



OREGON COLLEGE *of* ORIENTAL MEDICINE

Bloodborne Pathogen Exposure Control Plan

Tuberculosis Exposure Control Plan

The Clinics of
Oregon College of Oriental Medicine
(**OCOM Clinic, OCOM Hollywood Clinic**)

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Part One - Bloodborne Pathogen Exposure Control (BPEC) Plan Training _____

BPEC Purpose

The purpose of this exposure control plan is to eliminate or minimize student exposure to blood or certain other body fluids.

Bloodborne Pathogen Exposure Determination Categorized by OCOM Student Function

At this facility, the following OCOM students may incur exposure to blood or other potentially infectious materials:

- Pre-intern clinical students
- Asian Bodywork Clinic Students
- Interns
- Licensed Acupuncturists treating patients in the clinic
- Licensed Acupuncturists supervising in the clinic (Clinical supervisors supervisors)
- Licensed Acupuncturists teaching or assistant teaching in “acupuncture needling and techniques classes”

Implementation Schedule and Methodology

Compliance Methods

The Associate Dean of Clinical Education will have responsibility for reviewing the effectiveness of the following compliance methods.

Universal Precautions

Universal precautions will be observed at this facility in order to prevent contact with blood or body fluids. All blood or body fluids will be considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize exposure to OCOM students at this facility. Where exposure remains after institution of these controls, personal protective equipment will also be utilized. At this facility the following engineering controls will be utilized:

- Biohazard containers.
- Bio-safety storage area for biohazard container storage.
- The above controls will be examined and maintained on a weekly basis by the Associate Dean of Clinical Education. The Associate Dean of Clinical Education will assume responsibility for reviewing the effectiveness of the individual controls.

Hand Washing

Hand washing facilities are available in the individual treatment rooms for OCOM students who incur exposure to blood or body fluids. The following protocol regarding hand washing must be adhered to at all times:

- Hands are to be washed with soap and running water prior to and immediately following each patient treatment. During patient treatment, hands should be washed as necessary.
- Clinic supervisors will ensure that after the removal of personal protective gloves, OCOM students will wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. Alcohol base gel hand sanitizer will be available in treatment rooms and along walls near high foot traffic areas on campus.
- Hand washing materials will be examined and maintained on a weekly basis by the Associate Dean of Clinical Education.

Eye, Mucous Membrane Washing

In the event of eye exposure, an emergency eyewash fountain is located in the herbal medicinalary and in Room 423, the 4th floor group treatment room, and the conference room of the OCOM Hollywood Clinic. Eye washing stations will be examined and maintained on a weekly basis by the Associate Dean of Clinical Education. Clinic supervisors will ensure that if OCOM students incur exposure to their skin or mucous membranes then those areas will be washed or flushed with water as soon as feasible following contact.

Needles

The following guidelines regulate needles used in the OCOM clinics:

- All acupuncture needles used in the college's clinics are to be of the disposable variety.
- Reusable needles are not acceptable for use in OCOM's clinics.
- Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.
- Any needle that has been removed or fallen away from an individual during treatment, is to be placed immediately into a sharps container and not re-inserted.

Containers for Sharps

Contaminated sharps must be placed into appropriate sharps containers (located in individual treatment rooms) immediately after use.

Work Area Restrictions

The following work area restrictions apply:

- OCOM students and acupuncture interns are not allowed to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the treatment rooms or the supply storage room.
- Food and beverages are not to be kept in treatment rooms or the supply storage room.
- At no time should needles be inserted into an individual outside of a clinic treatment room, or classroom that has been designated as a treatment space.
- Work area restrictions include, the clinic conference room, the front desk, the herbal medicinalary, private offices, or unsupervised classrooms.

Contaminated Equipment

The Associate Dean of Clinical Education is responsible for ensuring that equipment which has become contaminated with blood or body fluids will be:

- Properly stored prior to servicing or shipping.
- Decontaminated as necessary unless the decontamination of the equipment is not feasible.
- Reusable sharps that are contaminated with blood or other potentially infectious materials must not be stored or processed in a manner that requires OCOM students to reach by hand into the containers where these sharps have been placed.

