



## **TUBERCULOSIS: STEPS FOR PROTECTING WORKERS FROM WORKPLACE EXPOSURE**

Workers in several institutional settings are confronting a new TB epidemic. They know that as more of their clients, patients and/or inmates are diagnosed with active TB, their risk of TB exposure and infection rises.

There is much confusion about which measures should be put in place to prevent or minimize employee exposure. TB control can be tricky--it requires instituting several environmental and clinical measures in a coordinated fashion.

Fortunately, we have several models such as the OSHA bloodborne disease standard for developing a comprehensive approach for employee protection. Unions and management can use these models as a guide for a good TB policy.

Some basic elements that need to be incorporated into the policy include:

1. **A written employee exposure control plan.** This plan should identify:
  - Who is at risk--the job classifications and tasks that put employees at risk.
  - Methods to reduce employee exposure.
  - Surveillance programs to identify and evaluate infected employees.
  - Training for employees on all aspects of TB and TB control.

This plan should be available for all employees upon request.

2. **Early identification and evaluation of institutionalized persons with active cases of TB.**

All persons with suspicious respiratory symptoms of unknown origin should be treated as if they have tuberculosis until proven otherwise. Provisions for isolation of these individuals from the general population in well-ventilated rooms (separate ventilation if possible) should be made as soon as possible. Rapid medical evaluation of these persons is also essential.

3. **Routine employee surveillance.**

At a minimum, the employer should offer every employee an annual tuberculin skin test (purified protein derivative, Mantoux test), at no cost to the employee.

When an employee has been exposed to a person with active TB, the worker should be offered another tuberculin skin test immediately after exposure and at the end of a 12-week period.

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4. **Comprehensive medical evaluation and counseling** for all employees who have a recent positive skin test (recent skin converter).

The employer should provide follow-up medical evaluation (e.g., x-ray, sputum tests, etc.) at no cost to every employee who tests positive for TB. For those employees who are diagnosed with an active case of tuberculosis, the employer should pay for all necessary treatment. These employees will also need counseling on important issues such as when they can return to work, whether or not their family members should be screened for TB and the importance of complying with the drug therapy program.

Employees who do not have active cases of TB should be carefully advised about their options, such as:

- Preventive therapy. Employees should receive counseling about the recommendations for and the benefits of preventive therapy.
- Whether to take active measures. Those healthy employees who choose not to have therapy need to be reassured that infection is not disease. They will also need guidance on how to monitor their health for possible active TB.

5. **Appropriate ventilation/environmental controls.**

The policy should provide for:

- good general dilution ventilation for the entire institution; the ventilation should meet current American Society of Heating, Refrigerating and Air-Conditioning Engineers standards;
- isolation rooms for person with active cases of TB with negative pressure and separate exhaust ventilation;
- local ventilation (separate hoods or booths) for persons who undergo aerosol drug treatments (e.g., pentamidine) or procedures that induce coughing; and
- other control methods (portable HEPA air-filtration units, appropriately placed U.V. lighting, etc.) when separate ventilation cannot be installed.

6. **A comprehensive respiratory protection program that adheres to OSHA standards.**

When the employer cannot guarantee that appropriate ventilation and environmental control measures are in place, a respiratory protection program is essential. The program must include selection of proper respirators, medical surveillance, employee training on use, fit-testing and maintenance.

7. **Medical removal for employees who may be at high risk of infection.**

When proper environmental controls are absent in a hazardous area, the employer should allow workers with diabetes, certain cancers and immune system deficiencies to transfer to safer areas without risk of losing pay or benefits.

8. **Other administrative measures for the handling of persons who are infectious.**

There should be a policy to mask patients/persons who are infectious if they must be transported to other parts of the institution or to other facilities.

9. **A comprehensive training program.**

Workers need to understand all aspects of TB and its control and the policy of the institution. Training should be done at least annually.

10. **Workers' compensation.**

It should be presumed that every employee who works in an institutional setting and is a recent skin-converter contracted the TB infection on the job. Those employees who do convert should be eligible for workers' compensation benefits to cover medical evaluation, treatment and preventive therapy.

**In conclusion**, union involvement is essential to ensure the proper coordination and implementation of a comprehensive TB policy. For more in-depth information on TB control, contact your union health and safety representatives.

**For more information, contact the AFT Healthcare Occupational Safety and Health Program at 202/393-5674.**