



**TEAMSTERS**

# **Safety & Health FACTS**

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## **TUBERCULOSIS**

### **What is Tuberculosis?**

Tuberculosis (TB) is a disease that can affect several parts of the body including the lungs. Pulmonary (lung) tuberculosis can cause severe lung damage.

Recently, a new form of TB has been identified. Multi-drug resistant TB (MD-R) is resistant to the common drugs that are used to treat tuberculosis. Therefore, this disease is extremely difficult to treat and poses a serious threat. This form of TB can be fatal to persons who contract the disease.

### **Who is Potentially Exposed on the Job?**

Teamster members who work in health care facilities such as hospitals, clinics, and mental health institutions may come into contact with persons who have active cases of tuberculosis. Workers who are employed in prisons and other correctional facilities may also encounter infected individuals.

People who have damaged immune systems as a result of certain drugs or diseases such as Acquired Immuno-deficiency Syndrome (AIDS) are particularly susceptible to experiencing active TB.

### **How is Tuberculosis Transmitted?**

A person with tuberculosis is contagious only if he or she has the active, clinical disease. TB is transmitted from person to person through small droplets of saliva and sputum that are transferred in the air when a person who has active TB sneezes or coughs.

## **What are the Symptoms of Tuberculosis?**

The initial infection usually goes unnoticed. Most people who have been exposed to TB and have positive skin tests do not have clinical symptoms of the disease. However, those individuals may develop the active disease if their immune systems become suppressed due to illness, medication or drug abuse. The disease, in its active stage causes symptoms such as cough, fever, fatigue, night sweats, and weight loss. Coughing up blood may occur later in the disease.

## **Workers Rights and Union Action:**

Tuberculosis is recognized as an occupational disease for health care workers. Employers must assume responsibility for surveillance, treatment, follow-up and counseling. Employers must also be rigorous about providing education and training for health care workers about infection control policies to help prevent TB transmission to themselves and others.

When a worker becomes infected on the job, he or she should not have to seek attention from a private physician and pay for treatment out of their own pocket or through personal health insurance. Instead, the employer should pay for treatment.

Individual health care workers should keep all results of their tuberculin skin tests to help document that a positive skin test was associated with a work-related exposure. This will help support a workers' compensation claim.

A worker has a right to a copy of any tests performed on him or her by an employer through the OSHA "**Access to Medical Records**" Standard (1910.1020).

Local unions should monitor the employer's tuberculosis control program to make sure that it is being conducted in a reasonable fashion. Under the OSHA Access to Medical Records Standard, a union can request the collective results of TB surveillance (e.g., how many positive skin tests, etc.). They can use this data to find out where the trouble spots are in the hospital (e.g., the emergency room, prison wards, etc.).

## **Controlling the Spread of TB in Correctional Facilities:**

The U.S. Centers for Disease Control (CDC) released guidelines for preventing transmission of TB in correctional facilities. According to these guidelines, every prison should have a written TB prevention and control program. Each facility should have a trained, qualified official who is responsible for maintaining the TB control program. The program should include:

**Surveillance.** Each facility should have a program to screen and identify all TB cases. All inmates should be screened on admission. Skin testing for employees should be performed pre-placement and repeated at least annually -- and more frequently in areas with a high prevalence of TB. Persons with symptoms of TB should receive a chest X-ray within 24 hours; persons with positive skin reactions

but no symptoms of TB should receive a chest X-ray within 72 hours. If the chest X-ray is abnormal, or if the person has symptoms of TB, a sputum smear and culture should be done.

**Contact Investigation.** Because TB is transmitted by airborne droplets, persons with the highest risk of infection are "close contacts" (i.e., persons who sleep, live, work or share air) with an infectious person. When a person is diagnosed with infectious TB, close contacts should be skin-tested within seven days after the index case is diagnosed.

**Containment.** People with suspected or confirmed cases of active TB should be placed immediately in respiratory isolation. Respiratory isolation means that the inmates are housed in an area with a separate ventilation system that vents air to the outside, has negative pressure in relation to adjacent areas, and has at least four to six room air exchanges per hour. In correctional facilities that do not have respiratory isolation areas, infectious inmates must be moved to a facility or hospital that does.

**Treatment.** The CDC recommendations should be followed for treatment and management of persons with suspected or confirmed cases of TB. Even for those with only positive skin reactions, drug therapy is sometimes recommended.

**Training.** Staff of correctional facilities should be given information and training on recognition and control of TB and proper infection control measures.

### **Controlling the Spread of TB in Health Care Facilities:**

Health care workers may confront potential work-related TB and MDR-TB exposure every day. There are few studies of the prevalence of TB in health care workers. One dramatic study at a major urban center associated six cases of active TB in emergency room workers and 47 positive skin tests with one highly infectious patient.

The risk of exposure is higher for health care workers in:

- ♦ prison wards in hospitals
- ♦ treatment rooms for procedures that stimulate coughing: bronchoscopy, endotracheal intubation, some dental procedures, pentamidine and other aerosolized drug treatment areas.
- ♦ substance abuse treatment centers
- ♦ long-term care (nursing home) facilities
- ♦ homeless shelter clinics

Only comprehensive surveillance and control programs will spare health care workers from work-related TB exposure and infection.

Every health care facility should have a policy and procedure for dealing with undiagnosed patients with suspicious symptoms in emergency rooms, outpatient/ambulatory patient clinics, and other general waiting areas. This policy should include:

- ♦ Isolating undiagnosed patients with suspicious coughs in separate, well-ventilated rooms.
- ♦ Immediate masking of undiagnosed patients with suspicious symptoms. A surgical mask will capture most of the sputum droplets of patients.
- ♦ Masking of patients with active cases of tuberculosis during transportation through the facility to prevent the spread of airborne sputum.

Home health care/visiting nurses will have to rely on protective equipment and administrative controls. When a health professional goes into a home of a person with suspected or confirmed tuberculosis, the worker should instruct the patients to cover coughs and sneeze. If the patient cannot or is not compliant, the worker should mask the patient. Precautions are especially important if cough-inducing procedures are performed in the home. It is most important that the TB patient is receiving appropriate therapy.