Personal Protective Equipment (PPE)

Personal Protective Equipment Provision

The Associate Dean of Clinical Education is responsible for ensuring that all OCOM students wear lab coats over clean clinical clothing or wear scrubs or during all acupuncture treatments. Starting in 2020, OCOM allows students to wear clean scrubs instead of lab coats. Students are responsible for the purchase and laundering of their scrubs. Beginning in 2020, in response to the global COVID-19 pandemic and government mandate, OCOM students are also required to wear protective clothing, face masks, and face shields in all interactions that would bring them within six feet of a patient. OCOM students must also wear protective clothing, gloves, and

masks during cleaning procedures (in treatment rooms, gathering the laundry after treatments, and handling contaminated equipment).

Personal Protective Equipment Use

The Associate Dean of Clinical Education will ensure that OCOM students use appropriate personal protective equipment (PPE).

Personal Protective Equipment Cleaning, Laundering and Disposal

The following guidelines regarding the cleaning, laundering, and disposal of PPE apply:

- All personal protective equipment (scrubs and labcoats) will be cleaned, laundered, and disposed of by the OCOM student.
- All repairs and replacements will be made by the OCOM student.
- All garments which are penetrated by blood must be removed immediately or as soon as feasible. Garments should be properly contained in a plastic bag that has a biohazard label (found in the clinic supply rooms) affixed to it until it can be removed from the clinic to avoid cross contamination
- All personal protective equipment must be removed prior to leaving the work area.
- When personal protective equipment is removed, it must be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Lab coats may also be hung in the UV light room overnight if available.

Gloves

The following guidelines regarding gloves must be adhered to at all times:

- Gloves must be worn where it is reasonably anticipated that OCOM students will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.
- Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- The Associate Dean of Clinical Education will ensure that appropriate gloves are readily accessible at the clinics for OCOM students.
- Hypoallergenic gloves are accessible to those OCOM students who are allergic to the gloves normally provided.

Masks

- Single use surgical masks will be provided to students, clinic supervisors and patients.
- If masks become torn or soiled, discard the mask and replace with a new mask.
- Cloth masks cannot be used as a replacement for a surgical mask.
- If students purchase masks of an equal or higher quality than those provided by OCOM, they may wear these masks
- The Associate Dean of Clinical Education will ensure that appropriate face masks are readily accessible at the clinic to OCOM students, supervisors, and patients.

Face Shields

- Face shield will be provided to students and clinic supervisors

- Students are responsible for cleaning and storage of face shields.
- If a face shield is damaged, discard and replace with new face shield
- If students purchase face shields of an equal or higher quality than those provided by OCOM, they may wear these face shields
- The Associate Dean of Clinical Education will ensure that appropriate gloves are readily accessible at the clinic to OCOM students.

Housekeeping

The housekeeping protocols are as follows:

- This facility will be cleaned and decontaminated according to the following schedule:
 - ◆ Area Schedule Cleaner
 - ◆ Treatment Rooms - Daily Interns and Housekeeping Staff
 - ◆ Restrooms - Daily Housekeeping Staff
 - ◆ Autoclave room - Daily Housekeeping Staff
 - ◆ Supply rooms - Daily Housekeeping Staff
 - Decontamination will be accomplished by utilizing Envirocare (virucidal agent), Virex, or medical grade alcohol as indicated.
- All contaminated work surfaces will be decontaminated using the “spray, wipe, and spray” technique. After completion of procedures and immediately or as soon as feasible after any spill of blood or other body fluids, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
- All bins, pails, cans, and similar receptacles will be inspected and decontaminated on a weekly basis by the housekeeping staff and the Associate Dean of Clinical Education.
- Any broken glassware which may be contaminated will not be picked up directly with the hands. It will be disposed of in the container marked “Broken Glass” in the OCOM Herbal Medicinary.

Regulated Waste Disposal

Sharps Disposal and Other Regulated Waste

The following guidelines must be adhered to when disposing of sharps and other regulated waste (i.e., contaminated cotton balls):

- Contaminated sharps must be discarded immediately or as soon as feasible in biohazard containers that can be closed securely, that are puncture resistant, that are leak proof on the sides and bottom and that are labeled or color coded.
- During use, biohazard containers for contaminated sharps will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundry).
- The biohazard containers will be maintained upright throughout use. They will be replaced routinely. They are not to be overfilled.
- When moving biohazard containers of contaminated sharps from the area of use, the containers must be closed to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Biohazard containers must be placed in a secondary container for transportation to a medical waste disposal site.
 - a. The second container must be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping.
 - b. The second container must be labeled or color coded to identify its contents as *Biohazardous*. Reusable containers must not be opened, emptied, or cleaned manually or in any other manner which would expose OCOM students to the risk of percutaneous injury.

