

HH 585: Occupational Tuberculosis and Hepatitis B Exposure

WAC: 246-335-525 Personnel, Contractor and Volunteer Policies

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Policy Statement:

Hanford Home Health will comply with Department of Health, OSHA/WISHA guidelines for occupational exposure to tuberculosis, blood borne pathogens, and universal precautions.

Procedure:

Tuberculosis (TB) Infection Control Program:

- 1) Hanford Home Health will conduct a TB risk assessment for all new employees upon hire. To accomplish this agency will use a risk assessment form provided by the Department of Health.
- 2) TB risk assessments will also be done annually for all employees
- 3) Based on the risk assessment results Hanford Home Health will determine Hanford Home Health responsibility to conduct TB testing for new employees
- 4) Should TB testing be required Hanford Home Health will follow the Department of Health (DOH) risk assessment testing recommendations, including;
 - a) Conducting an annual assessment of new TB risk factors for all employees based on the DOH risk assessment form. The form helps to identify foreign-born persons from a county with an elevated TB rate and Hanford Home Health's responsibility to conduct testing of new employees.
 - b) Employees identified as meeting the above requirement must be considered for the use of Interferon Gamma Release Assay (IGRA) Tuberculin Skin Test. These tests are considered more accurate than the traditional TB skin test (TST) for identifying Latent TB Infection (LTBI).
 - c) The use of the traditional skin test for TB (TST) is acceptable for screening for TB, according to the Department of Health TB Control division.
 - d) Hanford Home Health may limit financial risk factors associated with the cost of providing IGRA blood testing by using the medical risk progression on the Adult TB Risk Assessment User Guide.
 - e) Higher risk employees are those with the following health issues:
 - i. Diabetes mellitus
 - ii. Smoker within the past one (1) year
 - iii. End stage renal disease
 - iv. Leukemia lymphoma
 - v. Silicosis
 - vi. Cancer of head and neck

- vii. Intestinal bypass/gastrectomy
 - viii. Chronic malabsorption
 - ix. Body mass index <20
 - x. History of chest x-ray findings suggestive of previous of inactive TB with no prior treatment, includes fibrosis or non-calcified nodules, but does not include solitary calcification nodule or isolated pleural thickening. In addition to latent TB infection (LTBI)
- 1) If the progression is used Hanford Home Health may document the DOH Risk Assessment form that “no medical risks found – no testing”
 - 2) Ensuring employees receive TB related training and education at the time of hire or during new employee orientation.
 - 3) Training and education must be consistent with the Department’s TB programs online posted educational materials
 - 4) Employees identified as meeting the above requirement must be considered for the use of Interferon Gamma Release Assay (IGRA) Tuberculin Skin Test or T-Spot TB blood. These tests are considered to be more accurate than the traditional Mantoux skin test.
 - 5) Hanford Home Health may limit financial risk factors associated with the cost of providing IGRA or T-Spot blood testing by using the medical risk progression on the Adult TB Risk Assessment User Guide.
 - 6) Ensuring employees receive TB related training and education at the time of hire or during new employee orientation.
 - 7) Training and education must be consistent with the Department’s TB programs online posted educational materials
 - 8) Annually the Administrator or designee will conduct a risk assessment of all employees
 - a) If the Administrator or designee assesses that there is a change in Hanford Home Health’s risk factors, this TB control policy will be revised to meet current CDC, OSHA/WISHA guidelines.

Respiratory Protection Program

- 1) Respiratory protective equipment will be provided to all direct care personnel of the Home Health Agency.
- 2) No employee will use respiratory protection equipment without first undergoing medical screening, fit testing, and training. Only respirators approved by NIOSH will be used for respiratory protection. Hanford Home Health will use only 42 CFR 84 non-powered particulate respirators.

