

# DOSH DIRECTIVE

Department of Labor and Industries  
Division of Occupational Safety and Health  
*Keeping Washington safe and working*

## 11.35

# Tuberculosis Control in Health-Care Settings

**Updated: April 1, 2019**

### I. Purpose

This DOSH Directive establishes procedures and enforcement policies related to Tuberculosis (TB) exposure in health-care settings.

### II. Scope and Application

This policy provides guidance to DOSH staff regarding application of the Center for Disease Control (CDC) guidelines in cases involving potential TB exposure in health-care settings. **DOSH has reviewed this Directive for applicability, and it remains effective with a new issue date of April 1, 2019. It replaces all previous instructions on this issue, whether formal or informal.**

### III. References

- Chapter 296-27 WAC, Recordkeeping and Reporting
- Chapter 296-842 WAC, Respirators
- WAC 296-800-110, Employer Responsibilities
- WAC 296-800-140, Accident Prevention Program
- WAC 296-800-160, Personal Protective Equipment (PPE)
- Prevention and Control of Tuberculosis in Correctional and Detention Facilities, MMWR 2006/ Vol 55 (No. RR-9)
- CDC, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR December 30, 2005/Vol. 54/No. RR-17
- OSHA CPL 02-02-078, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis

### IV. Background

In December 2005, the Centers for Disease Control and Prevention (CDC) issued its *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*, MMWR 2005; Vol. 54 (No. RR-17, 1-141). These Guidelines updated and replaced previous Guidelines issued in 1994.

The 2005 CDC Guidelines note that widespread implementation of TB control programs resulted in a decrease in the number of TB outbreaks in health-care settings reported to the CDC and a reduction in health-care associated transmission of Mycobacterium TB to patients and health-care workers. However, TB infection rates greater than the U.S. average continue to be reported in certain high-risk populations and geographic areas. Health-care workers continue to be classified as having a higher risk of exposure to TB, than the general population (see the Washington State Tuberculosis Epidemiological Profile at [doh.wa.gov/Portals/1/Documents/5100/CDC-TB-Infographic.pdf](http://doh.wa.gov/Portals/1/Documents/5100/CDC-TB-Infographic.pdf)).

The Guidelines have been updated to reflect shifts in the epidemiology of TB, advances in scientific understanding, and changes in health-care practice that have occurred in the United States during the preceding decade. Emphasis is placed on the prompt detection, isolation, and treatment of persons who have suspected or confirmed TB. Effective TB control programs are based on a three-level hierarchy of controls, including administrative, environmental, and respiratory protection.

DOSH recognizes the 2005 CDC Guidelines as widely accepted by industry in recognition of hazards and standards of practice.

**V. Enforcement Policies**

A. The following health-care settings are required to have a written TB control program:

1. Health-care settings where patients with confirmed or suspect TB are treated, or to which they are transported.
2. Health-care settings within correctional institutions.
3. Long-term care settings.
4. Homeless shelters.
5. Drug treatment centers.
6. Laboratories which handle clinical TB specimens

Other health-care settings such as emergency medical services or hospices may require TB control programs depending on the assessment of risk factors, such as:

1. The number of patients with suspected or diagnosed TB disease encountered in the last five years;
2. The community TB disease profile; and
3. The prevalence of other risk factors in the patient population.

It is recommended that a risk assessment be performed on a scheduled basis.

- B. When citing health-care setting violations (e.g., dental clinic or infirmary), reference the 2005 CDC *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, MMWR 2005; Vol. 54 (No. RR-17)*.
- C. Any violations identified should be cited using the appropriate requirements of WAC 296-800-110, Employer Responsibilities; WAC 296-800-140, Accident Prevention Program; chapter 296-842 WAC, Respirators; and chapter 296-27 WAC, Recordkeeping and Reporting.

**VI. Who to Contact**

If DOSH staff have questions or need additional guidance or interpretive assistance, they are encouraged to contact the TB specialist in DOSH Technical Services.

**VII. Review and Cancellation**

DOSH will review this Directive within two years from the issue date, and it will remain effective until superseded or canceled.

Approved:

  
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