Laundry Procedures

- Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled bags at the location where it was used). Such laundry will not be sorted or rinsed in the area of use.
- Laundry in our clinic facilities is professionally cleaned.
- All laundry staff are required to wear gloves and a lab coat when handling the laundry.
- All laundry bags will be labeled as contaminated material.
- Dirty laundry is placed in laundry bags in the west 4th floor storage room and the storage room of OCOM Hollywood Clinic.

Hepatitis B Vaccine, Post-Exposure Evaluation and Follow-up

People with potential exposure to blood or other potentially infectious materials are at risk of acquiring hepatitis B virus (HBV) infection. At OCOM interns and observers working with needles do incur this risk. Therefore, according to Western medical standards, it is highly recommended that these people be vaccinated with the hepatitis vaccine. The hepatitis vaccine series takes six months to complete (three shots: the second coming one month after the first, the third coming five months after the second). Low fee Hepatitis B vaccinations are often available through the Multnomah County Health Department.

Labels and Signs

The Associate Dean of Clinical Education will ensure that biohazard labels are affixed to containers of regulated waste and other containers or bags used to store, transport, or ship blood or other potentially infectious materials. The universal biohazard symbol will be used. The label will be fluorescent orange or orange-red.

Information and Training

The Associate Dean of Clinical Education will ensure that training is provided at the time of initial assignment to tasks where exposure may occur and that it will be repeated within twelve months of the previous training. Training will be tailored to the education and language level of the OCOM student, and offered during orientations and/or specific program classes.

The training will be interactive and cover the following:

- a. A copy of the standard and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of the Oregon College of Oriental Medicine Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy.
- e. The recognition of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
- h. An explanation of the basis for selection of PPE.
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- l. Information on the evaluation and follow-up required after an OCOM student exposure incident.

The person conducting the training will be knowledgeable in the subject matter.

OCOM students who have received training on bloodborne pathogens in the 12 months preceding the effective date of this policy will only receive training in provisions of the policy that were not covered.

Additional training is provided to OCOM students when there are any changes of tasks or procedures affecting the OCOM student's exposure.

Training in needle stick or injury procedures occurs prior to students' clinical observation experience, at the outset of clinical internship, and is reviewed periodically in class throughout students' clinical internship experience.

Part Two - Tuberculosis Exposure Control (TBEC) Plan Training _____

TBEC Policy Statement

OCOM's clinics, as a work site that evaluates patients known or suspected of having communicable disease transmitted via the airborne route, have procedures in place to decrease the exposure of patients and students to these diseases. Procedures to decrease risk to airborne communicable diseases including tuberculosis (TB) are a part of this Tuberculosis Exposure Control Plan (TBECP).

TBEC Training Implementation

This plan has been developed for the identification and isolation of patients known or suspected to have TB. All students that work with patients are responsible for knowing and implementing this plan.

TBEC Assignment of Responsibility

The Associate Dean of Clinical Education is responsible for the following:

- assuring that resources and personnel are available to implement the TB Exposure Control Plan (TBECP) and related programs
- documentation of TB Exposure Control educational activities including student attendance
- maintaining TB testing and screening student records as necessary.
- maintaining respiratory protection records.

It is the responsibility of each student to know and understand the information in the TBECP and to follow outlined procedures.

The TBECP will be available to all students at all times and is managed through the office of the Associate Dean of Clinical Education.

Pathogenesis and Epidemiology of Tuberculosis

Tuberculosis (TB) is caused by the bacterium *Mycobacterium tuberculosis*. This organism is an acid-fast bacterium with a waxy coat, is transmitted through the air, and has a long incubation period of up to twelve weeks.¹

Tuberculosis (TB) in the United States by the numbers:

- 8,916: number of reported TB cases in the United States in 2019 (a rate of 2.7 per 100,000 persons)
- 60: jurisdictions (states, cities, and US territories) in the United States that report TB data to the CDC
- Up to 13 million: estimated number of people in the United States living with latent TB infection.
- The United States continues to have one of the lowest TB case rates in the world, and the 2019 case count represents the lowest number of TB cases on record.¹
- Persons who are infected are more likely to progress to active disease if they were infected within the previous two years, are HIV seropositive or in some other way immunocompromised, an infant or child less than four years of age, have one of several disorders such as silicosis or diabetes mellitus, or have a history of improperly treated TB. The presence of HIV contributes to the TB infection rate, possibly by reducing immunity

and therefore resistance to TB infection. Another factor that increases the potential for harm from TB is the presence of strains of TB that are resistant to multiple antitubercular antibiotics. Since 1993, when the TB surveillance system was expanded to include drug-susceptibility results, reported multidrug-resistant (MDR) TB cases have decreased in the United States.

