


SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-33	PAGE NUMBER 1 OF 5
		DISTRIBUTION:	Public
		SUBJECT:	Communicable Disease and Infection Control
RELATED STANDARDS:	ACA-5-ACI: 6A-12 (M), 6A-13, 6A-14 (M), 6A-15 (M), 6A-16 (M), 6A-17 (M) 1-HC-1A-12	EFFECTIVE DATE:	September 01, 2024
		SUPERSESSION:	10/15/2023
DESCRIPTION: Clinical Services	REVIEW MONTH: August	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY:

It is the policy of the South Dakota Department of Corrections (DOC) to have a comprehensive institutional program that assists in maintaining a safe and healthy environment for offenders and staff, including surveillance, prevention, and control of communicable diseases per state and federal guidelines.

II. PURPOSE:

The purpose of this policy is to serve as the Exposure Control Plan and provide written programs to address the management of communicable and infectious diseases in offenders.

III. DEFINITIONS:

Ectoparasites:

Parasites that live on the skin, such as pediculosis and scabies. They are communicable and may lead to secondary infections.

Exposure Control Plan:

Describes staff actions to be taken to eliminate or minimize exposures to pathogens.

Infectious Disease:

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

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.

Medical Isolation:

Housing in a separate room with a separate toilet, handwashing facility, soap, single-use towels, and with appropriate accommodations for showering.

Quarantine:

The practice of confining individuals who have had close contact with an infectious person to determine whether they develop symptoms of the disease.

Standard Precautions:

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Combine the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body secretion isolation (designed to reduce the transmission of pathogens from moist body substances) and apply them to all patients receiving care, regardless of their diagnosed or presumed infection status.

IV. PROCEDURE

1. General Requirements:

- A. Clinical services has *a written program to address the management of communicable and infectious diseases in offenders* [ACA 5-ACI-6A-12 (M)]. The plan is reviewed and updated annually as needed.
- B. Any offender suspected of having a serious infectious or communicable disease will be reported to the medical provider as soon as possible.
- C. Each clinic will implement a program to minimize the incidence of infectious and communicable diseases (e.g., tuberculosis [TB], skin infections, lice, scabies) among offenders. Offenders receive health care in a clean, safe, and healthy environment.
- D. The health services administrator (HSA) ensures that:
 1. Appropriate medical, dental, and laboratory equipment and instruments are decontaminated by sterilization and/or autoclave.
 2. Sharps and biohazardous wastes are disposed of properly per the contracted biohazard company.
 3. Surveillance to detect offenders with serious infectious and communicable diseases is effective.
 4. Immunizations to prevent diseases are provided when appropriate.
 5. Infected patients receive medically indicated care.
 6. If appropriate, the HSA or designee will collaborate with housing staff to ensure offenders with contagious diseases are medically isolated/quarantined.
 7. The HSA or designee ensures facility compliance with this approved written exposure control plan.
 8. The HSA will ensure that clinical services staff, including medical, behavioral health, and dental staff, receive training on standard precautions and it is utilized to minimize the risk of exposure to infected offenders' blood and body fluids.
- E. All clinical services staff will use standard precautions when providing offender health care, will follow standards set in place for the use of personal protective equipment for routine and emergency care, follow procedures in place to account for equipment, and attend annual in-service training on its use.
 1. Disciplinary action and/or criminal charges may apply to offenders who intentionally throw, smear, spit, or otherwise cause blood, vomit, saliva, mucus, semen, excrement, urine, or human waste to come into contact with DOC staff, visitors, or others authorized by the DOC to be on DOC premises.

2. Prevention:

- A. Universal precautions are always used to minimize the risk of exposure to the blood and body fluids of infected patients.
 1. All DOC staff and contractors/vendors will be attentive to good hand-washing techniques and reinforce hygiene instructions with food handlers, officers, and the offender population.
 2. Gloves are not required when administering vaccinations unless the person administering the vaccine is likely to encounter potentially infectious body fluids or has an open lesion on their hand. If a healthcare worker chooses to wear gloves, he or she must change them between each patient encounter. Hand hygiene must be performed between each patient encounter after gloves are removed and before donning a new pair if the healthcare worker chooses to wear gloves.

3. Infectious Disease Screening:

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- A. A self-reported medical and immunization history for measles, mumps, rubella, chicken pox, and tetanus is recorded in the intake health screening as part of the offender's self-reported history.
- B. All offenders will be screened upon admission for Hepatitis A, B, & C, HIV, gonorrhea, chlamydia, syphilis, tuberculosis, and acute infectious diseases according to established guidelines by the chief medical officer (CMO) in accordance with the Center for Disease Control (CDC) guidelines.
- C. Any person who is a victim of a crime as specified within SDCL § 23A-35B-1, may request to be tested for infection of bloodborne pathogens and referral for appropriate health care and support services.

4. Infectious Disease Management:

- A. *The management of offenders with Methicillin-Resistant Staphylococcus Aureus (MRSA) infection includes requirements identified in the communicable disease and infection control program [ACA 5-ACI-6A-13].*
 - 1. *Management of tuberculosis in offenders includes procedures as identified in the communicable disease and infection control program. In addition, the program for TB management shall include procedures for the following:*
 - a. *When and where offenders are to be screened/tested.*
 - b. *Treatment, of latent tuberculosis infection and tuberculosis disease.*
 - c. *Medical isolation, when indicated.*
 - d. *Follow-up care, including arrangements with applicable departments of health for continuity of care if offender is released prior to completion of therapy [ACA 1-HC-1A-12] [ACA 5-ACI-6A-14 (M)].*
- B. *Management of hepatitis A, B, and C in offenders includes procedures as identified in the communicable disease and infection control program [ACA 5-ACI-6A-15 (M)].*
- C. *The management of HIV infection in offenders includes procedures identified in the communicable disease and infection control program [ACA 5-ACI-6A-16 (M)].*

5. Vaccinations:

- A. Vaccinations will be provided for offenders who request and meet CDC Guidelines. All offenders receiving a vaccination will be provided with a copy of the Vaccine Information Statements (VIS) per federal law.
- B. All vaccines are stored following the guidelines recommended by the South Dakota Department of Health Disease Prevention Program
 - 1. All refrigerators used to store vaccines will have a digital logger with an external temperature probe immersed in glycol.
 - 2. To maintain a constant temperature in the refrigerator, several bottles of water may be placed in the door.
 - 3. Refrigerators and/or freezers should be cleaned and defrosted quarterly and as needed to maintain a constant temperature and for infection control.

