



# **INFECTION CONTROL PLAN**

**FOR PREVENTING THE TRANSMISSION  
OF *M. TUBERCULOSIS***

**UMDNJ-RWJMS**

**UNIVERSITY MEDICAL GROUP**

**Clinical Manager/Contact or Designee:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Reviewed for 2009**

**INFECTION CONTROL PLAN  
FOR PREVENTING THE TRANSMISSION OF *M. TUBERCULOSIS*  
IN UMDNJ-RWJMS AMBULATORY CARE FACILITIES**

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**PURPOSE:** To establish a procedure for identifying and reducing the risk for transmission of tuberculosis to personnel who work in patient care areas (Healthcare Workers) and also to personnel who provide patient home care or outreach. Also, to emphasize the importance of:

- a) the hierarchy of control measures, including administrative and engineering controls and personal respiratory protection;
- b) the use of risk assessments to determine the level of occupational risk and whether there has been any employee conversions;
- c) early identification and management of persons who have TB;
- d) TB screening programs for Healthcare workers (HCWs). Healthcare workers are defined as employees who work in patient care areas; and
- e) Health Care Worker training and education

## **RESPONSIBILITY:**

The Dean of Robert Wood Johnson Medical School has ultimate authority and responsibility to ensure compliance with this Infection Control Plan.

The Director of Employee Health Services is responsible for assembling a Committee which will conduct an infection control investigation in the event that any nosocomial transmission of Tuberculosis is suspected or on other occasions, as necessary. The investigation will determine if any conversions were caused by occupational exposure and if additional control measures are necessary in any affected areas.

To ensure that potentially exposed personnel receive appropriate medical surveillance, the Department of Employee Health Services will be contacted by the clinical nurse manager on occasions when a patient presents at a RWJMS facility with symptoms or findings suggestive of active pulmonary TB. Employee Health Services will determine if it is necessary to conduct medical surveillance of potentially exposed employees and will make appropriate recommendations.

EOHSS, in conjunction with Employee Health Services, shall recommend appropriate control measures to identify and reduce the risk of nosocomial infections in patients and Healthcare workers.

The University Medical Group Director of Operations shall ensure compliance with this Plan for their facilities.

The directors of service departments, such as Environmental Services and Physical Plant shall ensure that employees who spend time in patient care areas receive training and medical surveillance as required by this plan.

Responsibility for the day-to day implementation of this TB Infection Control Plan is assigned to the

Clinical Manager/Contact or to the following designee \_\_\_\_\_. Working with their managers and their administration, these supervisory responsibilities include:

- 1) Conducting an initial risk assessment using the RWJMS TB Risk Assessment form (Appendix A) to evaluate the risk for transmission of TB in each area;
- 2) Tailoring this TB infection control plan, as necessary to ensure its relevance and usefulness for specific areas;
- 3) Completing the risk assessment form annually, each September, to evaluate the effectiveness of the TB infection control program and sending the completed form to Employee Health Services;
- 4) Providing prompt triage for and appropriate management of patients in the outpatient setting who have symptoms of infectious TB;
- 5) Developing, implementing and enforcing policies and protocols to ensure early identification of patients who may have infectious TB and to ensure that they are relocated from common waiting areas to a separate waiting area or sent directly to the Robert Wood Johnson University Hospital Emergency Room (phone 732-937-8944), which is equipped with appropriate isolation rooms and which performs diagnostic evaluations;
- 6) Implementing a comprehensive respiratory protection program, if necessary, as required by the Infection Control section of this Plan, which includes selection of approved respirators, fit-testing, and medical surveillance in situations where required under this Plan. In addition, completing Appendix B of this Plan to customize a written respiratory protection plan for the clinical unit;
- 7) Working with Division Chiefs or Unit Managers to enroll employees who may need to wear respiratory protection on certain occasions in the Employee Health Services respirator wearers medical surveillance program;
- 8) Ensuring utilization of precautions when cough-inducing procedures are performed on high risk patients;
- 9) Cooperating with Administration and with the Physical Plant Department to develop, install, maintain, and evaluate ventilation and other engineering controls to reduce the potential for airborne exposure to Tuberculosis where required by this Plan;
- 10) Ensuring that employees within their unit attend TB training sessions and can demonstrate that they are familiar with the symptoms of infectious TB, steps to be taken for patients with symptoms of infectious TB, effective methods for preventing transmission of TB, requirements for obtaining PPD tests as well as the benefits of medical screening programs;

- 11) Ensuring that employees within their unit comply with routine Tuberculosis screening programs as required in this Plan;
- 12) Promptly notifying Employee Health Services and working with Employee Health Services to investigate possible episodes of TB transmission in HCWs including PPD skin-test conversions among HCWs, epidemiologically associated cases among HCWs or patients, and contacts of patients or HCWs who have TB and who were not promptly identified and isolated; and
- 13) Coordinating treatment activities with the local public health department, emphasizing reporting and ensuring adequate discharge follow up and the continuation and completion of therapy.

## **INFECTION CONTROL MEASURES**

The RWJMS-UMG TB Infection Control Program is based on a hierarchy of control measures which are described below. The first two levels of the hierarchy minimize the number of areas in RWJMS where exposure to infectious TB may occur, and they reduce, but do not eliminate, the risk in those few areas where exposure to TB can still occur (e.g., rooms in which patients with known or suspected infectious TB are being isolated and treatment rooms in which cough-inducing or aerosol-generating procedures are performed on such patients).

### **1. Administrative Controls**

The first level of the hierarchy, and that which affects the largest number of persons, is using administrative measures intended primarily to reduce the potential for contact of uninfected persons to persons who have infectious TB. These measures include:

- a) implementing procedures to ensure the rapid identification, isolation, and where applicable, diagnostic evaluation and treatment of persons likely to have TB;
- b) implementing effective work practices among HCW's who have contact with persons who have symptoms of infectious TB (e.g., correctly wearing respiratory protection and keeping doors to isolation rooms closed);
- c) educating, training and counseling HCW's about TB and screening HCW's for TB infection and disease;
- d) assessment of the risk for transmission of tuberculosis to HCW'S, patients, volunteers, visitors and other persons in the RWJMS ambulatory care sites; and
- e) ensuring that control measures are implemented for HCWs who spend time in the homes of patients or in off-site centers as required by this Plan.

The Clinical Manager/Contact shall work with the Building Administrator, EOHSS, the Division Chief and University Medical Group Administration to ensure that administrative controls are implemented.

