

## 1.1.C.8 Staff Tuberculosis Testing and Exposure Control Plan

### I Policy Index:



**Date Signed:** *January 21, 2022*  
**Distribution:** *Public*  
**Replaces Policy:** *4E.16*  
**Supersedes Policy Dated:** *12/13/2019*  
**Affected Units:** *All Units*  
**Effective Date:** *January 24, 2022*  
**Scheduled Revision Date:** *November 2022*  
**Revision Number:** *19*  
**Office of Primary Responsibility:** *DOC Administration*

### I Policy:

The Department of Corrections (DOC) shall establish and maintain procedures for the screening and testing of identified staff for tuberculosis. Each institution housing inmates shall have processes in place to mitigate potential exposure of staff and inmates to tuberculosis, reduce risk of tuberculosis being introduced into the institution and to control spread of tuberculosis.

### II Definitions:

#### Significant Direct Contact:

The duration of time a staff member spends in proximity with inmates housed in a DOC institution. Significant direct contact is contact between staff and inmates that is within six (6) feet and involves at least twelve (12) hours of contact with inmates within a continuous twelve (12) month period.

#### Staff Member:

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

#### Tuberculosis Disease (active TB):

A bacterial infection usually affecting the lungs and possibly other sites, caused by Mycobacterium Tuberculosis (TB). Only TB of the larynx and lungs is considered infectious. TB is spread from one person to another when TB bacteria are put into the air by the infected person and absorbed by a non-infected person. This can occur whenever the infected person coughs, sneezes or speaks.

### III Procedure:

#### 1. Required Testing:

- A. All new staff members assigned job duties that require significant direct contact with inmates housed in a DOC institution are **required** to have an initial tuberculin skin test. Tests shall be administered by Correctional Health Service staff within 2 weeks of the staff member being assigned to duties that require direct contact with inmates (ACA 5-ACI-6B-05).

1. New hire staff members required to receive the TB test will receive a two-step TB test, unless the staff member has medical documentation showing the negative results of an approved provider administered TB test within the last calendar year.
  - a. The first TB test will be read forty-eight (48) to seventy-two (72) hours after administration by Health Service staff.
  - 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 administration by Health Service staff.
- B. New hire staff members required to receive a TB test will be asked if they have a family history of TB or have previously been diagnosed with TB.
- C. New hire staff members will be trained on the procedures to report incidents of possible occupational exposure to TB to Health Service staff and the application of universal precautions during the performance of job duties.
- D. Staff who have not previously completed the required TB testing, whose level of contact with inmates increases to "significant direct contact", shall contact Health Service staff to arrange for a two-step TB test. Supervisors are responsible for ensuring staff compliance with required testing.
- E. Any DOC staff member **not required** by policy to receive an annual TB test (those who do not have significant direct contact with inmates housed in a DOC institution,) may request to receive a TB test and/or screening by contacting their Bureau of Human Resources (BHR) representative or direct supervisor.

## 2. Administering the Two-Step TB Test:

- A. Correctional Health Services staff will administer Tuberculosis Skin Test (TST) tests to all new hire DOC staff identified for required testing.
  1. New staff members assigned to community corrections (Parole Services and Division of Juvenile Services), may receive the two-step TST test from local Community Health Care Centers, or Correctional Health Services staff, when permissible. The annual symptom screening must be completed by Correctional Health Services staff.
- B. TST testing will be administered at no cost to the staff member, unless the staff member chooses to receive TST testing through a source other than a Community Health Care Center or Correctional Health Services.
  1. Staff may choose to receive the two-step TST test through an approved source/provider (i.e. private doctor, military); however, the staff member may be responsible for all expenses associated with the testing.
  2. Staff completing the two-step TST test testing through another source/provider must provide Correctional Health Services staff with the documentation showing compliance.

