

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

I Policy Index:



Date Signed:
Distribution: *Public*
Replaces Policy: *4E.16*
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Affected Units: *All Units*
Effective Date:
Scheduled Revision Date: *November 2019*
Revision Number: *17*
Office of Primary Responsibility: *DOC Administration*

I Policy:

The Department of Corrections (DOC) shall establish guidelines and 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 the risk of tuberculosis being introduced into the institution and control the spread of tuberculosis in the case a staff member or inmate is identified as having active tuberculosis.

II Definitions:

Significant Direct Contact:

Contact is defined as the duration of time a staff member spends in proximity with inmates housed in a DOC facility. Significant direct contact is contact between staff and inmates that is within 6 feet and involves at least twelve (12) hours of contact within a continuous twelve-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 which is 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. This can occur when the infected person coughs, sneezes or speaks. People nearby may breathe in these bacteria and become infected.

III Procedure:

1. Required Testing:

- A. All new staff members whose assigned job duties require significant direct contact with inmates housed in a DOC facility are **required** to have an initial tuberculin skin test administered by DOC Health Service staff within 2 weeks of hire unless they have properly disclosed that they have previously tested positive and been treated (ACA 4-4386) to rule out initial infection of TB.

1. New hire staff members required to receive the TB test will receive a two-step TB test, unless they have 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 the 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.
- D. Staff previously not required to submit to TB testing by policy, whose level of contact with inmates has increased to significant direct contact, are required to contact Health Service staff to arrange for a two-step TB test. Supervisors are responsible for ensuring staff compliance with the requirements set forth in this policy.
- E. Any DOC staff member **not required** by policy to receive an annual TB test (does not have significant direct contact with inmates housed in a DOC facility,) may request to receive TB testing and/or screening by contacting their Bureau of Human Resources (BHR) representative or their direct supervisor.

2. Administering the Two-step TB test:

- A. Health Services staff will administer TB tests to all new hire DOC staff identified for the required TB testing and are assigned to an institution housing DOC inmates.
 1. New staff members assigned to community corrections (Parole Services and Division of Juvenile Services), may receive the two-step TB test from local Community Health Care Centers, or Health Services staff, when permissible. The annual symptom screening must be completed by Health Service staff.
- B. TB testing will be administered at no cost to the staff member unless the staff member chooses to receive TB testing through a source other than a Community Health Care Center or Health Services.
 1. Staff may choose to receive the two-step TB test through another source (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 TB test testing through another source must provide Health Services with documentation of the required test(s) and results of the testing if the testing was to meet the requirements set forth within this policy.

3. Annual TB Screening:

- A. Staff having significant direct contact with DOC offenders is required to receive annual symptom screening. The screening will be performed by DOH 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 the staff member on or about their anniversary hire date (community corrections staff) or during annual in-service training (institutional staff).
 - 2. The staff member will complete the screening form and return this to Health Service staff. Health Service staff will review the screening form and determine if any medical actions/testing is required.
 - 3. Health Service staff will return the screening form to the staff member, who is responsible for returning the form to BHR staff. BHR will document the staff member has complied with the required testing.
 - 4. Staff members required to receive the annual symptom screening is allowed a 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 they have been or may have been exposed to an offender with active TB, either in the community or a DOC institution, the staff member will immediately complete an *Incident Report* and contact their supervisor to inform them of the possible exposure.
 - 1. The staff member will be offered a TB test in ten to twelve (10-12) weeks following the exposure/suspected exposure, as recommended by Health Services and the Centers for Disease Control (CDC).
- B. If exposure is confirmed through a positive TB test, the staff member will report the positive test to their supervisor. Containment procedures and isolation will be initiated by the DOC. "Isolation" means the separation of ill persons who have a communicable disease from those who are healthy, and the restriction of their movement to stop the spread of that disease or illness. Health Service staff will offer counseling to staff member.
- C. Staff who completes TB testing following exposure to an offender known to have active TB, who test positive for TB, must complete a [Report of Accident, Incident or Unsafe Condition](#) (See [Attachment 2](#)). The report will be submitted to their supervisor and Office of Risk Management. All confirmed occupational exposures shall be reported to the Secretary of Corrections, in accordance with DOC policy 1.1.A.3 [Reporting Information to DOC Administration](#).