Transmission

TB is spread through exposure to the TB bacilli in airborne droplet nuclei produced when an individual with infectious pulmonary or laryngeal TB coughs, sneezes, talks, etc. Droplet nuclei (approximately 1-5 microns in size) are discharged into the environment during respiratory efforts such as coughing, speaking, singing or sneezing. Infection occurs when a susceptible individual inhales droplet nuclei containing the TB bacillus.

Prolonged close contact to an infectious person may result in infection of contacts. Once in the lung the organisms can be spread throughout the body. Usually in 2-10 weeks after initial infection the immune response of the individual limits further spread of the organism. The primary reservoir for TB is man; however, in rare instances, TB has been found in cattle, elephants and primates. Although TB is an airborne infectious disease, it is not as contagious as other airborne illnesses such as colds, chickenpox, or measles.

The incubation period from infection to the time when a TB test shows a positive reaction is usually 4-12 weeks.

Overall, approximately 10 percent of individuals that have positive TB tests may develop active TB over their lifetime. The risk for developing active disease is greater during the first two years after infection.

Theoretically the period of communicability of TB is as long as viable organisms are being discharged in the sputum. Inadequate or poorly treated individuals can remain communicable for years. Factors affecting communicability include the number of organisms released into the environment, the virulence of the organism, and ventilation or concentration of organisms in the environment.

Signs and Symptoms of Tuberculosis

Symptoms of TB may include chronic cough, productive cough, bloody sputum, weakness, weight loss, fatigue, loss of appetite, and night sweats. Most TB is located in the lungs and is called pulmonary TB; however, TB infection can occur in other locations in the body.

Persons with immuno-compromising conditions have a greater risk for the progression to active disease after infection. HIV is the strongest known risk factor yet identified for the progression from latent TB infection to active disease.

Groups with an Increased Risk of Acquiring Tuberculosis

- Foreign-born persons, including children, especially those who have arrived in the United States within five years after moving from geographic areas with a high incidence of TB disease (e.g., Africa, Asia, Eastern Europe, Latin America, and Russia) or who frequently travel to countries with a high prevalence of TB disease.
- Residents and employees of congregate settings that are high risk (e.g., correctional facilities, long-term care facilities [LTCFs], and homeless shelters).
- Health care workers (HCWs) who serve patients who are at high risk.
- HCWs with unprotected exposure to a patient with TB disease before the identification of TB and institution of correct airborne precautions for this patient.
- Certain populations who are medically underserved and who have low income, as defined locally.
- Populations at high risk who are defined locally as having an increased incidence of TB disease.
- Infants, children, and adolescents exposed to adults in high-risk categories.¹

Treatment of and Prevention of Tuberculosis

While most strains of *M. tuberculosis* can be treated by antitubercular antibiotics, the treatment takes nine months to complete, and in the event the strain of *M. tuberculosis* involved is drug resistant, treatment may be difficult

and take longer. As with the virally mediated diseases discussed previously, TB is most effectively managed by preventing infection.

Preventing the transmission of TB is done by the following:

1. Health care workers (HCWs) including acupuncturists should have an annual skin test for TB. This test should be repeated after two weeks if the previous test was not within one year. An alternative test, the QuantiFERON blood test is now approved for TB testing. This test has the advantage that only one contact is required, results are available more rapidly, and is not impacted by prior BCG (bacilli Calmette-Guerin) vaccination.
2. Individuals who were vaccinated for TB or have a history of a positive skin test should get a chest x-ray and an annual physical examination.
3. If a patient presents in your clinic with a chronic cough of unknown origin, the patient should be asked to wear a mask. It is a good policy to have masks available for any patient with a cough of unknown origin to prevent transmission of airborne pathogens, including TB.
4. If you suspect your patient may have TB, the patient must be referred to a physician for diagnosis and treatment.

