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**AFT HEALTHCARE** 

# Tuberculosis: Steps to Protect Workers

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Healthcare workers, public health staff and other public employees are at risk of being infected with TB in their workplace. **Preventive measures can and should be put into place.** Union and frontline staff involvement are essential when addressing health and safety with the employer. For more information on ways to address health and safety concerns, contact AFT Health and Safety at [4healthandsafety@aft.org](mailto:4healthandsafety@aft.org).

**1. The employer and union should create a written employee exposure control plan, ideally through a joint labor-management health and safety committee.**

The employer has a written infection control plan. The union can request a copy and to evaluate whether the plan does enough to protect workers--which helps to protect patients as well. The plan should address:

- 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 with costs covered by the employer.
- Contact tracing for all cases of active TB.
- Training for employees on all aspects of TB and infection control.

**2. Isolation and evaluation of patients with active TB**

- Institute airborne precautions. See [Transmission-Based Precautions | Infection Control | CDC](#) and [National Tuberculosis Controllers Association | National TB Nurse Coalition, National Society of TB Clinicians, and Society for Epidemiology in TB Control](#).
- Patients with respiratory symptoms of unknown origin should be isolated immediately and tested for TB as soon as possible. Additional testing for COVID-19 or flu may be appropriate.
- The person should be placed in airborne infection isolation rooms (AIIRs) until TB (and COVID-19) are ruled out.
- Where AIIRs are not available, the person should be isolated in a closed room with source control. This is a temporary solution.
- The employer can create additional, temporary negative pressure isolation rooms. See [Expedient Patient Isolation Rooms | Healthcare Workers | CDC](#) and [Ventilated Headboards | Healthcare Workers | CDC](#)
- The patient should be masked in any area outside the AIIR; for example, during transportation within the facility or to another facility. Transportation outside the AIIR should be limited.

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The AFT is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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### 3. Routine employee screening

- The employer should screen every employee at the time of hire at no cost to the employee. This should include:
  - A physical examination;
  - Medical history; and
  - A two-step skin (Mantoux) test. Blood tests should be offered if the employee was vaccinated for TB.
- Testing should be done at least annually. More frequent testing (such as quarterly) for workers at higher risk of exposure is necessary during an outbreak.
- Immediate testing must be offered to workers exposed to a person with active TB if the worker was not wearing a fit-tested respirator. Testing should be repeated in 12 weeks.
- Employees' medical records and testing status must be kept confidential.

### 4. Comprehensive medical evaluation and counseling for all employees who test positive

The employer must provide:

- Follow-up medical evaluation (e.g., X-ray, sputum tests, etc.) at no cost to every employee who tests positive for TB.
- The employer should pay for all necessary treatment for employees with active TB.
- Employees with active TB need counseling on:
  - The importance of complying with the drug therapy program;
  - When they can return to work; and
  - Obtaining TB screening for household members.
- Counseling for employees with inactive/latent TB infection should include:
  - Information on options for preventive therapy;
  - Benefits and side effects of preventive therapy; and
  - Guidance on monitoring their health for signs of active TB.

### 5. Appropriate ventilation/environmental controls

- The heating, ventilating and air-conditioning system for the whole facility must be assessed by a qualified HVAC engineer to determine if the system meets the manufacturer's recommendations for adequate ventilation and filtration. Ensuring appropriate ventilation and filtration is the most effective preventive measure. Healthcare facilities must meet the ASHRAE 170 and ASHRAE 62.2 standards for the year the facility was built or renovated.
- People with suspected or confirmed active TB should be isolated in AIIRs that exhaust the contaminated air out of the facility.
- Local ventilation (separate hoods or booths) should be provided for people who undergo aerosol inducing treatment.
- Other control methods (portable HEPA air-filtration units, appropriately placed ultraviolet lighting, etc.) can be implemented when separate ventilation cannot be installed.

### 6. Respiratory protection

- Healthcare employers in the private sector must meet the requirements of the OSHA respiratory protection standard. Public sector healthcare employers in states with state OSHA plans are also covered. The standard includes annual fit testing and medical evaluation of appropriate respirators for healthcare staff exposed to patients with suspected or confirmed TB. **Face masks do not prevent inhalation of TB droplet nuclei.**

- For more information, see:
  - [1910.134 - Respiratory protection. | Occupational Safety and Health Administration](#),
  - [DHHS \(NIOSH\) Publication No. 2025-102, Respirator Selection Guide for the Healthcare Industry](#), and
  - [respirator and mask factsheet - copyedited.docx](#)

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

- If adequate ventilation and filtration cannot be implemented in high-risk areas, 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. A comprehensive training program**

- All workers in high-risk facilities must receive training at least annually. Training should not be limited to those in the highest-risk positions.
- Training should include:
  - TB transmission; signs and symptoms; when to seek testing; and treatment options.
  - All aspects of the written TB control plan.

#### **9. Workers' compensation**

- It should be presumed that every employee in healthcare settings who recently tested positive contracted the TB infection on the job.
- These employees should be eligible for workers' compensation benefits to cover ongoing medical evaluation, treatment and preventive therapy.

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#### **[CDC Screening Recommendations for Healthcare Workers](#)**

- Workers are screened at the onset of employment, and
- Every six months for workers frequently exposed to TB patients and for those present during aerosolizing procedures on TB patients.
- Annually for all other healthcare workers.
- Immediate testing after an unprotected exposure to a TB patient, with follow-up testing at 12 weeks.
- For more information, see [Tuberculosis Infection Control | TB Prevention in Health Care Settings | CDC](#)