## 2. Engineering Controls

The second level of the hierarchy is the use of engineering controls to prevent the spread and reduce the concentration of infectious droplet nuclei in areas which perform high risk procedures or which diagnose high risk patients. These controls may include:

- a) isolation rooms with negative pressure;
- b) direct capture of airborne droplet nuclei using local exhaust ventilation;
- c) controlling direction of airflow to prevent contamination of air in areas adjacent to the infectious source;
- d) diluting and removing contaminated air via general ventilation; and,
- e) air cleaning via air filtration and/or ultraviolet germicidal irradiation (UVGI) as adjuncts to ventilation for reducing the concentration of infectious droplet nuclei in areas in which the risk for transmission of tuberculosis is determined to be high (e.g., isolation rooms, treatment rooms where high risk procedures are performed). The Assistant Director of Physical Plant will maintain on file an inventory of any ultraviolet lights and HEPA-filtered negative pressure devices. Applicable safety guidelines shall be followed in accordance with the manufacturer=s recommendations.

Ventilation system design at RWJMS shall meet all applicable federal, state and local requirements. The Clinical Manager/Contact, and the staff of the Physical Plant Department shall work closely with Employee Health Services and EOHSS to ensure that engineering controls are properly maintained.

## 3. Respiratory Protection

The third level in the hierarchy is the implementation of a personal respiratory protection program in department/divisions/clinical site where situations may arise which require the use of personal respirators. These are situations in which the risk for infection with *M. tuberculosis* may be relatively high and include:

- a) persons entering rooms where patient with known or suspected infectious TB are being isolated;
- b) persons present during cough-inducing or aerosol-generating procedures performed on high risk patients; and
- c) persons who work in off-site settings such as patient homes where administrative and engineering controls are not likely to protect them from inhaling airborne droplet nuclei.

In special cases, respiratory protection may be necessary based upon the unit's annual TB Risk Assessment, an evaluation of the units PPD test conversion data as well as any previous incidents involving possible person-to-person transmission of TB.

Appendix B contains a written Respiratory Protection Plan which must be customized for each clinic where one or more of the situations described above in a, b, or c may be encountered.

Clinical sites or laboratories which meet all of the criteria listed in a, b, c, d, and e, below do not need to implement a Respiratory Protection Program, under this Plan. Clinical sites which:

- a) do not diagnose or perform tests (such as x-rays) to diagnose TB in patients with coughs or other TB symptoms (e.g. dermatology, ophthalmology)
- b) do not perform high risk procedures
- c) refer patients with symptoms directly to a collaborating facility
- d) risk assessment (Appendix A) indicates that the facility is considered low risk for TB transmission
- e) do not make respiratory protection available to personnel

Before respiratory protection may be worn by personnel, a Respiratory Protection Program as required by the Occupational Safety and Health Act (29 CFR, 1910.139) as adopted under the Public Employees Occupational Safety and Health Act will be instituted. Details of the written program are specified in the Respiratory Protection Plan form (Appendix B) and include:

- a) fit testing to ensure that there is no leakage of air through the respirator/face juncture due to an inadequate fit. The Department of EOHSS will perform fit testing upon request.
- b) medical surveillance is necessary to ensure that the wearing of a respirator will not adversely affect any personnel's health. Employee Health Services must be contacted at phone: 445-0123 to enroll each personnel who may be required to wear a respirator into the Medical Surveillance Program. Medical surveillance for respiratory wearer=s includes a work and medical history and in certain cases, may require spirometry and/or chest x-ray.
- c) use only of disposable respirators which have been approved by the National Institute of Occupational Safety and Health for protection against TB. A surgical mask is not a respirator. For protection against TB, only particulate respirators which have a NIOSH or NIOSH/MSHA label on the respirators filter, container, instruction sheet or respirator. Respirators must have a minimum protection rating of HEPA, N-95, R-95 or P-95 to be used for protection against tuberculosis. For example, 3M's disposable respirator model number 1860 has a protection rating of N95.

Certain circumstances require that respiratory protection be worn. Respiratory protection is to be used by all HCW's when entering the room of a suspected or confirmed patient with confirmed or suspected TB, and when performing any procedure that is likely to generate droplet nuclei particles from a suspected or confirmed TB patient into the environment.

## **RISK ASSESSMENT:**

TB infection control measures shall be developed based on a careful assessment of the risk for transmission of TB within its patient care settings. Each clinical area and laboratory shall conduct a baseline risk assessment which will be repeated annually each September, using Appendix A. The purpose of the risk assessment is to evaluate the risk of transmission of TB in each RWJMS ambulatory care settings. A copy of this summary

should be faxed (445-0127) or mailed to Employee Health Services who will review this data to estimate the number of TB nosocomial transmission and to assess the level of potential occupational risk.

UMDNJ-RWJMS ambulatory care sites or specific occupational groups who work in patient care areas shall be classified as 'minimal risk' or higher as defined in the Centers for Disease Control and Prevention "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 1994." The risk classification is based upon the a) incidence of TB in the community in the past year, b) number of infectious TB patients who presented at the clinic, or the number of patients with symptoms of infectious TB who were identified, and c) the results of analysis of HCWs PPD test conversions (where applicable) and possible person-to-person transmission of TB.

## **IDENTIFYING, EVALUATING, AND INITIATING TREATMENT FOR PATIENTS WHO MAY HAVE ACTIVE TB:**

Triage of patients in ambulatory settings involve vigorous efforts to promptly identify patients who have active TB, to take measures to prevent exposure of other persons in the area to droplet nuclei, and to direct the symptomatic patient to clinics which are equipped to safely diagnose and provide care for Tuberculosis patients.

### **1. Identifying and handling of patients who have symptoms of active TB**

- a) All RWJMS personnel who work in patient care areas are required to attend initial and then update training every other year in the identification of persons who have symptoms of infectious TB. EOHSS will conduct the training sessions upon request. Alternatively, EOHSS will train departmental representatives who may then train the rest of the staff.
- b) Receptionists and other HCW's who have front line contact with patients shall be trained to ask questions that will facilitate identification of patients with signs and symptoms suggestive of TB. The materials in Attachment C are designed to be posted and used by HCWs to question symptomatic persons regarding their symptoms.
- c) Any patient who has a persistent cough (i.e. , a cough lasting for >3 weeks) or other signs and symptoms compatible with active TB (e.g., bloody sputum, night sweats, weight loss anorexia or fever) should be considered to have symptoms of infectious TB.
- d) Front line personnel shall promptly give a patient a tissue and tell the symptomatic patient to cough into it. Any HCW who suspects that a patient may have symptoms of active TB will notify the nurse or laboratory manager of the clinic of the presence of patients who have symptoms of Tuberculosis.
- e) TB precautions in the ambulatory care areas include: 1) placement of the suspected patient in a separate area apart from the other patients, and not in an open waiting area; 2) giving these

patients a surgical mask to wear and instructions to keep their mask on, and 3) giving these patients tissues and instructing them to cover their mouth and nose with the tissue when coughing or sneezing.