Transmission of *Mycobacterium tuberculosis* is a recognized risk to patients and health care personnel in health care facilities. Transmission is most likely to occur from patients who have unrecognized pulmonary tuberculosis or tuberculosis related to their larynx, are not on effective anti-tuberculosis therapy, and have not been placed in tuberculosis isolation. Transmission of *Mycobacterium tuberculosis* in health care settings has been associated with close contact with persons who have infectious tuberculosis.²

TB Survival Outside Host

M. tuberculosis can survive for months on dry inanimate surfaces and can survive in soil for four weeks, and in the environment for more than 74 days. Exposure to light inactivates the bacterium.³

Tuberculosis Risk Assessment

We recognize that students at OCOM's clinics are at risk of exposure to airborne diseases, including TB; therefore all students are included in a comprehensive TB control program that includes respiratory protection and education. All students are encouraged to receive TB testing using the Mantoux method, at their own expense, at least annually through the Multnomah County Health Department.

Personnel TB skin test (PPD) data will be evaluated during each test period to determine the conversion rate of personnel. The results of this analysis will be used to modify the ECP as needed. Data will be analyzed to determine the number of confirmed or suspected cases of TB in the patient population. This information will be used to determine the risk of exposure to students. Areas of employment and study in the college's clinics will be classified as low, medium, and high risk. These classifications are outlined as follows:

1. Low risk areas require annual risk assessments and PPD testing of employees and are defined by the following criteria:
 - a. PPD conversion risk in employees/students is no greater than in areas without occupational exposure.
 - b. There are no clusters of TB test conversions.
 - c. There is no evidence of TB transmission.
 - d. There are less than six TB patients cared for per year.
2. Intermediate risk areas require risk assessments and PPD testing every six months and are defined by the following criteria:
 - a. PPD conversion rate in employees/students is no greater than in areas without occupational exposure.
 - b. There are no clusters of TB test conversions.
 - c. There is no evidence of TB transmission.
 - d. Six or more patients with TB are seen per year.

Areas in which cough inducing procedures are performed on patients who may have TB will follow the

intermediate risk guidelines.

3. High risk areas require risk assessments and PPD testing every three months and are defined by the following criteria:

- a. PPD conversion of employees/students is higher than that of groups without occupational risk.
- b. Clusters of TB test conversions have occurred.
- c. There is evidence of TB transmission

Areas that identify clusters of TB disease or PPD conversions in employees should be treated as high risk and be screened every three months until screening data demonstrates a lower risk category.

Facilities that have areas of different risk should follow the specific guidelines for each area. The same protocol does not have to be followed in all areas.

After analysis of patient and employee data, it has been determined that OCOM's clinics are in the low risk category and PPD testing will be repeated every 12 months.

Tuberculosis Screening Program

The transmission of tuberculosis (TB) is a recognized risk among clientele served by the college's clinic employees and students. Transmission is most likely to occur from patients with undiagnosed pulmonary TB who are not on effective anti-tuberculosis therapy and are not using adequate infection control

Procedures: An effective infection control program requires early detection, isolation, and treatment of persons with active TB. Specific actions to reduce the risk of TB transmission include the screening of at-risk employees and students. The tuberculin skin test is the only method currently available that is suitable for this purpose.

The objective of the TB screening program is to educate all students regarding TB infection and TB screening.

Screening Program Guidelines

Students should understand that due to their potential for occupational exposure to infectious airborne materials, they may be at risk of acquiring TB infection or disease. Because of this risk, students are encouraged by the OCOM administration to get a TB skin test at their own expense. Any student must understand that should this test produce a positive result, the student may not work in the clinic, attend classes, or meet the public until they have had a negative x-ray examination or until they have been properly treated for TB.

TB Test Interpretation

All tests must be applied and read by individuals with training in TB test interpretation. Even if the test result is negative and there is no detectable reaction, it must be read by a qualified individual. Students should not read each other's tests.

For a TB test result to be positive, an induration or "bump" must be present 48 to 72 hours after the test is administered. The induration or bump is measured in millimeters (mm), and the results are recorded quantitatively (e.g., 5 mm or 15 mm or 0). "Positive" or "Negative" should not be used for reporting or recording results. Redness and itching are not positive reactions, only a bump or induration denotes a positive test.

Tuberculosis Exposure Guidelines

All individuals who report occupational exposure will receive counseling regarding TB infection versus TB disease, the risk of developing active disease, the increased risk for immuno-compromised individuals, and the signs and symptoms of TB. They shall be given baseline and follow-up screening assessments at no cost to themselves.

In the event of a possible exposure to TB, the following guidelines will be adhered to:

1. If the exposed individual had a previous negative TB test:
 - a. Repeat PPD if the last one was more than three months ago.
 - b. Repeat PPD in three months if the first test is <10mm.

