



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-13	PAGE NUMBER 1 OF 4
		DISTRIBUTION:	Public
		SUBJECT:	Staff Tuberculosis Testing and Exposure Control Plan
RELATED STANDARDS:	<b>ACA: 5-ACI-6B-05</b>	EFFECTIVE DATE:	November 15, 2024
		SUPERSESION:	09/15/2023
DESCRIPTION: Clinical Services	REVIEW MONTH: October	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) that *all direct care staff are screened for tuberculosis infection and disease prior to job assignment and periodically in accordance with recommendations from applicable local, state, and federal public health authorities [ACA 5-ACI-6B-05].*

## II. PURPOSE

The purpose of this policy is to mitigate potential exposure of staff and offenders to tuberculosis, reduce risk of tuberculosis being introduced into the institutions, and to control spread of tuberculosis.

## III. DEFINITIONS

### Direct Care Staff:

Any staff member who routinely has or could potentially have contact with the offender or juvenile population.

### Tuberculosis Blood Test (TB Gold):

A blood test for TB performed by drawing blood that is tested in an approved lab to determine test results.

### Tuberculin Skin Test (TST):

A test for TB performed by injecting a small amount of fluid (called tuberculin) just below the skin. A positive reaction forty-eight (48) to seventy-two (72) hours after the injection indicates that the person has been infected with TB bacteria.

### 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.

### Tuberculosis Screening:

A questionnaire designed to assess for symptoms of active TB disease and health history questions to establish a persons' risk for exposure to tuberculosis disease.

## IV. PROCEDURES

### 1. Required Testing:

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- A. All new staff members and staff members starting mentorship ahead of scheduled basic training, are required to have an initial tuberculin test prior to accessing correctional facilities.
- B. Tuberculin skin test (TST) will be done during basic training. The test will be administered by DOC clinical staff (DOC policy 900-01 - *DOC Staff Training* for Employee Tuberculin Screening attachment).
1. New hire staff members 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 twelve (12) months. New hires that are foreign born, had a previous positive TB test or been treated for TB will **not** receive the two-step test. These new hires will receive the TB gold test (blood draw) at the facilities noted below. The first TB test will be read forty-eight (48) to seventy-two (72) hours after administration by DOC clinical staff.
    - a. If the TB test is read negative – induration is < 5mm, a second TB test is needed. The retest is completed 1 – 3 weeks after the first results are read. This test will be read forty-eight (48) to seventy-two (72) hours after administration by clinical staff.
    - b. If the initial TB test is positive – induration is > 5 mm, the individual is considered TB infected, and no second TB test is necessary. When this occurs, a medical evaluation, including a chest x-ray is completed. If the individual is asymptomatic and the chest x-ray indicates no active disease, the individual will be referred to the South Dakota Department of Health, Disease Intervention program.
  2. Tuberculin Blood test (TB Gold) will be completed on those staff who have written documentation of a previous positive TB (TST), have been treated for TB disease, or are foreign born.
    - a. TB Gold will be completed at the Avera hospital labs in Sioux Falls, Yankton, Pierre, and Tyndall. For Rapid City it will be completed at Black Hills Occupational Medicine clinic.
    - b. No appointment is necessary, a walk in is allowed, but needs to be completed Monday-Thursday 8am – 2pm.
    - c. Cost of the blood draw and testing will be billed to and paid for by the DOC.
- C. Supervisors are responsible for ensuring staff compliance with required testing.
- D. New hire staff members will be asked if they have a family history of TB or have previously been diagnosed with TB.
- E. New hire staff members will be trained on the procedures to report incidents of possible occupational exposure to TB to clinical staff and the application of universal precautions during the performance of job duties.
- F. New staff members assigned to community corrections (Parole and Division of Juvenile Services), may receive the two-step TST test from local community health care centers, or clinical staff.
- G. TST will be administered at no cost to the staff member unless the staff member chooses to receive TST through a source other than a community health care center or clinical services.
  1. Staff may choose to receive the two-step TST 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 through another source/provider must provide clinical staff with the documentation showing compliance.

## **2. Annual TB Screening:**

- A. All staff who have completed the initial TST are required to receive annual symptom screening. The screening will be performed by clinical staff.
1. The Employee Tuberculin Screening form (attachment to DOC policy 900-01 – *DOC Staff Training*) will be provided to staff during annual in-service training.
  2. Staff will complete the screening form and return this to the clinical services office.

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3. Clinical 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.
4. Clinical staff will return the screening form to Bureau of Human Resources and Administration staff (BHRA). BHRA will maintain current documentation for each staff person.
5. Staff are 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 BHRA staff.
6. Staff on leave during their annual screening timeframe will complete the questionnaire within seven (7) days of their return.

### **3. 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 clinical services and the Centers for Disease Control (CDC).
- B. Containment procedures and isolation steps may be initiated by clinical 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.

### **4. Positive TB Test Results:**

- A. If a staff member who received a TB test from clinical staff has induration consistent with TB infection  $\geq$  5mm, the results will be recorded by clinical services and the staff member will be notified.
- B. Staff with induration  $\geq$  5mm, who have not completed recommended treatment, will be referred to their primary care provider by clinical services.
- C. Staff members with a new positive TB test result (no documented history of positive result) may be required to complete the Tuberculin Screening Form and receive a medical exam and/or additional testing or screening, as directed by clinical services or another qualified medical provider. Testing may include a chest radiograph. Staff with symptoms suggestive of TB are not permitted to enter an institution which houses offenders until a clinician or other qualified medical provider has excluded a diagnosis of infectious TB.
- D. Clinical 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 health services administrator (HSA).
  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 staff to contact BHRA to be instructed what documentation, testing, screening requirements that may apply or affect employment of the staff member.
  5. 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 clinical staff.
  6. Clinical 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.

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7. Staff health records are considered confidential and shall be protected from unauthorized release, in accordance with state and federal law.
- E. Staff with symptoms consistent with active TB, may be excluded from working in DOC institutions housing offenders, or from having direct contact with offenders or staff, at the discretion of clinical staff and the warden or director.
  - F. 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.
  - G. 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.
  - H. 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.

## **V. RESPONSIBILITY**

The director of Clinical and Correctional Services is responsible for the annual review and revision as needed of this policy.

## **VI. AUTHORITY**

None.

## **VII. HISTORY**

November 2024  
June 2023  
December 2021  
December 2019  
November 2018  
November 2017  
July 2016  
June 2016  
November 2015  
October 2013  
December 2012  
January 2012

## **ATTACHMENTS**

1. DOC Policy Implementation / Adjustments