

DISPATCH



CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities

Summary

On October 28, 1994 the CDC issued guidelines for tuberculosis prevention. The intent of the CDC draft guidelines is similar to that of the OSHA enforcement guidelines on Tuberculosis. The document updates and replaces all previously published guidelines for the prevention of *Mycobacterium tuberculosis* transmission in health-care facilities. The document presents a well organized plan of a) the hierarchy of control measures, including administrative and engineering controls and personal respiratory protection; b) the use of risk assessments for developing a written tuberculosis (TB) control plan; c) the early identification and management of persons who have TB; d) TB screening programs for health care workers (HCWs); e) HCW training and education; and f) the evaluation of TB infection-control programs.

These CDC guidelines are a much stronger document in favor of fire fighter and emergency responder protection than past guidelines. For example, significant changes of note are:

- The inclusion of emergency medical service (EMS) personnel in the definition of Health Care Worker (HCW) as an individual working in health-care settings who has the potential for exposure to *M. tuberculosis*.
- The recommendation of HEPA and NIOSH approved type C respirators as the primary means of personal protective equipment.

Furthermore, the document provides that Emergency medical services as a health care setting should have at a minimum the following components in its tuberculosis control plan:

- At a minimum, a risk assessment should be performed yearly
- A written TB infection-control plan should be developed, evaluated, and revised on a regular basis
- Protocols should be in place for identifying and managing patients who may have active TB
- HCWs should receive appropriate training, education, and screening
- Protocols for problem evaluation should be in place
- Coordination with the public health department should be arranged when necessary.

Other recommendations specific to Emergency medical services include:

- When EMS personnel or others must transport patients who have confirmed or suspected active TB, a surgical mask should be placed, if possible, over the patient's mouth and nose. Because administrative and engineering controls during emergency transport situations cannot be ensured, EMS personnel should wear respiratory protection when transporting such patients. If feasible, the windows of the vehicle should be kept open. The heating and air-conditioning system should be set on a nonrecirculating cycle.
- EMS personnel should be included in a comprehensive PPD screening program and should receive a baseline PPD test and follow-up testing as indicated by the risk assessment. They should also be included in the follow-up of contacts of a patient with infectious TB. (As provided for in the Ryan White CARE Law, Subtitle B.)

Action Items

- Obtain a free copy of the document from the CDC at 404-639-1819.
- Perform Risk Assessment of Department, initial and annual
- Write a Tuberculosis infection control plan and protocols
- Provide appropriate TB training
- Obtain a baseline PPD test
- Select NIOSH approved respirators (HEPA and type C or greater efficiency) and integrate these respirators into the department's respirator protection program as required by 29 CFR 1910.134.