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## **NURSES DESERVE TO BE PROTECTED FROM TB: NURSES NEED ANNUAL RESPIRATOR FIT-TESTING !**

The Occupational Safety and Health Administration (OSHA) began including tuberculosis under the Respiratory Protection Standard in July 2004. However, Congress denied OSHA funds for fiscal year 2005 to enforce a critical part of the standard, annual fit-testing.

Now the House of Representatives has voted again to deny OSHA enforcement funds for fit-testing for fiscal year 2006, although the vote was very close. The Senate will consider OSHA's budget and annual fit-testing soon.

### **WHAT'S THIS ALL ABOUT?**

In 1998, OSHA updated the Respiratory Protection Standard for the first time since 1971, requiring that workers who need respirators when they are exposed to hazardous airborne biological or chemical agents are "fit-tested" annually to ensure a proper facial seal and to refresh them on proper donning procedure.

This standard covers all industries, including health care. Tuberculosis was excluded because OSHA was planning to issue a TB standard with rules for respirator use, but OSHA cancelled the proposed TB standard in 2003.

In 2004, OSHA announced that because the proposed TB standard was cancelled, respirator use for TB would now be covered under the updated 1998 Respiratory Protection Standard. The American Hospital Association (AHA) and the Association for Professionals in Infection

Control and Epidemiology (APIC) lobbied Congress against annual fit-testing and were successful in preventing OSHA from enforcing it in fiscal year 2005.

### **WHAT DOES THE RESPIRATORY PROTECTION STANDARD & FIT-TESTING MEAN FOR RNS AND OTHER HEALTH CARE WORKERS?**

This standard **updates protections for health care workers to the same level given to workers in all other industries** for all other hazardous agents that necessitate a respirator. Health care workers who could treat or come into contact with patients with TB should be medically evaluated and given a respirator fit-test annually.

Health care facilities should already be conducting annual fit-testing for workers who are exposed to highly contagious airborne diseases and chemicals such as ethylene oxide and formaldehyde. JCAHO requires hospitals to adhere to all OSHA standards.

With the **increased potential for bio-terrorism, such as release of smallpox, and newly emerging infectious disease outbreaks, such as avian flu and SARS**, fit-testing for health care workers should be part of any health care facility's disaster preparedness and respiratory protection programs.

## WHY IS FIT-TESTING NECESSARY?

Fit-testing is the only way to determine that a respirator fits tightly enough on the face to provide a good seal. OSHA determined that it needs to be done at least annually due to weight loss or gain and dental changes. Between 5% and 50% of workers would lack a proper fit without annual testing. The short test also reminds workers of proper donning procedure.

Dr. Mark Nicas, an expert at the University of California-Berkeley School of Public Health estimates that a poorly fitting respirator provides 70% protection—compared to 95% protection with a properly fitted respirator. Several Toronto health care workers who had not been fit-tested before the SARS outbreak contracted the disease. In the event of an infectious disease outbreak, it would be too late to conduct fit-testing for nurses.

## TB IS STILL A REAL THREAT TO RNS!

AHA says that annual fit-testing is an unnecessary burden because TB infection rates have declined since the early 1990s.

However, the CDC reported earlier this year that the national TB infection rate declined at the lowest rate in 2003 since 1992, indicating slowing progress against the disease, dropping by only 1.9% from the previous year. And while some states have made significant progress against TB since the highs in the early 1990s, infection rates increased in 18 states and remained the same in 4 states in 2003.

TB infection rates increased in Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, Indiana, Iowa, Louisiana, Maine, Nevada, New York, South Dakota, Texas, Utah, Vermont, and Virginia.

TB infection rates remained the same in Idaho, Nebraska, North Dakota, and Wyoming.

TB and multi-drug resistant TB is still a daily risk for nurses who care for immigrant, homeless, incarcerated, and long-term care populations.

## AHA DOES NOT CARE ABOUT PROTECTING NURSES—JUST SAVING MONEY

AHA and APIC are the same parties that lobbied to cancel the proposed TB standard, which would have required hospitals to have isolation rooms for TB patients and other protections for health care personnel.

OSHA estimates that the **total cost for annual fit-testing nationally is only \$11.7 million annually**, an insignificant amount. For a small hospital, fit-testing would cost approximately **eight-thousandths of 1% of revenue**, but hospitals don't want to pay even that!

Moreover, AHA revealed that they do not care about protecting employees' health when they wrote to OSHA to protest the respiratory protection standard:

*“tuberculosis outbreaks were controlled by early identification of cases, isolation, and appropriate treatment...when masks were standard for protecting health care personnel.”*

They are talking about controlling the further spread of TB by giving personnel surgical masks. Protecting the workers who care for TB patients does not appear to be a priority for them.

Nurses are asked to do so much—and to respond to any disaster. **They should not be asked to risk contracting TB to save their employer a fraction of a percent of revenue.**