



Education | Healthcare | Public Services

## *WORK SHOULDN'T HURT*

# Tuberculosis: Steps to Protect Workers

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Public health staff, corrections officers and other public employees are at risk of being infected with TB in their workplace. **Preventive measures can and should be put into place.** Union and frontline staff involvement are essential when addressing health and safety with the employer. For more information on ways to address health and safety concerns, contact AFT Health and Safety at [4healthandsafety@aft.org](mailto:4healthandsafety@aft.org).

1. The employer and union should create a written employee exposure control plan, ideally through a joint labor-management health and safety committee. This plan, which should be available for all employees upon request, should identify:
  - Who is at risk—the job classifications and tasks that put employees at risk.
  - Methods to reduce employee exposure.
  - Surveillance programs to identify and evaluate infected employees with costs covered by the employer.
  - Contact tracing for all cases of active TB.
  - Training for employees on all aspects of TB and infection control.
2. Early identification and evaluation of institutionalized people with active TB
  - Patients/clients/inmates with respiratory symptoms of unknown origin should be isolated immediately and tested for TB. Additional testing for COVID-19 or flu may be appropriate.
  - The person should be placed in airborne infection isolation rooms (AIIRs) until TB (and COVID) are ruled out.
  - The patient should be masked in any area outside the AIIR; for example, during transportation within the facility or to another facility.
  - Where AIIRs are not available, the person should be isolated in a closed room. Require the person to stay masked. Open windows if feasible.
  - Arrange for the person to be tested and treated as quickly as possible.
  - Discharge planning is necessary for patients/clients/inmates with active TB to reduce the risk of spreading the outbreak to other facilities.

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The AFT is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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### 3. Routine employee screening

- The employer should screen every employee at the time of hire at no cost to the employee. This should include:
  - A physical examination;
  - Medical history; and
  - A two-step skin (Mantoux) test. Blood tests should be offered if the employee was vaccinated for TB.
- Testing should be done at least annually. More frequent testing (such as quarterly) for workers at higher risk of exposure is necessary during an outbreak.
- Immediate testing must be offered to workers exposed to a person with active TB if the worker was not wearing a fit-tested respirator. Testing should be repeated in 12 weeks.
- Employees' medical records and testing status must be kept confidential.

### 4. Comprehensive medical evaluation and counseling for all employees who test positive

The employer must provide:

- Follow-up medical evaluation (e.g., X-ray, sputum tests, etc.) at no cost to every employee who tests positive for TB.
- The employer should pay for all necessary treatment for employees with active TB.
- Employees with active TB need counseling on:
  - The importance of complying with the drug therapy program;
  - When they can return to work; and
  - Obtaining TB screening for household members.
- Counseling for employees with inactive/latent TB infection should include:
  - Information on options for preventive therapy;
  - Benefits and side effects of preventive therapy; and
  - Guidance on monitoring their health for signs of active TB.

### 5. Appropriate ventilation/environmental controls

- The heating, ventilating and air-conditioning system for the whole facility must be assessed by a qualified HVAC engineer to determine if the system meets the manufacturer's recommendations for adequate ventilation and filtration. Ensuring appropriate ventilation and filtration is the most effective preventive measure.
- Healthcare facilities must meet the ASHRAE 170 and ASHRAE 62.2 standards.
- People with suspected or confirmed active TB should be isolated in airborne infection isolation rooms (AIIRs), negative pressure rooms that exhaust the contaminated air out of the facility.
- Local ventilation (separate hoods or booths) should be provided for people who undergo aerosol drug treatments or procedures that induce coughing.
- Other control methods (portable HEPA air-filtration units, appropriately placed ultraviolet lighting, etc.) can be implemented when separate ventilation cannot be installed.

6. A comprehensive respiratory protection program that adheres to the OSHA respiratory standard
  - When the employer cannot guarantee that appropriate ventilation and environmental control measures are in place, fit-tested respirators (N95 or stronger) are essential to protect workers who are exposed to people with active TB.
  - Face masks do not protect people from inhaling TB particles.
  - Risk of infection increases in enclosed, overcrowded and poorly ventilated spaces. Risk also rises with the amount of time spent with a person with active TB. **Standing six feet away from an infected person will not protect the worker.**
  - Public employers in states with state OSHA plans are required to meet the OSHA respiratory protection standard. This includes medical evaluation, fit-testing and employee training. Public employees in states without OSHA plans may bargain to for the employer to meet this national standard. For more information, see:
    - [1910.134 - Respiratory protection. | Occupational Safety and Health Administration](#),
    - [DHHS \(NIOSH\) Publication No. 2025-102, Respirator Selection Guide for the Healthcare Industry](#), and
    - [respirator and mask factsheet - copyedited.docx](#)
  
7. Medical removal for employees who may be at high risk of infection
  - If adequate ventilation and filtration cannot be implemented in high-risk areas, the employer should allow workers with diabetes, certain cancers and immune system deficiencies to transfer to safer areas without risk of losing pay or benefits.
  
8. A comprehensive training program
  - All workers in high-risk facilities must receive training at least annually. Training should not be limited to those in the highest-risk positions.
  - Training should include:
    - TB transmission; signs and symptoms; when to seek testing; and treatment options.
    - All aspects of the written TB control plan, including when to isolate patients/clients/inmates and when to use a respirator.
  
9. Workers' compensation
  - It should be presumed that every employee in these institutional settings who recently tested positive contracted the TB infection on the job.
  - These employees should be eligible for workers' compensation benefits to cover ongoing medical evaluation, treatment and preventive therapy.

### CDC Screening Recommendations for Corrections and Detention Facility Workers

- Workers receive a physical exam and provide their medical history at the time of hire. Two-step skin testing or a blood test is provided.
- Testing is repeated at least annually. More frequent screening is needed when the facility's conversion rate is substantially higher than previous rates or when other evidence of ongoing transmission is detected.
- Employees must be informed that they should seek appropriate follow-up and testing for TB if they are immunosuppressed for any reason (e.g., have HIV infection).
- Employees who test positive must have X-rays and a complete medical evaluation.
- Those who test positive with latent TB should be offered treatment.
- Staff with TB symptoms should be excluded from the workplace until test results come back negative.
- For more information, see [TB Prevention and Control in Correctional Facilities | Tuberculosis \(TB\) | CDC](#) and [Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC: Endorsed by the Advisory Council for the Elimination of Tuberculosis, the National Commission on Correctional Health Care, and the American Correctional Association](#)