- f) When a patient presents with symptoms of TB, at a clinical site which does not diagnose Tuberculosis, the Nurse Manager will notify the Physican in charge and will ask the patient to report directly to the RWJUH Emergency Room, which is in walking distance of the CAB, the Professional Center, Suite I and other RWJMS New Brunswick ambulatory care sites. The Nurse Manager will phone the RWJUH Emergency Room to inform them (phone: 732-937-8944) that the symptomatic patient is enroute.
- g) In clinics which diagnose tuberculosis, patients with signs and symptoms suggestive of TB shall be sent to a facility with an isolation room where they can be evaluated promptly to minimize the amount of time they spend in the waiting area.

**2. Notification to ambulance dispatchers that transport is being requested for a suspect TB patient and notification to other clinical areas that a Suspect TB patient is being referred there.**

When suspected TB patients are being referred to another clinical site, the Nurse Manager will ensure that the clinical site manager is notified that a suspect TB patient is being sent over. If an ambulance is called to transport the suspected TB patient to the hospital, the dispatcher will be notified that the patient to be transported is suspected to have tuberculosis.

## **REPORTING OF CASES OF TB:**

Whereas the local health departments have an interest in controlling the spread of tuberculosis, particularly new forms of multiple drug resistant TB, RWJMS facilities, in accordance with NJ Code 8:57-5-3, shall report the following events to appropriate local health departments:

- a) All diagnosis of persons with active tuberculosis disease, as well as the name, telephone number and address of the case manager assigned to each person.
- b) Refusal or failure to submit to a TB diagnostic examination by persons who are clinically suspected of having tuberculosis disease.
- c) Loss of contact with any person with active tuberculosis.
- d) Persons terminated from a prescribed treatment plan, and
- e) Persons discharged from the hospital with tuberculosis diagnosis or treatment commitment pursuant to medical or court order.

## **TB EDUCATION AND TRAINING FOR HEALTH CARE WORKERS (HCW)**

All employees who work in patient care areas, including physicians, residents, nurses, receptionists, home health care personnel, as well as service personnel, shall receive education and training regarding occupational transmission of TB that is relevant to persons in their particular occupational group and assigned setting. This training shall be conducted as part of the initial employment orientation and periodically thereafter. The level and detail of the training will vary according to the HCWs work responsibilities and the level of risk in the area in which the HCW works. Training elements will be consistent with Centers for Disease Control and Prevention, "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994." Personnel who work in laboratories processing specimens for mycobacterial study will be trained in laboratory safety procedures in accordance with the most current edition of the CDC/NIH publication "Biosafety in Microbiological and Biomedical Laboratories".

### **HCW COUNSELING, SCREENING AND EVALUATION:**

TB counseling and screening for persons who work in the vicinity of patients (Health Care workers (HCW)) shall be conducted by Employee Health Services, which has a site at the EOSHI Building, located on the Piscataway Campus as well as at the Clinical Research Center, located on the 3rd floor of the Acute Services building of RWJUH. All HCW's regardless of history of BCG vaccination will be screened for TB before employment. Potential Health Care Workers who have no documentation of a prior tuberculin skin test will be given the two-step tuberculin skin test (TST) as part of the preemployment evaluation. Potential Health Care Workers who have documentation of a prior tuberculin skin test will be given a PPD or a TST. All Health Care Workers are then required to get a routine PPD annually on the anniversary date of their hire thereafter. If a PPD test is obtained by a clinic other than Employee Health Services, the employee is responsible for providing Employee Health Services with documentation of PPD results. When indicated, semi-annual testing will be conducted during the hire month and six (6) months later.

### **Diagnostic evaluation for active TB**

At RWJMS facilities, diagnostic measures for identifying TB should only be conducted in an isolation room, using respiratory protection, for patients in which active TB is being considered. These measures may include obtaining a medical history and performing a physical examination, PPD skin test, chest radiograph, and microscopic examination and culture of sputum or other appropriate specimens. Other diagnostic procedures (e.g., bronchoscopy or biopsy) may be indicated for some patients and usually require additional control measures.

Facilities which are not equipped with an isolation room will make arrangements to have diagnostic measures for identifying TB in symptomatic patients performed immediately the Robert Wood Johnson University Hospital Emergency Room by contacting the manager of the Emergency Room (phone: 732-937-8680).

## **MEDICAL MANAGEMENT OF INFECTED HEALTH CARE WORKERS**

Health Care Workers with newly recognized positive PPD test results or conversions will be referred for a clinical examination and follow-up chest radiograph. Workers with active TB will not be allowed to return to work until Employee Health Services provides written permission to their supervisors allowing them to return. The following criteria must be met for personnel to be cleared to return to work: adequate therapy has been given, cough is resolved, and three consecutive negative sputum smears were collected on different days. After returning to work, the Employee Health Services will ensure that the employee remains on anti-TB therapy for the appropriate time and remains AFB sputum smear negative. If a Health Care Worker is treated for TB by a private physician, that physician must notify the employee health department so that they may monitor the treatment.

Health Care Workers with latent TB will be evaluated for preventive therapy which is usually 6 to 12 months of isoniazid. Health Care Workers with latent TB or nonlaryngeal and nonpulmonary TB infection will be allowed to continue their usual work activities.

**APPENDIX A**  
**TB RISK ASSESSMENT FORM**

**TUBERCULOSIS (TB) RISK ASSESSMENT WORKSHEET**

for UMDNJ- RWJMS Outpatient Areas  
for compliance with PEOSH TB regulation

NAME of Person completing assessment: \_\_\_\_\_ TITLE \_\_\_\_\_

Department and Division: \_\_\_\_\_ Date \_\_\_\_\_

Unit/Area: \_\_\_\_\_

Unit Supervisor/Nurse Care Coordinator: \_\_\_\_\_

Clinic where PPD or Hep B vaccines were administered to your unit's employees:  
\_\_\_\_\_

**Instructions:** The purpose of this form is to assist your unit in complying with the NJ Public Employee Occupational Safety and Health Program (PEOSH) requirement that all public employers complete a risk assessment to determine the level of risk of TB exposure in each patient area. Complete the form and indicate "unknown" where you do not know the answer. Department/Divisions/Units such as Pulmonary Medicine which diagnose TB patients should complete section A. Departments/Divisions/Units such as Dermatology, which do not perform diagnoses for TB should complete section B. All Department/Divisions/Units must complete section C.

