

## Tuberculosis Exposure Control Plan

### 1. Causative Agent

- TB (tuberculosis) is caused by the bacteria [Mycobacterium tuberculosis](#).

### 2. Testing

- Screening is done by or approved by the Employee Health Service (EHS) at the time of the workers' initial placement and annually.
- Students and outside agencies must furnish proof of screening prior to beginning an assignment.
- Screening must be completed within 2 months of the workers start date or they will not be allowed to work.
- Workers with a positive skin test or a history of a positive test will be evaluated for active tuberculosis.
- Infection Control & Epidemiology (IC&E) will determine which jobs or activities require skin testing more frequently than annually.
- Employees who fail to comply with the screening policy will not be allowed to work until compliance is achieved.

### 3. Exposure

- For a listing of healthcare jobs of paid and unpaid persons who have the potential for exposure to M. tuberculosis, see [Exhibit A](#) of UMHHC Policy 04-06-001 Tuberculosis Screening Program.
- Healthcare workers with abnormal immune systems who may be susceptible to developing active tuberculosis may choose to voluntarily transfer to areas and/or activities in which there is a lower probability of exposure.

### 4. Follow-up After Exposure

- Compliance with the recommendation for preventive therapy is encouraged but not mandatory.
- Healthcare workers who have active tuberculosis will be restricted from work until sufficient treatment has been given to render them non-infectious.
- The decision regarding infectivity will be made by the Hospital Epidemiologist or the Pulmonary Representative on the Infection Control Committee.
- If IC&E determines a potential exposure has occurred:

- IC&E shall provide EHS with a list of potentially exposed healthcare workers.
- EHS will notify the individual and their manager stating that an exposure may have occurred and evaluation with baseline and follow-up testing is needed.
- All services related to the Tuberculosis Screening Program are provided through EHS at no cost to the individual.

## **5. Non-Compliance**

- Employees who fail to comply with this policy will not be allowed to work until compliance is achieved.
- EHS will advise the appropriate manager when there is a lack of compliance with screening.
- Supervisors, Managers, Volunteer Coordinators and the Office of Clinical Affairs will be accountable for ensuring compliance.
- EHS will send a list of all staff members who are out of compliance to each Executive Directors Forum member, Clinical Chairs, Chief of Nursing Services, Chief Operating Officer, the Medical School Dean, and the Chief of Clinical Affairs quarterly.

## **6. Control Measures**


- For Department of Pathology staff with direct patient contact (i.e. inpatient and outpatient phlebotomy, etc.), the door to the room of a patient in respiratory isolation will be marked with a [blue sign](#) and staff required to enter the room must wear an N95 mask.
- Administrative controls, such as defined policies and procedures, will be strictly adhered to for those areas that process infectious and/or potentially infectious tuberculosis specimens where work processes may aerosolize said specimens (i.e. microbiology, histology, and autopsy).
- Engineering controls, such as hoods, respirators, and PPE, are clearly defined via specific laboratory policies and procedures that process infectious and/or potentially infectious tuberculosis specimens where work processes may aerosolize said specimens (i.e. microbiology, histology, and autopsy).

## **References**

[UMMHC Policy 04-06-001 Tuberculosis Screening Program IC&E Policy III-41](#)  
[TB Exposure Control Plan - UMHHC IC&E](#)  
[IC& E Policy VI-54: Respiratory Isolation Policy](#)

Employee Health Services: [Tuberculosis Screening](#)

College of American Pathologists (2006, April 6). *Laboratory General Checklist*.

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