provider, consistent with the results of the test.
 - 3. Testing in these cases must never be done as a control or disciplinary measure; rather testing will be to assess the risk of exposure to blood borne pathogens and/or infectious/communicable disease.
- 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](#)).
- C. Testing and/or screening of inmates may be offered and/or performed by Health Service staff whenever exposure to certain blood borne pathogens and/or infectious/communicable disease is suspected to have occurred.

- 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 *Infection Control Program* and DOC policy, and may be subject to additional testing based on the results/information obtained through the initial health assessment/screening (See DOC policy 1.4.A.2 *Inmate Admission*). Inmates with 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).
- F. Testing for TB and/or 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/or treatment is grounds for disciplinary action.
- G. Any inmate suspected of having an infectious or communicable disease will be reported to Health Services as soon as possible.
- H. Approved prevention methods, including offering immunizations to inmates, when determined appropriate, will be implemented by the DOC and Health Services.

3. Victim Initiated Testing for Blood-borne Pathogens:

- A. All staff and offenders at risk of possible infection through exposure to blood-borne pathogens as the result of actions defined in SDCL § 23A-35B-1, an alleged assault (See SDCL § 22-18-1), a sex crime (See Chapter 22-22), a crime of violence (See SDCL § 22-1-2(9), violation of SDCL § 22-18-26 (assault committed against staff by an inmate), or possible exchange of bodily fluids as described in SDCL § 23A-35B-6, will be given the opportunity to request counseling, confidential testing and/or referral to appropriate health care and support services in accordance with SDCL § 23A-35B-6 (also see DOH policy P-B-05 *Procedure in the Event of Sexual Assault* and DOC policy 1.3.E.6 *PREA Response Investigation of Sexual Abuse-Harassment*).
- B. The victim may request in writing to the state's attorney that a search warrant be obtained for the taking of the blood sample in accordance with SDCL § 23A-35B-3 and that the source individual be tested for blood-borne pathogen infection by the State DOH.
- C. 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. 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. Health Service staff will not be directly involved in the collection of forensic information if the inmate refuses to provide consent to the procedure.
 - 1. The costs of the testing may be taken from the source individual/offender's account.
- D. 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.

4. Notification of Test Results:

- A. The inmate and Correctional Health Services medical provider will be notified testing results.

- B. Releases or notifications 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. Test results may not be used to establish an inmates' guilt or innocence regarding the commission of a criminal offense or Offense in Custody (See SDCL § [23A-36B-5](#)).

5. Isolation for Health Reasons:

- A. Inmates will not be isolated or housed in special units solely because of a positive 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 on the 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 the 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 through health screening and/or assessment(s)), 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. in general population by Health Service staff or other responsible physician/medical provider.
- C. Inmates testing positive for certain identified infectious disease (source individual) that pose a direct threat to the health or safety of others may be medically isolated.
 - 1. Infection control procedures shall be in effect until 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 CDC, National Institute for Occupational Safety and Health and/or Occupational Safety and Health Administration (OSHA).

6. Medical Care for Inmates Testing Positive:

- A. Inmates testing positive for certain blood-borne pathogens or infectious/contagious diseases 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 providing care shall 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 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 health services staff to appropriate outside agencies for assistance in locating and obtaining appropriate medical and counseling services, medications and/or treatment and to help ensure continuity of medications and care (See DOH policy P-E-13 [Discharge Planning](#)).
- D. Documentation of care and treatment provided or offered 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).

7. Impact on Programming:

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

8. Exposure Incidents:

- A. Staff members, contractors, visitors or offenders involved in an occupational exposure or other exposure incident will immediately report the incident to:
 - 1. The OIC or supervisor if the exposure occurs in a DOC institution.
 - a. If the contamination/exposure involves an inmate, the OIC will advise Health Services staff of the incident.
 - b. Staff members, visitors or contractors will be referred to the nearest hospital or emergency room.
 - 2. The area supervisor or Director, if the occupational exposure involves a community service staff member and is a result of the staff member performing their assigned duties. The staff member will be referred to, or transported to the nearest hospital or emergency room.
- B. Staff involved in an occupational exposure incident will refer to the [BHR State Employee Blood borne Pathogen Procedures \(Short Guide\)](#) (See [Attachment 2](#)).
- C. Staff will complete a [Report of Accident, Incident or Unsafe Condition](#) ([Attachment 3](#)) within twenty-four (24) hours of the exposure incident and forward the report to Risk Management and their supervisor.
- D. If the exposure incident occurred in a DOC facility, staff will respond to the exposure incident by following the facility emergency response procedures (See DOC policy 1.3.B.1 [Emergency Response](#)).
- E. All confirmed exposures involving staff member will be reported as a major incident (See [Attachment 4](#)) to the Secretary of Corrections in accordance with DOC policy 1.1.A. [Reporting Information to DOC Administration](#).

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.B.1-- [Emergency Response](#)
 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.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

10/17/2016

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: 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 4: 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-Public

Attachment: 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
Rebecca Linneweber FROM: _____

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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