**Section A. To be completed by patient care areas that diagnose TB**

- 1a. Number of patients who visited area/unit who were then diagnosed with active pulmonary TB in the past year \_\_\_\_\_
- 2a. Number of employees in area/unit \_\_\_\_\_
- 3a. Number of employees with documented previous positive skin test results \_\_\_\_\_
- 4a. Number of employees required to be skin tested (#3a - #4a) \_\_\_\_\_
- 5a. Number of employees in area/unit tuberculin skin tested \_\_\_\_\_
- 6a. Employee conversions in past year Yes \_\_\_\_\_ # \_\_\_\_\_ No \_\_\_\_\_
- 7a. Evidence of occupational transmission? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section B. To be completed by areas that do not diagnose TB**

- 1b. Were there any patients who visited the unit who were identified as having signs/symptoms of active TB in the past year? Yes \_\_\_\_\_ # \_\_\_\_\_ No \_\_\_\_\_
- 2b. Was there any evidence that any patients who visited the unit in the past year had active TB? Yes \_\_\_\_\_ # \_\_\_\_\_ No \_\_\_\_\_
- 3b. Number of patients with active TB (#1b + #2b) # \_\_\_\_\_
- 4b. Number of employees in area/unit # \_\_\_\_\_
- 5b. Number of employees with documented previous positive skin test results # \_\_\_\_\_
- 6b. Number of employees required to be skin tested (#4b - #5b) # \_\_\_\_\_
- 7b. Number of employees in area/unit tuberculin skin tested # \_\_\_\_\_
- 8b. Employee conversions Yes \_\_\_\_\_ # \_\_\_\_\_ No \_\_\_\_\_
- 9b. Evidence of occupational transmission? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section C. Determining the Area/Unit TB risk (To be completed by all patient care areas)**

Use the data from #1a or #3b above and circle the appropriate area/unit TB risk category below:

- LOW RISK: Fewer than six patients visited the area/unit with active pulmonary TB
- INTERMEDIATE: Six or more patients visited the area/unit with active pulmonary TB

✓The risk assessment can end at this point if you checked "NO" for both #6a and #7a, OR for both #8b and #9b  
✓IF you checked "YES" for either #6a, #7a, #8b or #9b, contact RWJMS Employee Health Services (732-445-0123) for further instructions

***Fax the completed form to Employee Health Services at 732-445-0127***

# **Appendix B**

**UMDNJ-RWJMS**

**TB RESPIRATORY PROTECTION PLAN**

**for the**

**RWJMS University Medical Group**

# UMDNJ-RWJMS TUBERCULOSIS (TB) RESPIRATORY PROTECTION PLAN

## I. PURPOSE

The purpose of this Plan is to describe a comprehensive respiratory protection program to augment the use of administrative and engineering controls in reducing the risk of transmission of TB to health care workers. This program has been developed to comply with the requirements of the OSHA standard Respiratory Protection for *M. tuberculosis* (29 CFR 1910.139) which is enforced by the NJ Public Employees Safety and Health Program (NJ PEOSH).

## II. APPLICABILITY

### A. Patient care units which are required to implement a TB Respiratory Protection Program

A respiratory protection program and completion of a written respiratory protection plan are required whenever respiratory protection is made available even if it is not required to be worn by employees. The use of respirators for protection against TB, a comprehensive respiratory protection program and completion of this Plan are only required in patient care areas where situations may arise where there is an increased risk of exposure to tuberculosis droplet nuclei as described below. High risk procedures such as those described below (#2) are not conducted in RWJMS facilities because there are no rooms with the appropriate ventilation. Also, the types of respiratory protection recommended in Section IV are not protective enough for these types of procedures. This Plan does not cover high risk procedures conducted outside of UMDNJ. In such instances, please refer to the hospital-specific procedures for respiratory protection.

Situations for which the risk for infection with *M. tuberculosis* may be relatively high include:

- 1) Persons entering rooms where patient with known or suspected infectious TB are being isolated;
- 2) Persons present during cough-inducing or aerosol-generating procedures such as e.g., endotracheal intubation and suctioning, diagnostic sputum induction, aerosol/pentamidine treatments and bronchoscopy performed

- 3) on high risk patients; and
- 3) Persons who work in off-site settings such as patient homes where administrative and engineering controls are not likely to protect them from inhaling airborne droplet nuclei. Respiratory protection should be worn when the at-home patients have symptoms of TB and who are unwilling to cover their noses and mouths or to wear masks to prevent airborne aerosols when they cough.
- 4) In special cases, respiratory protection may be necessary based upon the unit's annual TB Risk Assessment, an evaluation of the units PPD test conversion data, as well as any previous incidents involving possible person-to- person transmission of TB.

**B. Patient care units which are not required to implement a respiratory protection program**

Clinical sites which meet all of the criteria listed in 1, 2, 3, 5 and 5 below do not need to implement a Respiratory Protection Program under this Plan. Clinical sites which:

- 1) Do not diagnose or perform tests (such as x-rays) to diagnose TB in patients with coughs or other TB symptoms (e.g. dermatology, ophthalmology);
- 2) Do not perform high risk procedures;
- 3) Refer patients with symptoms of active pulmonary TB directly to a collaborating facility;
- 4) Risk assessment (Appendix A of the TB Infection Control Plan) indicates that the facility is considered low risk for TB transmission; and
- 5) Do not make respiratory protection available to personnel.

**III. ROLES AND RESPONSIBILITIES**

**A. The University Medical Group (UMG) Director of Primary and Ambulatory Care shall:**

- 1) Ensure compliance with this Plan for UMG facilities.

- 2) In the case where an employee is found unable to wear respiratory protection equipment, based upon medical evidence, ensuring every effort is made to reassign the employee into a job position which does not require the use of respiratory equipment.

**B. In Patient Care Areas covered under this Plan Nurse Managers or the designee listed below shall:**

- 1) Decide which personnel or which job titles shall be enrolled in the respiratory protection program depending upon the type of medical or support service procedure performed by the health care worker. Completing Attachment VI to list the employees who are enrolled in the respiratory protection program.
- 2) Make arrangements for EOHSS to provide training and education for all Health Care Workers in the unit on TB and to also provide training on safe use of respirators and fit-testing for personnel enrolled in the TB Respiratory Protection Program initially, upon hire and annually
- 3) Scheduling medical evaluations to ensure that it is safe for employees to use a respirator. The form which appears as Attachment II (Request for Medical Evaluation for Respirator Use) should be used to initiate this process. Medical evaluations must be provided at initial employment and periodically thereafter. (See Section IV.B of this Plan).
- 4) If any persons with facial hair are enrolled in the Respiratory Protection Program, keeping unused shaving apparatus and shaving cream available and accessible.
- 5) Ensuring that employees seeking to fill positions which may require respirator use understand that they will be required to remain clean shaven or may need to shave any facial hair (e.g. beards, sideburns, moustaches, etc) which may interfere with a face-to-respirator seal quickly at the clinical site before performing any duties which require the use of a respirator.
- 6) Evaluating and revising, as necessary, their unit's TB Respiratory Protection program, annually. The Program Checklist which appears as Attachment II may be used to evaluate the program.

