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I have read the information on TB requirements - it doesn't state WHO pays for the TB screening. Employer or employee. New employee? Thank you in advance.

The US Department of Labor – Occupational Safety & Health Administration (OSHA) has a webpage pertaining to tuberculosis which can be accessed at this link:

<https://www.osha.gov/SLTC/tuberculosis/index.html> ¹

Regarding employer responsibility and tuberculin skin testing, OSHA's *Directive CPL 02-02-078 - Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis* states as follows:

a) TB Infection Control Program. The CDC recommends that employers develop written TB infection control plans that outline a protocol for the early identification of individuals with suspected or confirmed TB. The plan should be updated annually. The program should be supervised by appropriate personnel, e.g., a person or group with expertise in LTBI, TB disease, infection control, occupational health, environmental controls, and respiratory protection. See 2005 CDC Guidelines, pp. 8-9

b) TB Risk Assessment The CDC recommends that employers conduct initial and ongoing evaluations of the risk for TB transmission regardless of whether patients with suspected or confirmed TB disease are expected to be encountered in the setting. See 2005 CDC Guidelines, p. 9. The three TB screening risk classifications are low risk, medium risk, and potential ongoing transmission. See 2005 CDC Guidelines, p. 10.

The classification of low risk should apply to settings in which workers are not expected to encounter persons with TB or clinical specimens that might contain M. tuberculosis. The classification of medium risk should apply to settings in which workers will or will possibly be

exposed to persons with TB disease or to clinical specimens that might contain M. tuberculosis. The “potential ongoing transmission” classification should 13 apply temporarily to any setting where there is evidence suggestive of person-to-person (e.g., patient-to-patient, patient-to-worker, worker-to-patient, or worker-to-worker) transmission of M. tuberculosis during the preceding year. See 2005 CDC Guidelines, p. 10.

The types of administrative, environmental, and respiratory protection controls needed, and the need for medical surveillance, will depend on the risk classification assigned to the setting as a result of the risk assessment. Risk assessments also serve as on-going evaluation tools for TB infection control programs. See 2005 CDC Guidelines, pp. 9-10 and Appendix B – TB Risk Assessment Worksheet.

NOTE: If the facility has not completed a risk assessment, the Area Director should consider citing the employer for a failure to “identify and evaluate the respiratory hazard(s) in the workplace” (29 CFR 1910.134(d)(1)(iii)) or for a failure to “assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment” (29 CFR 1910.132(d)(1)). See also paragraphs XVI.B and XVI.C, below.

c) Medical Surveillance. The 2005 CDC Guidelines recommend that TB screening programs cover workers who perform any of the following activities: a) entering patient or treatment rooms used for suspected or confirmed TB cases (whether or not a patient is present); b) participating in cough-inducing or aerosol generating procedures (e.g., bronchoscopy, sputum induction, and administration of aerosolized medication); c) participating in M. tuberculosis specimen processing (whether suspected or confirmed); or d) installing, maintaining, or replacing environmental controls in areas in which one encounters persons with TB disease. See 2005 CDC Guidelines, p. 4. The CDC has compiled a list of specific workers who might be included in a TB surveillance program (2005 CDC Guidelines, pp. 3-4).

Initial Exams. The CDC generally recommends that employers offer a baseline BAMT or TST to all new workers in healthcare settings (2005 CDC Guidelines, p. 28). 14 NOTE: A “TB skin test,” or TST, means the intradermal injection (Mantoux Method) of PPD (a tuberculin antigen) with subsequent measurement of the indurations(hardened mass) by designated, trained personnel.

A two-step baseline TST should be used for new employees who have not had a documented negative TST result during the preceding 12 months (2005 CDC Guidelines, Box 1, p. 29). Alternatively, the BAMT can be used (2005 CDC Guidelines, p. 28). With the BAMT, only a

single test is required to establish the baseline (2005 CDC Guidelines, p.29). TB tests should be offered at no cost, and at times and locations that are convenient for, employees.

NOTE: A positive result to the second step (but not the first step) of a baseline two-step TST is probably caused by boosting, not by recent infection with M. tuberculosis. Such responses can result from remote infections with M. tuberculosis or previous Bacille Calmette-Guérin (BCG) vaccination. Two-step testing minimizes the likelihood that boosting will lead to an unwarranted suspicion of M. tuberculosis transmission based on subsequent testing. See 2005 CDC Guidelines, p. 28. The BAMT may be preferable for testing employees who have previously been provided the BCG vaccine, as it is not expected to result in false positive results. See 2005 CDC Guidelines, p. 29.

NOTE: The reading and interpretation of TB skin tests should be performed by qualified individuals in the manner described in the 2005 CDC Guidelines (p. 46).

Periodic Evaluations. CSHOs should determine whether TB testing has been conducted in accord with Appendix C of the 2005 CDC Guidelines for employees in low risk settings, medium risk settings, and settings with the potential for ongoing transmission. The employer's decisions concerning medical surveillance should be based on up-to-date risk assessments. See 2005 CDC Guidelines, p. 30.

In low risk settings, annual screening is not necessary; however, if an exposure to a person with, or specimen containing, TB occurs, the employer should provide screening and update the risk assessment in accord with the 2005 CDC Guidelines. 15

In medium risk settings, screening should be provided at least every year.

In settings where there is the potential for ongoing transmission, workers should be tested every 8 – 10 weeks until a determination is made that there is no more ongoing transmission. At that point, the setting should be reclassified as medium risk, and should remain at that classification (at a minimum) for at least one year.

Serial testing is not necessary if an employee has (1) a documented history of TB disease; (2) a documented positive test result; or (3) documented completion of treatment for LTBI or TB disease (2005 CDC Guidelines, p. 29). Persons with positive TST or BAMT results should receive one baseline chest radiograph to exclude a diagnosis of TB disease. Further chest radiographs are not needed unless the patient has symptoms or signs of TB disease or unless ordered by a physician for a specific diagnostic examination. Instead of participating in serial skin testing, workers with positive TST results should receive a medical evaluation and a symptom screen. The frequency of this medical evaluation should be determined by the risk assessment for the setting. See 2005 CDC Guidelines, p. 80.

Staggered serial follow-up screening (e.g., not testing all employees in the same department in the same month) increases the chances that infection-control problems will be detected early (2005 CDC Guidelines, p. 30). ²

Please note that there may be varying requirements in those states with State OSHA Programs. It is recommended that you contact OSHA in your state to find out if there are any different requirements. Further information about State OSHA Programs can be accessed at <https://www.osha.gov/dcsp/osp/index.html>

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Any further questions on this topic should be directed to your area OSHA office.

There may also be other requirements specific to your state. It is recommended that you contact your State Board of Dental Examiners/Licensing Board and State Health Department - Dental Program as those agencies may also possibly have input on such requirements. Additionally, in the event that Workers' Compensation laws may be applicable in your state, it is recommended that you also consult with your attorney on this matter.

Resources

1) US Department of Labor – Occupational Safety & Health Administration. Tuberculosis. <https://www.osha.gov/SLTC/tuberculosis/index.html>
Accessed on August 8, 2016.

2) US Department of Labor – Occupational Safety & Health Administration. Directive CPL 02-02-078 Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis. https://www.osha.gov/OshDoc/Directive_pdf/CPL_02-02-078.pdf Accessed On August 8, 2016.

3) US Department of Labor – Occupational Safety & Health Administration. Frequently Asked Questions about State Occupational Safety and Health Plans. <https://www.osha.gov/dcsp/osp/index.html> Accessed on August 9, 2016.

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