5. Positive TB Test Results:

- A. If a staff member tests positive for TB, the results will be recorded by Health Services staff. BHR staff will be notified.

- B. Staff who test positive for TB, who have not completed the recommended treatment, will be referred to their primary care provider by Health Service. BHR staff will be notified by Health Services staff that the staff member is required to provide documentation of TB treatment.
- C. All staff members with a new positive TB test result are required to complete the *Employee Tuberculin Screening* form and receive a medical exam, including a chest x-ray from their primary care provider, unless the staff member's primary care provider provides written documentation to Health Services stating the staff member does not have TB and can confirm the staff member has had a chest x-ray completed.
- D. Health Service staff will complete the following when a staff 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, within 30 days for those with no symptoms.
 4. Inform BHR staff of the documentation requirements for the staff member.

Note: Health Services staff is **required** to notify the SD State Health Department TB Control if one 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:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum
- Weakness or fatigue
- Weight loss
- No appetite
- Fever
- Sweating at night

1. It is the staff member's responsibility to complete any recommended treatment, procedures and follow-up care, as prescribed by their primary care provider or Health Service staff and provide copies of any required documentation to Health Service staff and BHR.
 2. Staff who has 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 all recommended treatment, to Health Services. Staff may be required to access documentation verifying they are cleared to work by their physician.
 - a. Documentation will include confirmation the staff member was evaluated by a licensed medical professional and whether the staff member is, or is not, infectious with TB, including a description of the rationale supporting the conclusion.
 3. Health Service 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 shall be accomplished by review of the *Employee Tuberculin Screening* form, chest x-ray or results of other approved screening methods. Health Service staff will notify the BHR if there are changes in the staff member's condition which necessitates the staff member be excluded from work activities within a DOC institution. Symptomatic staff will be required to receive a thorough medical evaluation prior to resuming work activities within a DOC institution or being granted access to a DOC facility.
 4. Staff health records are considered confidential and will be protected from unauthorized release in accordance with state and federal law.
- F. Staff with symptoms consistent with active/infectious TB will be excluded from working in DOC institutions housing inmates, or on grounds where inmates are present, or from having direct contact with inmates or staff, until a medical practitioner certifies the staff member is free from infectious TB.
- G. Staff is required to complete all prescribed treatment regimen for TB and submit a physician's statement indicating he/she is not infectious and cleared to return to work to Health Services staff before being eligible to resume work activities within a DOC institution, grounds where inmates are present or having direct contact with inmates or staff.
- H. Staff incurring costs for required counseling, testing, treatment and/or medical care as a result of occupational exposure to TB, may be eligible for coverage, compensation or reimbursement of fees paid that are directly the result of testing or treatment.
- I. 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.
- J. Staff who fail to complete the required testing procedures or to comply with the prescribed treatment regimen or refuse to provide medical information as requested and required, will not be allowed access to DOC facilities housing inmates.
- K. Because of the extreme health concerns posed by TB, non-compliance by staff with testing, screening, treatment and prevention protocols/procedures as ordered/required pursuant to this policy and/or the DOC, or failure by a staff member to disclose they have or may have active TB, may result in disciplinary action, including and up to termination of employment.

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 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 that 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.

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: Reviewed with no changes.

Denny Kaemingk, Secretary of Corrections	Date

Attachment 1: 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 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 resided in 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 Check: Positive or Negative

Symptom evaluation: *(Answer yes or no.)*
 Persistent cough? Yes No
 Unexplained weight loss? Yes No
 Fever? Yes No
 Night Sweats? 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, when: Employee health unit Local health department
 Personal physician Other, specify: _____

Interim work Signature: _____ Date: _____

Attachment 2: 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			