- 7) Ensuring that an adequate supply of respirators are maintained for unit use.
- 8) *The name, title and extension of this Department/Division/Unit's Clinical Manager/Contact or Designee :* \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ext \_\_\_\_\_

**C. Employee Health Services will provide:**

- 1) Respiratory protection clearance services for UMDNJ-RWJMS employees.
- 2) Documentation to the employee and his/her supervisor verifying clearance or non-clearance to wear respiratory protection.

**D. The UMDNJ Department of Environmental and Occupational Health and Safety Services (EOHSS) is responsible for:**

- 1) Updating this Plan, as necessary to ensure that it follows acceptable practices as specified in the OSHA Respiratory Protection for M. tuberculosis Standard and other standards as enforced by the NJ PEOSH Program.
- 2) Providing guidance and assistance in the selection of respiratory protection equipment.
- 3) Assisting in the identification of high risk activity which would require respiratory protection.
- 4) Coordinating the training and fit-testing requirements of this program.

**E. Personnel enrolled in the respiratory protection program will be responsible for the following:**

- 1) Using respiratory protection equipment only after receiving medical clearance, training and fit-testing (provided by UMDNJ-RWJMS).
- 2) Filling out the Respirator User's questionnaire (Attachment I).
- 3) Using the respirators in accordance with the instruction and training

received.

- 4) Following all departmental, University safety and health rules, and standard operating procedures for the control of TB transmission.
- 5) Performing negative and positive pressure (qualitative) tests to check the face piece fit immediately after putting on the respirator.
- 6) Maintaining respirators in clean working condition, disposing of them after use, and notifying the Nurse Managers or Designee if an adequate supply of replacements are not available.
- 7) Notifying the Nurse Manager/Designee or EOHSS of any problems, defects or concerns with regards to the respirators or implementation of the program.

#### **IV. Procedures**

##### **A. The minimum type of respiratory protection made available will be HEPA, N-95, R-95, or P-95.**

Where disposable respirators are made available, only those that have been certified by the National Institute for Occupational Safety and Health (NIOSH) with a minimum rating of HEPA, N-95, R-95 or P-95 may be used for protection against tuberculosis (for example, 3M's disposable respirator model number 1860 has a protection rating of N-95) . Disposable respirators with a more protective rating of N-100 or P-100 may also be made available. A rating of "95" designates a 95% particle capture efficiency of the most difficult to filter size aerosols ( .3 micron) .A rating of "100" designates a 99.97% particle capture efficiency of .3 micron particles.

Half face or full face respirators with disposable cartridges are also commercially available for protection against TB. These are usually used, however, for high risk procedures which are performed outside of UMDNJ-RWJMS facilities. N-95s are not protective enough for high risk (i.e., cough-inducing or aerosol-generating) procedures. Surgical masks are not respirators and do not provide adequate protection against TB. Respirators that have an exhalation valve may not be used during procedures that require a sterile field. Employees will only be assigned to wear respirators which has been found to form a leakproof seal around the face, based upon fit-testing performed by EOHSS. Attachment VI contains a list of job titles, tasks, and/or procedures in this unit which will require respiratory protection, as well as the brand and model number of respirator that will be

provided.

## **B. Medical Evaluation**

1. Employees will not be assigned to use respiratory protection until they have received medical clearance by a qualified physician.
  - a. Employee Health Services (EHS) shall provide respiratory protection clearance services for RWJMS employees.
  - b. the Nurse Manager or designee will complete the Request for Medical Clearance for Respirator Use (Attachment II) and submit it to EHS.
  - c. the Nurse Manager or designee will provide all employees working in the clinic who are included in the respiratory protection program with a Respirator Users Health Questionnaire (Attachment I) and will require that their employees complete the questionnaire. The employees will be required to return the questionnaires directly to EHS to ensure confidentiality.
  - d. EHS will provide documentation to prove clearance or non-clearance to the employee and his/her supervisor.
  - e. Medical evaluation and re-evaluation will take place periodically as follows:
    - i. At pre-placement evaluation;
    - ii. If the employee reports medical signs/symptoms that are related to their ability to use respirator;
    - iii. Information from the respiratory protection program, including observations made during fit-testing and program evaluation, indicating a need for employee re-evaluation;
    - iv. More frequently if recommended by the physician.
2. In cases where an employee is found to be unable to wear respiratory protection equipment for medical reasons, every effort will be made to place such an employee in a job position which does not require the use of respiratory equipment.

3. The Nurse Manager or designee will be responsible for maintaining the respiratory clearance reports confidentially.
4. Upon receiving notice from the physician that certifies the employee has been cleared to use respiratory protection, the Nurse Manager or Designee will schedule the employee to attend respiratory protection training by contacting the Department of EOHSS (235-4058).

**C. Training**

1. Training shall be provided and/or coordinated by EOHSS.
2. Training topics shall include the following information at a minimum:
  - a. the nature, extent and specific hazards of TB transmission at RWJMS
  - b. a description of the specific risks for TB infection among persons exposed as well as the risks involved in any subsequent treatment for infection, and the possibility of contracting active disease;
  - c. a description of administrative and engineering controls in place at RWJMS facilities, as well as on the departmental level and the reasons why they do not completely eliminate the need for respiratory protection.
  - d. a review of the department-specific TB Respiratory Protection Program (this may be conducted by the department personnel):
3. EOHSS or its designee(s) shall provide the following minimum information to employees and their supervisors:
  - a. a thorough description of the respirator to be used, an explanation as to why it was selected and a description of its limitations;
  - b. a brief description of the regulations or guidelines which cover TB prevention and control and respiratory protection;
  - c. instructions on how to put on the respirator and ensure a good fit, how to check for a good fit (i.e., negative and positive pressure test) and how to inspect, maintain and store the respirator;

- d. instructions on how often to dispose of disposable respirators;
  - e. instructions on how to recognize when the respirator is not working correctly;
  - f. an opportunity to handle and become acclimated to the respirators which will be used (i.e., hands-on training); and
  - g. information on how to report problems or concerns regarding the respirator or this program
4. Employees must be provided with a copy of the manufacturer's instructions on how to put on, maintain, inspect, store, and check the fit of the respirators to be worn. These copies must be provided as part of the training.
  5. Training will be repeated on an annual basis. Attendance records shall be maintained by EOHSS.
  6. The Nurse Manager or designee is responsible for reviewing the unit's TB Respiratory protection program with their employees.