### 3. Annual TB Screening:

- A. Staff having significant direct contact with DOC offenders, who have completed the initial TST testing, are required to receive annual symptom screening. The screening will be performed by Correctional Health Services staff.
- B. Bureau of Human Resources (BHR) staff will provide staff assigned to an institution housing inmates, and Community Corrections staff, with the annual symptom screening form.
  - 1. The screening form will be provided to staff on or about their anniversary hire date (for community corrections staff who require testing) or during annual in-service training for institutional staff.
  - 2. Staff will complete the screening form and return this to the Health Service office at their assigned institution. Health Service staff will review the completed screening form and determine if any additional testing, screening or documentation of treatment is required, based on the responses provided by the staff member.
  - 3. Health Service staff will return the screening form to the staff member. Staff is responsible for returning the form to BHR. BHR will maintain current documentation for each staff person required to submit to testing.
  - 4. Staff required to receive the annual symptom screening is allowed one (1) month "grace period" from the date they are provided notice to complete the required symptom screening and their return of the required form to BHR staff.

### 4. Exposure to Tuberculosis:

- A. When a staff member has reason to believe he/she may have been exposed to active TB through the course of assigned duties (occupational exposure incident), the staff member will immediately complete a [Report of Accident, Incident or Unsafe Condition](#) and contact their supervisor.
  - 1. The staff member will be offered testing within ten to twelve (10-12) weeks of the exposure/suspected exposure, as recommended by Correctional Health Services and the Centers for Disease Control (CDC).
- B. Containment procedures and isolation steps may be initiated by Correctional Health Services in the case any person is identified as having active TB. "Isolation" means the separation of ill persons who have a communicable disease from those who are healthy, including restriction of movement within an institution. Such procedures and steps may be determined necessary to prevent the spread of disease or illness, consistent with the legitimate penological interests of the DOC.

### 5. Positive TB Test Results:

- A. If a staff member who received a TB test from Correctional Health Services staff tests positive for TB, the results will be recorded by Correctional Health Services and the staff member will be notified.
- B. Staff who test positive for TB, who have not completed recommended treatment, will be referred to their primary care provider by Correctional Health Services.

- C. Staff members with a new positive TB test result (no documented history of positive result) may be required to complete the *Employee Tuberculin Screening* form (See Attachment 1) and receive a medical exam and/or additional testing or screening, as directed by Health Services or another qualified medical provider. Testing may include a chest radiograph. Staff with symptoms suggestive of TB are not be permitted to enter an institution housing inmates until a clinician or other qualified medical provider has excluded a diagnosis of infectious TB. Supporting documentation will be required by Health Services.
- D. Correctional Health Services staff will complete the following when a staff member has a new positive test for TB:
1. Provide the staff member with TB education information from the CDC.
  2. Provide the staff member with a copy of the TB form and contact information for the Correctional Health Director.
  3. Advise the staff member to follow-up with their primary care provider. Urgent follow-up for those with symptoms of TB and within thirty (30) days for those with no symptoms.
  4. Inform BHR of any documentation, testing, screening requirements that may apply or affect employment of the staff member.

**Note:** Health Services staff is **required** to notify the SD State Health Department TB Control if one (1) of the following risk factors is present:

1. Foreign-born persons who entered the U.S. within the last 5 years.
  2. Persons evaluated for tumor necrosis factor-alpha therapy.
  3. Immunosuppressive therapies (i.e. high dose therapies)
  4. Radiographic evidence of prior TB
  5. HIV infection
  6. Renal dialysis
  7. Silicosis
  8. Organ transplant
  9. Head and neck cancers
  10. Leukemia
  11. Hodgkin's disease
  12. Diabetes
  13. Close contacts (defined as confirmed exposure to an infectious TB case in the last 12 months. The TB source case name must be reported.
- E. Symptoms of TB disease include:

Pulmonary Symptoms:

- A bad cough that lasts three (3) weeks or longer
- Pain in the chest
- Coughing up blood or sputum (hemoptysis)

Systemic Symptoms:

- Weakness or fatigue
- Weight loss
- Loss of appetite
- Fever
- Night sweats

1. It is the staff member's responsibility to complete any recommended testing, screening, treatment, procedures or follow-up care, as prescribed by their primary care provider or Health Service staff.
  2. Health Services staff will annually confirm with staff members who have had a positive result in the past, that they have no symptoms consistent with active TB. This may be accomplished by review of the *Employee Tuberculin Screening* form and/or results of approved screening/testing. Symptomatic staff will be required to receive a thorough medical evaluation and documentation supporting they are cleared to resume their regular work duties.
  3. Staff health records are considered confidential and shall be protected from unauthorized release, in accordance with state and federal law.
- F. Staff with symptoms consistent with active TB, may be excluded from working in DOC institutions housing inmates, or from having direct contact with inmates or staff, at the discretion of Correctional Health Services and the Warden or Director.
- G. Staff incurring costs for required counseling, testing, treatment and medical care as a result of occupational exposure to TB, may be eligible for coverage, compensation or reimbursement of eligible fees paid directly by the staff member.
- H. Costs associated with counseling, testing, treatment and medical care incurred by a staff member as a result of a non-work-related exposure (not occupational exposure) to TB, or a pre-existing condition (prior to employment with the DOC), are not eligible for coverage, compensation or reimbursement by the DOC. This includes new staff hires whose initial TB test shows a positive result.
- I. Because of the extreme health concerns posed by active TB, non-compliance by staff with testing, screening, treatment and prevention protocols and procedures, as ordered/required, or pursuant to this policy, may result in disciplinary action.

#### IV Related Directives:

DOC policy 1.1.A.3 -- [Staff Reporting Information to DOC Administration and Office of Risk Management](#)

#### V Revision Log:

Revisions from 2002-2010 removed from Revision Log.

**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.

**October 2013:** Deleted definition of "Direct Care Employee", "Other Employee" and "Level One Volunteer" and Added definition of "Staff member" Added "Health Service staff" to Section 1 A. 1. A. and b. Deleted B. and B. 1. a-c and B. 2. a-b and B. 3. a. Renumbered previous C. to B. and D. to C in Section 3. Deleted term "employee" and Replaced with "staff member" throughout policy.

Deleted B. "All other employees, except those who signed a one-time TB Test Declination are required to have a TB test administered annually on their anniversary date" in Section 2.

Renumbered sections that followed. Deleted "assigned to the DOC will be responsible for completing" and Replaced with "should review" and Added "after the staff member has completed this" to Section 2 C. Deleted "month" and Replaced with "week" and Deleted "their anniversary date of hire" and Replaced with "any positive test results" in Section 2 D. Deleted "Parole and

Juvenile Corrections Agents, supervisors” and **Replaced** with “Designated DOC supervisors” in Section 2 H. **Deleted** A. B. C and D. in Section 3 reference blood borne exposure **Renumbered** E. to A. in Section 3 Added B. to Section 3. **Added** “or suspected of possibly being exposed to an offender with an active case of TB” to Section 3 A. **Deleted** “Direct care employees” and **Replaced** with “Staff completing TB testing through another source” and **Deleted** “DOC” and **Replaced** with “Health Services” in Section 4 B. 2 **Deleted** “report all positive TB tests to the SD DOH. The DOH will issue the employee a green card” and **Replaced** with “The SD Health Department TB Control if one of the following risk factors is present” in Section 5 C **Added** 1-11 in Section 5 C. **Added** “within 7 days” in Section 5 D. **Deleted** “either covered by the Centers for Disease Control or” and **Replaced** with “will be paid by the DOC” in Section 5 G. **Deleted** Attachments 1, 3 and 4.

