



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: PREVENTING THE TRANSMISSION OF POLICY 9.09
MYCOBACTERIUM TUBERCULOSIS IN THE WORKPLACE

Authority: Chapters 18.51, 71A RCW
Chapters 388-97-005, 388-97-140, 388-97-147 WAC
OSHA Federal Register, 10/28/94, "Guidelines for Preventing the Transmission
of *Mycobacterium Tuberculosis* in Health-Care Facilities, 1994"

PURPOSE

This policy establishes requirements for Residential Habilitation Centers (RHCs) operated by the Division of Developmental Disabilities (DDD) to:

- A. Protect individuals residing or working in environments that place them at a reasonably anticipated risk of exposure to the airborne pathogen, *M. tuberculosis* (*Mycobacterium tuberculosis*), from occupational exposure to this organism.
- B. Establish measures which help detect, prevent and control the risk of *M. tuberculosis* transmission.
- C. Ensure effective pre-screening, post-exposure follow-up, treatment or referral for treatment, and reporting of communicable airborne diseases.

SCOPE

This policy applies to all DDD clients, employees, student interns and volunteers who reside or work at RHCs.

POLICY

DDD clients, employees, student interns or volunteers who can reasonably anticipate occupational exposure to the airborne pathogen, *M. tuberculosis*, shall be afforded all necessary protection to reduce the likelihood of exposure to, transmission of, and possible infection with *M. tuberculosis*. Individuals with suspected or diagnosed infectious tuberculosis (TB) will be transferred to an appropriate treatment facility and shall not be treated at a RHC.

PROCEDURES

A. Assignment of Responsibility

1. Each RHC shall assign supervisory responsibility for a tuberculosis infection control program.
2. The individual(s) assigned must have expertise in infection control, occupational health and engineering, and must be given the authority to implement and enforce TB infection control policies.
3. If supervisory responsibility is assigned to a committee, one individual must be designated as the primary TB contact person.

B. Risk Assessment

Each facility shall develop and implement a written TB infection control plan. Elements of the plan must meet the requirements for the risk group as referenced in Table 2, "Elements of a Tuberculosis (TB) Infection-Control Program," Federal Register, Vol. 59, No. 208, October 28, 1994, or the Morbidity and Mortality Weekly Report (MMWR), 10-28-94/Vol. 43/No. RR-13, pp 12-15.

C. Detection of Active TB in Clients

1. Early identification of individuals with latent or active TB infection shall be accomplished through two (2) step baseline and annual screening.
2. Each facility's TB infection control plan must include protocols for identification, evaluation, and referral of individuals who may have latent or active TB infection.

D. Management and Isolation of Clients With Possible TB

1. Arrangements for transfer to an appropriate facility shall be made for any individual suspected or diagnosed with infectious TB. These arrangements shall be made in accordance with the individual facility's protocol.
2. Persons responsible for transporting and caring for the individual prior to leaving the facility will be provided appropriate respiratory protection.
 - a. A respiratory protection program is required at all facilities in which respiratory protection is used.

- b. Respiratory protection devices shall meet recommended performance criteria as detailed in the MMWR/10-28-94/Vol. 43/No. RR-13, pp. 97-102.
 3. Cough-inducing procedures or sputum cultures for the diagnosis of TB shall not be performed at a RHC.
 4. Rooms where an individual has been living or held prior to transfer to a treatment facility must be aired and not occupied for 24 hours.
- E. Staff Education
 1. All staff and volunteers shall receive annual TB education appropriate to their work responsibilities and duties.
 2. Training shall include, at a minimum:
 - a. Epidemiology of TB in the facility;
 - b. Concepts of the pathogenesis of TB and occupational risk; and
 - c. Work practices that reduce the likelihood of *M. tuberculosis* transmission.
- F. Staff Counseling, Screening and Evaluation
 1. Counseling shall be provided to individuals as indicated by the facility's infection control program. Counseling shall include information about the increased risk to immunosuppressed persons.
 2. Purified protein derivative (PPD) tuberculin tests Step 1 or Step 2 method shall be performed on staff and volunteers within three (3) working days from the start date of their employment, and repeated at least annually (CDC guidelines for 2 step method).
 3. Individuals symptomatic for active TB shall be evaluated by the Infection Control Nurse or Environmental Health Officer. A symptom review shall be completed and a determination made regarding the work status of the employee.
 - a. A chest x-ray will be done within five (5) days of the initial positive skin test and then only when symptoms present.

4. Individuals with pulmonary or laryngeal TB shall be excluded from the workplace until they are noninfectious as described in the MMWR, 10-28-94/Vol. 43/No. RR-13/pp, 40-41.
5. A PPD conversion on any employee shall be documented on the DSHS 03-133 form, *Employee Volunteer Personal Incident Report*, and the OSHA 300 log.
6. Surveillance screening data, including PPD conversions, shall be collected in accordance with DOH requirements.

G. Exposure Investigation and Evaluation of Conversions and Transmission

1. Epidemiologic investigations may be conducted for several situations. Problem evaluations shall be conducted as described in the MMWR, 10-28-94/Vol. 43/No. RR-13, pp. 41-49.
2. Each facility shall develop procedures for investigations and follow up.

H. Liaison With Public Health Department

Each facility's TB infection control program must include a system for reporting any active infectious TB cases to the local public health department.

DEFINITIONS

Airborne pathogen is a disease-causing microorganism that is transmitted or spread through the air.

Conversion is a change in PPD test results from negative to positive. A conversion within a two-year period is usually interpreted as new *M. tuberculosis* infection, which carries an increased risk for progression to active disease. A booster reaction may be misinterpreted as a new infection.

Epidemiology is the study of the growth and spread of an infectious disease.

Immunosuppressed means a condition in which the immune system is not functioning normally (e.g., severe cellular immunosuppression resulting from HIV infection or immunosuppressive therapy). Immunosuppressed persons are at greatly increased risk for developing active TB after they have been infected with *M. tuberculosis*.

Infection means the condition in which organisms capable of causing disease (e.g., *M. tuberculosis*) enter the body and elicit a response from the host's immune defenses. TB infection may or may not lead to clinical disease.

Infectious means capable of transmitting infection. When persons who have clinically active pulmonary or laryngeal TB disease cough or sneeze, they can expel droplets containing *M. tuberculosis* into the air. Persons whose sputum smears are positive for AFB are probably infectious.

Pathogenesis is the origination and development of a disease.

Mycobacterium tuberculosis (*M. tuberculosis*) is a rod-shaped (AFB) microscopic organism that can cause an infection in humans, generally in the lungs and usually transmitted by the inhalation of droplet nuclei in the air.

Symptomatic means having symptoms that may indicate the presence of TB or another disease.

Transmission is the spread of an infectious agent from one person to another. The likelihood of transmission is directly related to the duration and intensity of exposure to *M. tuberculosis*.

Tuberculosis (TB) is an airborne communicable disease caused by *M. tuberculosis* or the tubercle bacillus.

SUPERSESSSION

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Approved: /s/ Linda Rolfe Date: 4/1/2003
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