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OSHA directive updates inspection procedures for protecting workers from tuberculosis in healthcare settings

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On June 30, 2015, the U.S. Department of Labor issued a Directive to all field offices updating enforcement policies and procedures to be followed when conducting inspections and issuing citations related to occupational exposure to tuberculosis (TB).

This Directive supersedes one issued in 1996. The new Directive incorporates guidance from the Centers for Disease Control and Prevention's 2005 report, "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005*."

The revised Directive does not create any additional enforcement burdens for employers; rather it updates the agency's inspection procedures with the most currently available public health guidance.

According to the CDC, nearly one-third of the world's population is infected with TB, which kills almost 1.5 million people per year.

In 2013, there were 9,582 TB cases reported in the United States, and approximately 383 of those cases were among healthcare workers.

Multi-drug-resistant and extremely drug-resistant TB continue to pose serious threats to workers in healthcare settings. TB infection occurs when a susceptible person inhales droplets from an infected person who, for example, coughs, speaks or sneezes. It is the second most common cause of death from infectious disease in the world after HIV/AIDS.

These TB inspection and citation procedures apply to healthcare settings, which are defined as any setting in which healthcare is delivered and workers might share airspace with persons with TB disease or come into contact with clinical TB specimens.

These settings include: inpatient settings (patient rooms, emergency departments, intensive care units, surgical suites, laboratories, bronchoscopy suites, inhalation/respiratory therapy rooms, autopsy suites, and embalming rooms); outpatient settings (TB treatment facilities, medical offices, ambulatory care settings, dialysis units, and dental-care settings); and "non-traditional facility-based settings," such as emergency medical service facilities, long-term care settings, drug treatment centers and homeless shelters. These non-traditional settings were not included in the previous Directive.

Upon arrival at a healthcare facility for any inspection, the OSHA Compliance Safety and Health Officer (CSHO) is directed to request the presence of the infection control director or the health professional responsible for the control of health hazards.

The CSHO must then determine whether the facility has had a suspected or confirmed TB case among patients/clients or employees within the six (6) months prior to the inspection.

The CSHO is also directed to contact the local or state health department to determine whether the facility has reported any TB cases during the previous year.

The CSHO must also review the employer's OSHA 300 log for confirmed cases of work-related TB. If the CSHO determines that there were no suspected or confirmed TB cases among patients/clients or employees in the facility within the previous six (6) months, the TB portion of the inspection is suspended.

However, if the facility has had a suspected or confirmed TB case within the previous six (6) months, the CSHO is directed to proceed with the TB portion of the inspection by verifying the implementation of the employer's plans for TB protection through employee interviews and direct observations where feasible.

The TB inspection procedures include a review of the employer's written plan for employee TB protection, including

its infection control program, respiratory protection plan, and medical screening program.

The Directive requires citations for violations of the OSHA general duty clause if, within the preceding six (6) months, the employer has had employees working in health-care settings who have been exposed to (i) the exhaled air of an individual with suspected or confirmed pulmonary TB disease, or (ii) cough inducing or aerosol-generating procedures performed on an individual with suspected or confirmed TB disease that have the potential to generate infectious airborne droplet nuclei.

Citations may also be issued for violations of regulatory standards for respiratory protection (29 CFR 1910.134), personal protective equipment (29 CFR 1910.132), specifications for accident prevention signs and tags (29 CFR 1910.145), access to employee exposure and medical records (29 CFR 1910.1020), or recording and reporting occupational injuries and illnesses (29 CFR 1910 Part 104).

The CSHO must also evaluate whether the employer has implemented appropriate abatement measures, including a TB infection control program, TB risk assessment, medical surveillance, case management of infected employees, employee education and training, and engineering controls.

While the Directive applies only to states under federal OSHA jurisdiction, which are about half the states, it says that states with OSHA-approved state plans (including Kentucky) must have their own inspection policies and procedures related to exposure to TB, which must be at least as effective as those described in the new federal Directive.

State plans are required to notify federal OSHA within sixty (60) days whether they intend to adopt policies and procedures identical to those in the new instruction or to adopt or maintain different policies and procedures. So by mid-August we should know what the Kentucky Labor Cabinet intends to do.

State OSHA's next free training courses

Each year, Kentucky OSH conducts a series of free training in population centers across the state. The next courses will be held in Maysville ... Monday - Thursday, Aug. 10 through Aug. 13.

Location

Maysville Community and Technical College
1755 US Hwy 68, Maysville KY

To register or obtain more information, [click here](#), or call (502) 564-3070.

CITATIONS & FINES

CAMPBELLSVILLE FIRE DEPARTMENT

100 W. Broadway, Campbellsville

Inspection site: 100 W. Broadway, Campbellsville

1-7-2015

\$25,200

Serious

- Employees were not wearing protective helmets while in an elevated aerial basket near overhead power lines. \$6,300
- Employees were not wearing proper footwear to protect against electrical hazards. \$0
- Employees were not properly trained on safe approach distances to overhead power lines and on avoiding power line contact with vehicle. \$6,300
- Employer failed to ensure that unqualified employees maintained a proper, safe distance from overhead power lines. \$6,300
- Vehicle was operated improperly near energized overhead power lines. \$0
- Two employees were not wearing proper PPE when they touched the fire truck and were shocked. \$6,300

Other

- Employer did not maintain inspection, maintenance, repair and service records for fire vehicle. \$0

H AND H SHEET METAL FABRICATORS

355 Peyton St., Russellville

Inspection site: 355 Peyton St., Russellville

1-15-2015

\$23,850

Serious

- EMH crane was not frequently inspected. \$3,250
- EMH crane had not been inspected in the last 12 months. \$3,250
- Employees assisting welders were not wearing proper eye protection. \$1,950
- Employee used a damaged sling to lift a boom that was being welded. \$3,250
- Press brakes were not properly guarded. \$6,300
- Lathes were not properly guarded. \$3,250
- Employer did not provide screens or shields to protect employees from welding rays. \$1,950

Other

- OSHA 300 logs for 2014 were not properly kept. \$650
- 12-foot ladder with obvious defects was not removed from service. \$0
- Employer did not review emergency action plan with