

WISHA REGIONAL DIRECTIVE

**Department of Labor and Industries
Division of Occupational Safety and Health**

11.35 Tuberculosis Control in Health-Care Settings

Date Issued: March 19, 2007

I. 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; 54 (No. RR-17, 1-141). These guidelines update and supplant previous Guidelines issued in 1994.

The 2005 CDC Guidelines note that widespread implementation of TB control programs have resulted in a decrease in the number of TB outbreaks in health-care settings reported to CDC and a reduction in health-care associated transmission of Mycobacterium tuberculosis 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 being at higher risk of exposure to TB *than* the general population (see the Washington State Tuberculosis Epidemiological Profile www.doh.wa.gov/cfh/TB).

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 disease. 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.

II. Scope and Application

This policy provides guidance to DOSH staff regarding application of CDC guidelines in cases involving potential TB exposure in health-care settings. It replaces WISHA Regional Directive 11.35 issued September 2, 2002, and will remain in effect indefinitely.

III. Interpretive Guidance

A. Which health-care settings are expected to have a TB Control Program?

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

- Health-care settings where patients with confirmed or suspect TB are treated or to which they are transported
- Health-care settings within correctional institutions
- Long-term care settings for the elderly
- Homeless shelters
- Drug treatment centers

Other health-care settings (e.g. emergency medical services, hospices) may require TB control programs based on the assessment of risk factors such as: The number of patients with suspected or diagnosed TB disease encountered in the last 5 years; the community TB disease profile; and the prevalence of other risk factors in the patient population. It is recommended that a risk assessment be performed on a scheduled basis.

B. How should DOSH staff use the guidance from the CDC when applying WISHA standards to potential TB exposure?

Any violations identified should be cited using the appropriate requirements of WAC 296-800-110, Employer Responsibilities; WAC 296-800-140, Accident Prevention Program; and WAC 296-842, Respirators.

DOSH staff are encouraged to consult with the Technical Services Occupational Health Nurse Consultant on all cases involving potential TB exposure.

Approved: _____

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