**D. Fit Testing**

1. A qualitative fit test is required to determine whether a particular respirator model and size will adequately fit an individual. It is important to note that an employee may need to be fit tested with different sizes or respirator models before obtaining a good fit.

Factors which may make it difficult to obtain a good fit include glasses, a small face or a very narrow or wide bridge of the nose. Facial swelling caused by dental work or the loss or increase of 20 pounds or more body weight may also affect the way a respirator fits. It is important to note that facial hair such as beards, moustaches or sideburns which project underneath the respirator will also prevent a good fit. Consequently, the Nurse Manager or designee will ensure that employees seeking to fill positions which require respirator use understand that they will be required to shave any facial hair (e.g., beards, sideburns, moustaches, etc.) in situations where they must wear a respirator.

2. A fit-test will be performed on each employee. A Respirator Fit-Test

Record will be completed (Attachment IV) by the individual conducting the fit test. The original will be kept by EOHSS, and copies will be provided to the Nurse Manager or Designee and to the employee.

3. EOHSS shall coordinate the provision of fit tests.
4. Fit tests shall be repeated on annual basis in conjunction with annual training.

#### **E. Replacement, Storage, Maintenance and Inspection of Respirators**

1. The manufacturer's instructions on how to inspect, maintain and store a respirator should be followed carefully. A copy of the manufacturer instructions for storage, maintenance and inspection should be attached to this program (Attachment V) for reference. A copy of the manufacturer instruction shall also be provided to the employee by the Departmental Program Coordinator. In general, the following will also apply:
  - a. Respirators with replaceable filters and respirators that are classified as disposable can be reused by the same person as long as it is not soiled, wet or damaged. Respirators shall be replaced if the following conditions are present:
    - i. if there is difficulty breathing
    - ii. if there is noticeable damage to the respirator
    - iii. If the exterior of the respirator becomes wet or moist, or
    - iv. If the respirator has been contaminated with body or body fluids
  - b. Each Nurse Manager or Clinical Supervisor should establish a minimum respirator replacement schedule in accordance with manufacturer recommendations. For example, respirators may be replaced at the end of every shift, or if they are not soiled or otherwise damaged, at the end of the week as a minimum. EOHSS may be contacted for assistance in determining an appropriate replacement schedule.
  - c. each clinical site shall order a sufficient supply of respirators (and replacement parts, where necessary) and shall make them available to their employees.
  - d. respirators should be stored so they are not crushed or otherwise

damaged by heavy objects or inadvertent hand or body pressure. For example, putting them in clothes pockets or fanny-packs are not recommended because they may be crushed during other work activities.

- e. if respirators are to be stored in plastic zip-lock bags, they should be allowed to dry after use (exhaled breath contains moisture) before they are placed for storage in a plastic bag.
- f. when storing the respirators they should be labeled with the wearer's name.
- g. a negative and positive pressure test in accordance with the manufacturer's instructions must be performed by the wearer before entering the hazardous area or initiating the medical procedure. A copy of the manufacturer's instructions on how to check the fit of the respirator will be provided to the employee.
- h. the respirator must be inspected by the employee before each use. If any deficiencies are found, a new respirator should be used.

2. *In this Department/Unit, used respirators will be inspected, stored between uses, cleaned and disinfected according to the manufacturers instructions which appear as Attachment V. (Disposable respirators do not have to be cleaned and disinfected before they are discarded.)*

3. In this department, as a minimum, used respirators will be replaced every:

---

4. Replacement respirators will be immediately available and will be located at:

---

## **F. Evaluation of TB Respiratory Protection Program**

1. On an annual basis as a minimum, each Nurse Manager or Designee will evaluate their department's TB Respiratory Protection Program and revise it as necessary. Random inspections of all areas where respirators are used should be conducted to ensure compliance with this program. The checklist which appears as Attachment III will be used to document the evaluation. A copy of the completed checklist will be kept on file.
2. It is important to note that changes in the patient population served, the

implementation of new administrative procedures, or the installation (or removal) of engineering controls (i.e., ventilation) may require an evaluation before the anniversary date.

3. If a cluster of PPD conversions is detected for a specific title or department, Employee Health Services should be promptly contacted to initiate an investigation. Employee Health Services in conjunction with the Nurse Manager or designee and EOHSS shall evaluate the effectiveness of this program immediately.

APPENDIX B:  
ATTACHMENT I  
UMDNJ-RWJMS  
EMPLOYEE HEALTH SERVICES  
RESPIRATOR USERS HEALTH QUESTIONNAIRE  
for Protection against *M. tuberculosis*

**Note:** Personnel wearing N-95 or N-100 *disposal* respirators should only complete the following sections:

- 1) Part A. Section 1, questions 1-12
- 2) Part A. Section 2, questions 1-9

**Occupational Safety and Health Administration  
Respirator Medical Evaluation Questionnaire**

**Mandatory Appendix C to Sec. 1910.134**

**To the employee:** Can you read (circle one)? Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. Depending on your Supervisor's instructions, either give the completed questionnaire in a sealed envelope to your supervisor to forward it or send it directly to the UMDNJ-RWJMS Employee Health Services, EOHSI Clinic, 170 Frelinghuysen Road, Piscataway, NJ 08854, tel: (732) 445-0123, fax: (732) 445-0127, which you can contact for more information.

**To the employer:** Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

**Part A. Section 1. (Mandatory). The following information must be provided by every employee who has been selected to use any type of respirator (please print).**

- 
1. Today's date: \_\_\_\_\_ 2. Your name: \_\_\_\_\_
3. Date of Birth: \_\_\_/\_\_\_/\_\_\_ 4. Sex (circle one): Male/Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in. 6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
- 8-1. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (\_\_\_\_) \_\_\_\_\_
- 9-1. The best time to phone you at this number: \_\_\_\_\_ am \_\_\_\_\_ pm
- 10-1. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category): N respirator (e.g., for tuberculosis protection) \_\_\_\_\_  
R respirator \_\_\_\_\_  
P disposable respirator (filter-mask, non- cartridge type only) \_\_\_\_\_ Other type (e.g., half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus) \_\_\_\_\_
- 12-1. Have you worn a respirator (circle one): Yes/No  
If "yes," what type(s): \_\_\_\_\_

**Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no").**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes\_\_\_No\_\_\_

2. Have you ever had any of the following conditions?

	Yes	No
Seizures (fits):		
Diabetes (sugar disease):		
Allergic reactions that interfere with your breathing:		
Claustrophobia (fear of closed-in places):		
Trouble smelling odors:		

3. Have you ever had any of the following pulmonary or lung problems?

	Yes	No
Asbestosis		
Asthma		
Chronic bronchitis		
Emphysema		
Pneumonia		
Tuberculosis		
Silicosis		
Pneumothorax (collapsed lung)		
Lung cancer		
Broken ribs		
Any chest injuries or surgeries		
Any other lung problem that you've been told about		

