TIPS

AN EFFECTIVE TUBERCULOSIS CONTROL PROGRAM INCLUDES THESE STEPS:

1. ***Identify areas*** *where prolonged and repeated exposure can occur. Focus on confined areas where workers will be in contact with infectious individuals.* ***Identify high hazard activities,*** *such as diagnostic sputum induction, or aerosol administration of medication.*

2. ***Educate workers and patients*** *about the symptoms, diagnosis, treatment and cure of tuberculosis. Emphasize the importance of continuing medication to avoid drug resistant TB.*

3. ***Test all workers and patients*** *who may be exposed to TB. If a worker suspects that a patient has active TB based on symptoms (coughing, loss of appetite, loss of weight or fever), the skin test and other follow-up tests can resolve the doubt. The simple skin test can be incorporated into intake procedures.*

Workers with frequent exposure to infected patients and those who perform high-risk procedures should be tested every six months. Workers with impaired immune systems themselves *should be rotated away from areas and activities where the risk of infection is high.*

4. ***Make an effort to keep the facility safe for workers and other patients/clients.*** *In facilities such as hospitals, where contagious TB patients will be treated, isolated rooms and areas must be established. In smaller facilities, such as drug treatment centers, certain areas may be set aside for people with active TB. These areas should be large, well ventilated and brightly lit. A worker can reasonably ask that a patient or client wear a surgical mask for a limited period of time, including during an interview or while being transported.*

5. ***Implement a respiratory protection program.*** *Have a respiratory protection program; determine if worker respiratory protection is necessary and comply with the OSHA respiratory protection standard.*

6. ***Individuals diagnosed with active or inactive TB will receive prescription drugs.*** *The drug regimen will usually last for six months, long enough for some patients to skip or even stop taking their medication. Make sure that patients continue to take their medication for the full prescribed course. Individuals who follow treatment are less contagious and less likely to develop drug-resistant TB.*

For more information call the RI Department of Labor and Training
Workers' Compensation Education Unit at (401) 462-8100 choose prompt #1
or
The Rhode Island Department of Health
Office of Communicable Diseases at (401) 222-2577

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TUBERCULOSIS

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TUBERCULOSIS: RECOMMENDATIONS FOR WORKER PROTECTION

Worldwide, roughly three million people die from tuberculosis (TB) each year. In Rhode Island, the state TB clinic treated 800 cases in 1990 and 1,025 cases in 1991. For many years, the number of cases in the U.S. has declined steadily. But in recent years, even with the availability of a cure, the decline has stopped. Many health and safety groups are calling for OSHA standards on TB prevention.

Not only is Tuberculosis on the rise, but a new strain of the virus called Drug-Resistant TB (DR-TB) has appeared. This strain is both more dangerous and more difficult to treat. For these reasons, many workers who treat or service individuals with active TB need to know how to protect themselves from this disease.

The first step is education.

ACTIVE AND INACTIVE TUBERCULOSIS

The culprit is a tiny germ, a bacteria that spreads from person to person through the air. Tuberculosis usually attacks the lungs by infecting tiny air sacs deep in the lungs causing pneumonia. Many people have TB germs in their bodies without being sick or spreading the disease. They are not contagious and their TB is called 'inactive.' There are about 10 to 15 million Americans who have this inactive TB infection.

WHY DON'T THESE PEOPLE BECOME SICK?

Basically, their immune system (the body's system of defense against all forms of infection and disease) has the TB under control. When TB enters a healthy body, the immune system destroys most of the germs, captures the others and binds them into capsules where they can do little harm. As long as the immune system is in good working order, the threat is contained.

When the immune system cannot control the TB, the person becomes sick. The TB becomes ***"active."*** *Roughly 20,000 to 25,000 Americans have active TB. They may be contagious; they can spread the disease. Whenever an individual's immune system is weakened due to disease, drug treatment or aging, for example the "inactive" tuberculosis infection can advance to an active TB disease.*

WHAT DO WE MEAN WHEN WE SAY A TUBERCULOSISB PATIENT IS CONTAGIOUS?

As people cough or sneeze, they normally spread tiny droplets out into the air. If an individual has active TB, then these droplets can carry TB germs. Droplets can stay in the air for some time. Anyone who breathes air containing these droplets can breathe in TB germs and become infected. Brief exposure to a few TB germs rarely infects anyone. Catching TB requires contact with lots of airborne TB in close quarters for some period of time.

Remember, only those with active TB can spread the disease; those with inactive TB cannot.

DRUG RESISTANT TUBERCULOSIS

The treatment for TB involves taking several drugs for a few months which usually kills the bacteria. If the drugs are not properly prescribed or taken, some TB can survive. The TB which remains becomes more adept at withstanding the effects of the medication. That is why it is called "Drug Resistant."

Drug resistant TB is both more deadly and more difficult to treat. Health officials in 36 states have reported DR-TB cases. The majority have occurred in persons who are also infected with HIV, the AIDS virus. The spread of drug resistant TB to other people, including patients, inmates and workers has been documented.

WHAT CAN BE DONE IN THE WORKPLACE?

In most workplaces, the risk is not very great; in others, the risk is much higher. The difference is due both to the proportion of people infected with TB and the precautions taken against the disease.

TB is likely to be found among the elderly, the homeless, substance abusers, prisoners, immigrants from areas with a high prevalence of the disease, and all other persons with weakened immune systems. Hospitals, healthcare facilities, prisons, shelters and drug treatment centers can take active steps against the spread of the disease.

The best safeguard is to develop an infection control program. An effective plan starts with an assessment of the worksite. The major factor in the spread of TB is close and constant contact with active TB bacterial. Identifying and treating those with active TB and protecting uninfected persons is the best way to prevent the spread of the disease.

Any facility which treats high risk clients or patients should have a TB control program in place. The tips in this brochure show some basic TB control procedures. Variations will exist, as much depends on the type of workplace and the risk.