- c. If the test results in induration are less than 5 mm, interpret according to CDC guidelines and refer for follow-up.
- d. If there is no induration, then no action is required
- 2. If the exposed individual had a previous positive TB test (>10 mm):
 - a. Counsel and follow regarding signs and symptoms of TB.
 - b. Refer for evaluation if signs or symptoms develop.
- 3. If the exposed individual has never been tested:
 - a. PPD as soon as feasible after exposure.
 - b. Repeat the PPD in three months if the first test was greater than 10 mm.
 - c. If the PPD results in induration, then interpret according to CDC guidelines and refer for evaluation.
 - d. If there is no reaction or increased induration, then no further action is needed.
- 4. For immunocompromised individuals:
 - a. PPD and anergy testing should be completed as soon as feasible.
 - b. Reactions greater than 5 mm should be considered positive in individuals that have a PPD Reaction.

Tuberculosis Containment in the Clinic Setting

Containment precautions should be followed by employees when in the presence of any patient diagnosed with infectious TB or with the following symptoms:

- 1. Prolonged cough
- 2. Coughing up blood
- 3. Night sweats
- 4. Weakness
- 5. Weight loss

Containment precautions are as follows:

- 1. The patient should wear a mask; masks are available from the clinic front desk.
- 2. Personnel should wear a mask as recommended in the CDC guidelines. The patient should be supplied with tissues to cover coughs and a receptacle for the disposal of contaminated tissues.
- 3. The patient should be isolated from employees and other patients. The patient should be moved to a private room with ventilation to the outside. The door should be kept closed. Opening a window to the outside will help reduce the volume of droplet nuclei
- 4. The number of individuals with patient contact should be kept to a minimum.
- 5. If patient requires it, the patient should be transferred to a facility with adequate respiratory isolation facilities such as OHSU. The infection control practitioner at the receiving facility will be notified prior to the patient's arrival.
- 6. Patient appointments should be scheduled in such a way that there is a minimum of exposure to others.
- 7. The patient should enter the work site through a designated (less used) entrance.
- 8. The patient should wait in an area that minimizes risk to others.
- 9. The patient should be given priority to be seen in a way that minimizes risk of exposure to others.
- 10. If possible, the patient should be evaluated in a setting outside the regular service area.

Respiratory Protection Program

The respiratory protection program for OCOM's clinics consists of the following components:

- 1. Evaluation of the student's ability to wear a respirator mask. Evaluation of students' ability to wear a respirator mask may be performed through an employee interview or questionnaire.
- 2. Fit testing of employees for use of respirator masks. Fit testing will be performed using irritant smoke, banana oil or other methods recommended by the manufacturer of specific respirators. Fit may be impaired if the

employee has a beard or facial hair.

3. Education related to the use and care of respirator masks.
4. Education informing students of high risk situations in which respiratory protection should be worn. The intent of this program is to define the rules regarding the use of respirator-masks for personal protection against TB. These rules are mandatory and are required by the Oregon Occupational Safety and Health Administration (OSHA).

Documentation of the components of the respiratory protection program is maintained by the Associate Dean of Clinical Education.

Respirator Mask Program

When available, respirator masks will be issued to at-risk students at the employer's expense. OCOM's clinics use the Tecnol PFR 95 style mask. This mask is NIOSH approved (TC-84A-0010) as an N95 particulate respirator, meets the CDC guidelines for TB exposure control, and provides 95% filtration efficiency of 0.3 micron particles.

Each student determined to be at-risk will wear an approved, properly fitted respirator mask when performing at-risk duties and when in the immediate area (within 10 feet) for an extended period of time (five minutes) where hazard exists. The following situations are considered hazardous and high risk for the transmission of TB:

1. When entering a setting where a TB case or suspected case is housed.
2. When entering an area where sputum induction or other high risk procedure is being performed.

Tuberculosis Education

All students and personnel will receive annual TB education appropriate to their position. This education will include the following:

1. Pathogenesis and Epidemiology of TB.
2. Occupational risk of TB transmission
3. Infection control and respiratory protection
4. The difference between TB infection and active disease
5. The increased TB risk for immuno-compromised individuals
6. Information regarding the TB exposure control plan and respiratory protection.

The TB education program will be presented by qualified individuals. Attendance records for TB education will be maintained by the Associate Dean of Clinical Education.

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