

DOSH DIRECTIVE

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

11.36

Tuberculosis Control in Correctional Facilities

Updated: April 1, 2019

I. Purpose

This DOSH Directive establishes procedures and enforcement policies related to Tuberculosis (TB) in correctional facilities.

II. Scope and Application

This policy provides guidance to DOSH staff regarding application of the Centers for Disease Control and Prevention (CDC) recommendations in cases involving TB exposure in correctional facilities. **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 July 2006, the CDC issued updated Recommendations on the *Prevention and Control of Tuberculosis in Correctional and Detention Facilities*, MMWR 2006; 55,(No. RR-9). These Guidelines updated and replaced previous recommendations issued in 1996.

The 2006 CDC Recommendations note that TB control can be particularly problematic in correctional facilities. A disproportionately high percentage of TB cases occur among persons incarcerated in U.S. correctional facilities. Although overall incidence of new TB cases among the U.S. population has remained at less than 10 cases per 100,000 persons since 1993, substantially higher case rates have been reported in correctional populations. For Washington state statistics, see the Washington State Tuberculosis Epidemiological Profile at www.doh.wa.gov/cfh/TB.

Effective TB prevention and control measures in correctional facilities include the following:

- a. Early identification of persons with TB disease through entry and periodic follow-up screening.
- b. Successful treatment of TB disease and latent TB infection.
- c. Appropriate use of airborne precautions (e.g., airborne infection isolation, environmental controls, and respiratory protection).
- d. Comprehensive discharge planning.
- e. Thorough and efficient contact investigation.

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

V. Enforcement Policies

A. Prisons, jails, and juvenile detention facilities are required to have a written TB control program. Other detention facilities (e.g., booking and holding) may require TB control programs based on an assessment of risk factors, such as the prevalence of:

1. TB infection and disease in the facility.
2. TB in the community served.
3. Other risk factors for TB in the inmate population.

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

B. DOSH staff should reference guidance from the CDC when applying DOSH standards to potential TB exposure in correctional facilities in the following manner:

1. When citing general correctional facility violations, reference the 2006 CDC Recommendations on the *Prevention and Control of Tuberculosis in Correctional and Detention Facilities*, MMWR 2006; Vol. 55, (No. RR-9)
2. When citing health-care setting (e.g., dental clinic or infirmary) violations, 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, 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:


 Anne F. Soiza
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