**November 2015:** **Added** “The DOC shall establish guidelines for the management/control and reduction of risk of TB in its facilities through ongoing testing of offenders and staff” in the Policy Statement. **Added** definition of TB. **Added** definition of “Significant Direct Contact” **Added** “whose normal job duties require significant direct contact with offenders housed in a DOC facility” and **Deleted** “contact within the first week of employment” and **Replaced** with “at no cost to them within 2 weeks of hire and before having direct contact with DOC offenders” in Section 1 A. **Added** “medical” “negative” and “provider administered” in Section 1 A. 1. **Added** D. in Section 1. **Deleted** 3. in 1. A. **Added** “will receive the test at least annually, usually on or about their anniversary date of hire” and **Added** “documenting staff compliance and notifying staff of their annual test requirements” and **Added** “The frequency of TB testing will be determined by Health Services and/or CDC recommendations and standards” and **Added** “Health Service staff will notify BHR of the staff member’s compliance with the testing. BHR will maintain a record of staff testing results/compliance which shall be made available to the DOC upon request” in Section 2 A. **Added** “through contact with an offender” and **Added** “either in a DOC facility or through contact with an offender in the community” and **Added** “will immediately contact their supervisor” and **Added** “or as recommended by HS staff and the CDC” in Section 3 A. **Added** B. to Section 3. **Deleted** “exposure/suspected exposure” and **Replaced** with “confirmed exposure” in Section 3 C. **Added** “not approved or authorized by the DOC” in Section 4 B. **Deleted** “in the past” in Section 5 B. **Added** “medical exam” in Section 5 C. and D. **Added** list of symptoms in Section 5 D. **Added** “DOC Health Service staff will notify the BHR if there are changes in the staff member’s condition which necessitates they be excluded from work activities within a DOC facility” in Section 5 D. 4. **Added** 6. to Section 5 D. **Added** “DOC Health Services does not provide treatment to staff members” in Section 5 E. **Deleted** “positive test result and an affirmative check e-ray will not be allowed to work” **Added** new G. and H. and **Deleted** “staff that have tested positive for TB will not be tested again by the DOC unless otherwise recommended by a physician or SD State Health Department TB Control” in Section 5. **Added** J and K. to Section 5.

**June 2016:** **Added** G. to Section 2.

**July 2016:** **Deleted** “required to receive TB testing will be tested at least annually” and **Replaced** with “annual symptom screening. The screening will be performed by DOH staff.” and **Deleted** “BHR will maintain a record of staff testing results and compliance, which shall be made available to the DOC upon request. The frequency of TB testing will be determined by Health Services and based on the Center for Disease Control recommendations and standards” in Section 2 A. **Deleted** B, C, D. and F. in Section 2. **Moved** G. in Section 2 to E. in Section 1.

**July 2016:** **Added** 1-4 in Section 3. B. **Reorganized** sections.

**November 2017:** **Added** “screening and testing of staff for tuberculosis (TB) and” and **Added** “from one person to another” and **Deleted** “within its facilities through ongoing testing of inmates and staff” from the policy statement. **Added** “unless they have previously tested positive and already been treated” in Section 1 A. **Added** (community corrections staff) or during annual in-service training (institutional staff) in Section 3 B. 1. **Added** “who fail to disclose they have or may have active TB” in Section 5 K.

**November 2018:** **Deleted** G. in Section 5. **Deleted** 2. and 2. a. in Section 5 E. reference the “blue card”.

**December 2019:** Minor language and structure changes.

**December 2021:** Section III.1.A: ACA 4-4386 **Deleted** and **Replaced** with 5-ACI-6B-05 pursuant to ACA Fifth Edition standards. Section IV – DOC Policy 1.1.A.3 title **Revised** to Staff Reporting Information to DOC Administration and Office of Risk Management. Minor formatting changes made throughout for uniformity.

*Doug Clark (Original signature on file)*

Doug Clark, Interim Secretary of Corrections

*01/21/2022*

Date

## Attachment 1: Employee Tuberculin Screening

This form is provided by South Dakota Department of Health.

South Dakota Department of Health  
 Corrections Health Services

**EMPLOYEE TUBERCULIN SCREENING**

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Init: \_\_\_\_\_  
 City: \_\_\_\_\_ Stat: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee Number: \_\_\_\_\_ Sex:  Male  Female

Race/Ethnicity:  White, not Hispanic  Asian or Pacific Islander  
 Black, not Hispanic  American Indian or 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: \_\_\_\_\_

Interim test Signature: \_\_\_\_\_ Date: \_\_\_\_\_