- 3) Before wearing a respirator, an employee will be medically screened to determine if the person has a medical condition or psychological difficulty which contraindicates use of a respirator.
- 4) Employees will be provided with the appropriate size respirator as determined by the qualitative fit test.
- 5) Respirators will be fit tested for each employee who is designated to use them. Qualitative fit testing will be done using Saccharin. The Director of Clinical Services or appropriate designee will perform the qualitative fit testing and retain documentation of the procedure for each employee.
- 6) Employees with facial hair (such as a beard), which interferes with the face seal, may not wear a respirator, and will not be fit tested.
- 7) Each employee using a respirator will be trained in the following:
 - a) Principles of respirator operation.
 - b) How to put on and take off a respirator.
 - c) The purpose of the qualitative fit test.
 - d) How to perform positive and negative pressure fit checks.
 - e) How and when to detect a problem with a respirator and to whom it should be reported.
 - f) When to dispose of the respirator.
 - g) Specific uses and tasks for which a respirator is required.
 - h) Limitations of a respirator.
 - i) How to maintain, clean and store a respirator.
- 8) Employees will receive annual training on the use of protective respiratory equipment.
- 9) Proper fit of protective respiratory equipment is essential. Air that passes around the respirator's edges rather than through it is not filtered air. In order to ensure a good facial seal, the following general rules will be observed:
 - a) The respirator and straps must be in place and worn in the appropriate position. To adjust the head band, pull the free ends tight until a comfortable fit is obtained.
 - b) To adjust the face-piece properly position the chin firmly in the chin cup and manually shift the mask until the most comfortable position is located. Make final adjustments in the headband and do not break the nasal seal. Modifications to the respirator or straps will not be made.
 - c) Proper fit must be checked each time the respirator is worn according to the manufacturer's instructions. Respirators will not be worn when projections under the face piece prevent a good face seal, this includes, but is not limited to things such as beard growth, sideburns, and temple pieces on glasses.
- 10) Positive and negative pressure fit checks are used every time the respirator is donned (put on) to assure the respirator is adjusted and worn properly:

- a) The negative pressure fit check is performed by covering the air inlet lightly and inhaling slightly. If a leak exists, the air can be felt as it enters.
 - b) The positive pressure fit check is performed by blocking the exhalation valve and exhaling lightly. Air leakage can be felt if a leak is present.
 - c) If air leaks are found, the respirator must be adjusted and re-tested. If air leakage continues a new respirator must be tried.
 - d) If air leakage with a new respirator continues, the employee must again go through qualitative fit testing.
- 11) In the event that an employee is unable to obtain a satisfactory fit with the type of respirator used by Hanford Home Health the employer must make an effort to correct the problem by providing a different brand, style or size of respirator.
- 12) Hanford Home Health will evaluate the effectiveness of the respirator protection program by:
- a) Periodically observing employee activities to confirm proper respirator use.
 - b) Periodically inspecting respirators to ensure they are clean, in good condition and properly stored
 - c) Observation of and discussion with employees to determine that the employee has adequate knowledge about respirator use, limitations, and maintenance.
- 13) The Director of Clinical Services will assume responsibility for establishing, implementing, and evaluating the respiratory protection program.

Tuberculosis Infection Control Practices

- 1) Hanford Home Health will screen patient intake referrals for indications of cases of suspected or confirmed infectious TB.
- 2) The CDC defines suspected cases as those having symptoms consistent with TB, which include productive cough, coughing up blood, weight loss, loss of appetite, lethargy/weakness, night sweats or fever.
- 3) Only employees with fit tested, NIOSH approved, respiratory equipment will visit patients with suspected or confirmed symptoms of TB.
- 4) Cough inducing procedures performed in the home of a Patient who has suspected or confirmed infectious TB will be administered in a well-ventilated area away from other household members. Employees performing these procedures will wear respiratory protective equipment.
- 5) High hazard procedures performed by employees for patients with suspected or confirmed TB, include but are not limited to:
 - a) Aerosolized medication treatments
 - b) Sputum induction.

c) Endotracheal suctioning procedures

- 6) Any employee working with a patient in the home will take proper respiratory precautions upon identifying any signs and symptoms consistent with infectious TB. The Director of Clinical Services will be notified of any Patient with signs and symptoms consistent with TB.
- 7) Respiratory precautions in the home may be discontinued when the patient is improving clinically, cough has decreased and the number of organisms in the sputum smear is decreasing. This usually occurs within 2 to 3 weeks after TB medications are begun. Failure to take medications as prescribed and the presence of drug-resistant disease are the two most common reasons for a Patient's failure to improve clinically. Home health employees should educate Patients about the importance of taking medications as prescribed.
- 8) The Director of Clinical Services may periodically audit files of contractors to ascertain that appropriate occupational TB precautions are being followed.