6. Treatment of Communicable Diseases:

- A. Isolation precautions will be implemented per CDC guidance.
- B. Offenders with acute or chronic infectious communicable diseases are treated in accordance with CDC recommendations, South Dakota Department of Health guidelines, and/or the South Dakota DOC guideline.
 - 1. The facility assures that offenders who are released with communicable or infectious diseases are provided with community referrals.

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- C. In the event of a pandemic, a specific clinical protocol will be created and implemented by the Infectious Disease Committee.

7. Reporting:

- A. The facility completes, and files all reports as required by local, state, and federal laws and regulations. The South Dakota Department of Health is authorized by SDCL and ARSD to collect and process mandatory reports of communicable diseases by physicians, hospitals, laboratories, and institutions.
1. If notification from the disease intervention specialist (DIS) is received regarding information that an offender has been named as a contact of certain communicable diseases, the requested testing shall take place.
 - a. After verifying the housing location of the offender, the nursing supervisor or designee will inform him/her that they are considered as a contact person of a communicable disease.
 - b. DIS will complete contact tracing and provide education to the offender.
 - c. DIS will work with clinical services to determine and administer the appropriate treatment as needed.

8. Inspections:

- A. Inspections will be conducted in the clinical services areas as follows:
1. Monthly environmental safety inspections will be conducted per DOC policy 300-03 - *Institutional Sanitation and Safety Inspections*.

9. Blood-Borne Pathogens Exposure:

- A. It is the policy of the DOC to *address the management of communicable and infectious diseases in offenders [ACA 5-ACI-6A-12 (M)]*, provide training, and establish procedures to minimize the occupational risk of exposure to bloodborne pathogens and infectious diseases. Effective procedures shall include surveillance, prevention, and control of infectious diseases. In keeping with this mission, the DOC will utilize Occupational Safety and Health Administration (OSHA) standards as a guide for managing occupational exposures to blood, blood products, and other potentially infectious materials.
- B. Facilities will handle and treat bodily fluid exposure incidents, and ensure employees use standard precautions when providing offender care, in accordance with DOC policy 700-38 - *Bloodborne Pathogen Exposure Reduction*.

10. Medical Sharps and Biohazardous Waste:

- A. *There is a plan for the management of biohazardous waste and for the decontamination of medical and dental equipment [ACA 5-ACI-6A-17(M)]*.
- B. Clinical services will dispose of medical sharps and biohazardous waste using methods and materials that are in compliance with Environmental Protection Agency (EPA) standards.
- C. Clinical services will provide sharps with engineered sharps injury protections to prevent occupational exposure incidents.
- D. The facility HSA will arrange for proper waste disposal based on resources available in their respective communities.

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- E. Staff and designated orderlies assigned to jobs within the corrections environment where there is a reasonable expectation of occupational exposure, will be trained in appropriate methods for handling and disposing of biohazardous materials and spills.

11. Decontamination/Sterilization:

- A. The facility will ensure that contaminated non-disposable medical, dental, and laboratory equipment is appropriately cleaned, decontaminated, and sterilized.

12. Infectious Disease Committee:

- A. Facilities must have an Infectious Disease Committee to oversee infection control practices within the facility.
- B. The committee will:
1. Meet at least quarterly.
 2. Require committee meeting notes to be kept and maintained on file.
 3. Provide a quarterly report to the facility warden or designee, and
 4. Ensure committee functions include, but are not limited to:
 - a. Tracking infectious and communicable diseases through medical units and safety and sanitation reports.
 - b. Analyzing epidemiological data and trends.
 - c. Making recommendations to decrease the incidence of disease, and
 - d. Monitoring the facility's application of standard precautions, cleaning and disinfectant techniques, and the disposal of medical and biohazardous waste.
- C. Facility Infectious Disease Committees must have representation from the facility's administration, the responsible physician or designee, nursing and dental services, other appropriate personnel involved in sanitation or disease control, and, if appropriate, the individual responsible for facility training or programming use.

V. RESPONSIBILITY

It will be the responsibility of the director of Clinical and Correctional Services, the chief of clinical operations, and the chief medical officer to review this policy annually and update it as necessary.

VI. AUTHORITY

- A. ARSD [44:20 – Communicable Disease Control](#)
- B. SDCL § [22-18-26](#) Assault by convicted or incarcerated person under Department of Corrections jurisdiction--Intentionally causing contact with bodily fluids or human waste--Felony.
- C. SDCL § [23A-35B-1](#) Definitions.
- D. SDCL § [34-22-12](#) Mandatory communicable disease reports from physicians, laboratories, and institutions--State tuberculosis register--Surveillance and control--Adoption of rules.
- E. OSHA www.osha.gov

VII. HISTORY

September 2024

September 2023 - New Policy

ATTACHMENTS *(*Indicates document opens externally)*

1. DOC Policy Implementation / Adjustments