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

	Yes	No
Shortness of breath		
Shortness of breath when walking fast on level ground or walking up a slight hill or incline		
Shortness of breath when walking with other people at an ordinary pace on level ground		
Have to stop for breath when walking at your own pace on level ground		
Shortness of breath when washing or dressing yourself		
Shortness of breath that interferes with your job		
Coughing that produces phlegm (thick sputum)		
Coughing that wakes you early in the morning		
Coughing that occurs mostly when you are lying down		
Coughing up blood in the last month:		
Wheezing		
Wheezing that interferes with your job		
Chest pain when you breathe deeply		

Any other symptoms that you think may be related to lung problems		
-------------------------------------------------------------------	--	--

5. Have you ever had any of the following cardiovascular or heart problems?

	Yes	No
Heart attack		
Stroke:		
Angina		
Heart failure		
Swelling in your legs or feet (not caused by walking)		
Heart arrhythmia (heart beating irregularly)		
High blood pressure		
Any other heart problem that you've been told about		

6. Have you ever had any of the following cardiovascular or heart symptoms?

	Yes	No
Frequent pain or tightness in your chest:		
Pain or tightness in your chest during physical activity		
Pain or tightness in your chest that interferes with your job:		
In the past two years, have you noticed your heart skipping or missing a beat:		
Heartburn or indigestion that is not related to eating:		
Any other symptoms that you think may be related to heart or circulation problems		

7. Do you currently take medication for any of the following problems?

	Yes	No
Breathing or lung problems		
Heart trouble		
Blood pressure:		
Seizures (fits):		

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

Never used a respirator \_\_\_\_\_

	Yes	No
Eye irritation		
Skin allergies or rashes		
Anxiety		
General weakness or fatigue		
Any other problem that interferes with your use of a respirator		

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes \_\_\_\_\_ No \_\_\_\_\_

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No

11. Do you currently have any of the following vision problems?

	Yes	No
Wear contact lenses		
Wear glasses		
Color blind		
Any other eye or vision problem		

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No

13. Do you currently have any of the following hearing problems?

	Yes	No
Difficulty hearing		
Wear a hearing aid		
Any other hearing or ear problem:		

14. Have you ever had a back injury: Yes/No

15. Do you currently have any of the following musculoskeletal problems?

	Yes	No
Weakness in any of your arms, hands, legs, or feet		
Back pain		
Difficulty fully moving your arms and legs		
Pain or stiffness when you lean forward or backward at the waist		
Difficulty fully moving your head up or down		
Difficulty fully moving your head side to side		
Difficulty bending at your knees		
Difficulty squatting to the ground		
Climbing a flight of stairs or a ladder carrying more than 25 lbs		
Any other muscle or skeletal problem that interferes with using a respirator:		

**Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1-1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes\_\_\_\_\_No\_\_\_\_\_

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes\_\_\_\_\_No\_\_\_\_\_

2-1. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes\_\_\_\_\_No\_\_\_\_\_

If "yes," name the chemicals if you know them:\_\_\_\_\_

3-1. Have you ever worked with any of the materials, or under any of the conditions, listed below:

	Yes	No
Asbestos:		
Silica (e.g. in sandblasting)		
Tungsten/cobalt (e.g. grinding or welding this material)		
Beryllium		
Alum		
Coal (for example mining)		
Iron		
Tin		
Dusty environments		
Any other hazardous exposures:		

If "yes," describe these exposures:\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4-1. List any second jobs or side businesses you have:\_\_\_\_\_

5 List your previous occupations:\_\_\_\_\_

6-1. List your current and previous hobbies:\_\_\_\_\_

\_\_\_\_\_

70. Have you been in the military services? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," were you exposed to biological or chemical agents (either in training or combat)

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have you ever worked on a HAZMAT team? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," name the medications if you know them: \_\_\_\_\_

10 Will you be using any of the following items with your respirator(s)?

	Yes	No
HEPA Filters:		
Canisters (for example, gas masks)		
Cartridges		

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

	Yes	No
Escape only (no rescue)		
Emergency rescue only		
Less than 5 hours per week		
Less than 2 hours per day		
2 to 4 hours per day		
Over 4 hours per day		

12. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour): Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

(Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines).

b. Moderate (200 to 350 kcal per hour): Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins

(Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface).

c. Heavy (above 350 kcal per hour): Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

(Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.))

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_  
\_\_\_\_\_

14 Will you be working under hot conditions (temperature exceeding 77 deg. F):

Yes\_\_\_\_\_No\_\_\_\_\_

15-1. Will you be working under humid conditions: Yes\_\_\_\_\_No\_\_\_\_\_

16-1. Describe the work you'll be doing while you're using your respirator(s): \_\_\_\_\_  
\_\_\_\_\_

17-1. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): \_\_\_\_\_  
\_\_\_\_\_

18 Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

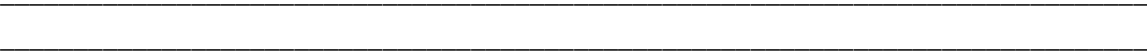
Toxic Substance Chemical/Product Name	Estimated Maximum Exposure Level per Shift	Duration of Exposure per Shift

The name of any other toxic substances that you'll be exposed to while using your respirator

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



/admin/icp/tbatt1.apb

**APPENDIX B:  
ATTACHMENT II**

**UMDNJ-RWJMS  
EMPLOYEE HEALTH SERVICES**

**REQUEST FOR MEDICAL EVALUATION FOR RESPIRATOR USE**

**REQUEST FOR MEDICAL EVALUATION FOR RESPIRATOR USE**

**Section A: COMPLETED BY REQUESTING DEPARTMENT MANAGER OR SUPERVISOR**

Employee name (please print) \_\_\_\_\_

SSN: \_\_\_\_\_  
Last First Middle

Position/Job title: \_\_\_\_\_ Work phone# \_\_\_\_\_

Department: \_\_\_\_\_ Work location: \_\_\_\_\_

Supervisor name (print): \_\_\_\_\_ Supervisor phone# \_\_\_\_\_

Models of respirator(s) being considered: \_\_\_\_\_

Hazardous agent:      TB    Chemical (specity)    Dust/particulate exposure (specify)    Other (specify)

Specify: \_\_\_\_\_

Level of physical exertion:    Light    Moderate                    Heavy                    Strenuous

Extent of usage:    Daily        Occasionally, but more than once a week        Rarely or emergency use only

How many hours a day will respirator be used? \_\_\_\_\_

Special work considerations (e.g., patient lifting requirements, other protective clothing which may add stress):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Manager/Supervisor Signature

Please forward to: Employee Health Services, EOHSI Clinic, Piscataway Campus  
(732) 445-0127 (fax)

---

**Section B: COMPLETED BY EMPLOYEE HEALTH SERVICE - Respirator Medical Classification:**

Employee name: \_\_\_\_\_

Assessment:    Initial                    Revision number \_\_\_\_\_

- The individual is medically qualified to use the respirator noted above without limitations/restrictions.
- The individual is medically qualified to use the respirator noted above with the following limitations/restrictions: \_\_\_\_\_
- The individual is currently NOT medically qualified to use the respirator noted above.
- Please have the individual contact EOHSI-Employee Health Service, tel.(732)445-0123, fax(732)445-0127, to schedule additional examinations.
- Other comments: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_

*Employee Health Services: Please return this form to EOHSS by mail or fax*

**REQUEST FOR MEDICAL EVALUATION FOR RESPIRATOR USE**

**Section A: COMPLETED BY REQUESTING DEPARTMENT MANAGER OR SUPERVISOR**

Employee name (please print) \_\_\_\_\_

SSN: \_\_\_\_\_  
Last First Middle

Position/Job title: \_\_\_\_\_ Work phone# \_\_\_\_\_

Department: \_\_\_\_\_ Work location: \_\_\_\_\_

Supervisor name (print): \_\_\_\_\_ Supervisor phone# \_\_\_\_\_

Models of respirator(s) being considered: \_\_\_\_\_

Hazardous agent:      TB    Chemical (specity)    Dust/particulate exposure (specify)    Other (specify)

Specify: \_\_\_\_\_

Level of physical exertion:    Light    Moderate                    Heavy                    Strenuous

Extent of usage:    Daily        Occasionally, but more than once a week        Rarely or emergency use only

How many hours a day will respirator be used? \_\_\_\_\_

Special work considerations (e.g., patient lifting requirements, other protective clothing which may add stress):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Manager/Supervisor Signature

Please forward to: Employee Health Services, EOHSI Clinic, Piscataway Campus  
(732) 445-0127 (fax)

---

**Section B: COMPLETED BY EMPLOYEE HEALTH SERVICE - Respirator Medical Classification:**

Employee name: \_\_\_\_\_

Assessment:    Initial                    Revision number \_\_\_\_\_

- The individual is medically qualified to use the respirator noted above without limitations/restrictions.
- The individual is medically qualified to use the respirator noted above with the following limitations/restrictions: \_\_\_\_\_
- The individual is currently NOT medically qualified to use the respirator noted above.
- Please have the individual contact EOHSI-Employee Health Service, tel.(732)445-0123, fax(732)445-0127, to schedule additional examinations.
- Other comments: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_

*Employee Health Services: Please return this form to EOHSS by mail or fax*

**APPENDIX B:  
ATTACHMENT III**

**UMDNJ - RWJMS**

**PROGRAM EVALUATION CHECKLIST**

## Program Evaluation Checklist

OSHA Standard 1910.139, requires regular evaluation of the effectiveness of the respirator program. The following checklist will be used by the department on an annual basis to evaluate the effectiveness of their respiratory program.

Name and Title of Supervisor performing evaluation: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Program Operation

- Has a risk assessment for TB with respect to this department been conducted recently (at least within the last year)?
- Has every employee wearing a respirator had medical evaluation to determine physical and psychological ability to wear the respirator?
- Has every employee wearing a respirator attended training/in-servicing regarding its use?
- Has every employee wearing a respirator been fit tested within the last year?
- Has anyone been observed wearing a respirator with facial hair that might interfere with the face to facepiece seal?
- Is there a record(s) documenting medical evaluation, type and size of respirator assigned, and fit testing results for every employee wearing a respirator?
- Are respirators being worn when indicated or required?
- Have employees been observed wearing the respirators correctly?

### 2. Storage and Replacement

- Are respirators stored in a manner so as to protect them from dust, sunlight, heat, excessive cold or moisture, blood or other potentially infectious materials, or damaging chemicals?
- Are respirators being replaced in accordance with the departmental requirements (e.g., at least once every shift/day, once a week, etc.)?

### 3. Inspection

- Are respirators inspected before and after each use?

### 4. Availability of Respirators

- Are replacement respirators immediately available for use?
- Is there a sufficient amount of each size and type of respirator available?

**APPENDIX B:  
ATTACHMENT IV**

**EOHSS RESPIRATOR FIT TESTING RECORD**

**EOHSS RESPIRATOR FIT TESTING RECORD**

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Respirator Model: \_\_\_\_\_ Size \_\_\_\_\_

Testing Agent/Procedure: \_\_\_\_\_

Name of Individual Performing the Fit Test \_\_\_\_\_

(Print)

Signature of Fit Tester: \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX B:  
ATTACHMENT V\***

**\*The manufacturer's instructions for storing, replacing, inspecting and using the respirators will be inserted into the program after this page.**

**APPENDIX B:  
ATTACHMENT VI**

**NAMES, JOB TITLES AND DUTIES OF PERSONS ENROLLED IN THE  
RESPIRATORY PROTECTION PROGRAM**



**APPENDIX C**  
**Recognition of Patients with Symptoms of TB**

## **Recognition of patients with symptoms of Tuberculosis (TB)**

The earlier an active infectious TB carrier can be identified, the better. Health Care Workers with patient contact, especially those at the first point of contact, such as receptionists, should know which persons are at higher risk of TB and should ask a standard set of questions for persons who appear to have signs or symptoms suggestive of TB. If the patient appears to have the symptoms of TB, he or she should be directed to the Robert Wood Johnson University Hospital Emergency Room (732- 937-8944), which diagnoses TB and has the appropriate isolation rooms.

### **Persons at Higher Risk for TB**

- \* Persons with HIV infection
- \* Close contacts of persons with infectious TB cases
- \* Persons with medical conditions that increase the risk of TB
- \* Foreign born persons from areas with a high prevalence of TB (i.e., Asia, Africa, the Caribbean, Latin America)
- \* Medically under-served, low-income populations (e.g., some African-American, Asians, Latinos, Native Americans including native Alaskans, Pacific Islanders)
- \* Alcoholics and intravenous drug users
- \* Residents of long-term care facilities, correctional institutions, nursing homes, homeless shelters, or other long-term residential facilities
- \* Persons 65 years or older

### **Has the Patient had the following:**

1. Productive, prolonged cough for more than three (3) weeks
2. Night sweats
3. Fever, chills, fatigue
4. Weight loss
5. Loss of appetite
6. A known case of TB in the past
7. Coughing up blood
8. In an AIDS unit, any respiratory problems, even if the x-ray should *Pneumocystis carinii* pneumonia