

Tuberculosis

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Donning & Removing Disposable Respirators

Question: Recently several new staff members were fit-tested for respirators in the event that we treat a patient with H1N1 influenza or tuberculosis. Since we don't use the respirators very often, do you have or know of anything that provides a quick review about disposable respirators?

Answer: The National Institute for Occupational Safety and Health (NIOSH), a part of the Centers for Disease Control and Prevention (CDC), recently published information about donning and removing disposable respirators. NIOSH Publication No. 2010-131: "How to Properly Put on and Take off a Disposable Respirator" is available at no charge by visiting: <http://www.cdc.gov/niosh/docs/2010-131/>.

Several general reminders about disposable respirators include:

- Wash your hands thoroughly before putting on and taking off the respirator.
- If you have used a respirator before that fits you, use the same make, model and size.
- Inspect the respirator for damage. If your respirator appears damaged; DO NOT USE IT. Replace it with a new one.
- Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.
- Follow the instructions that come with your respirator. (Note: Manufacturer instructions for many NIOSH-approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/.)

Respirators should only be used in the context of a complete respiratory protection program* which includes training and fit-testing of individuals to ensure an adequate seal between the face and the edges of the mask. The NIOSH brochure does not replace this.

* USAF facilities should contact Bioenvironmental Engineering.

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Positive Tuberculin Skin Test (11/08)

Question: A patient indicated a positive tuberculin skin test (TST) on their medical history form; does this mean they have active tuberculosis and dental treatment should be postponed?

Answer: A positive tuberculin skin test (TST) indicates past infection with *Mycobacterium tuberculosis*. It may, but does not necessarily, indicate active tuberculosis (TB). If the patient reports having received appropriate treatment for the condition, confirm this by reviewing the medical record. The patient may then be treated in the dental clinic without any special precautions. If no history of therapy is reported by the patient, he/she should be referred for medical evaluation. The Centers for Disease Control and Prevention (CDC) recommends that individuals with a positive TST undergo further evaluation to rule out active TB disease by having a chest x-ray and probably obtaining a sample of sputum (phlegm that is coughed up from deep in the lungs). If



the tests indicate an active infection, the patient would then be prescribed appropriate medication. Even if no positive indication of active disease is found and the patient has not received treatment in the past, the patient may be prescribed prophylactic medication to prevent clinical disease.

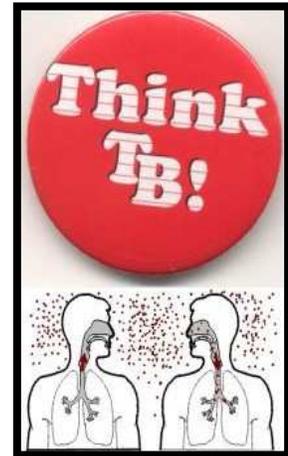
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Written Tuberculosis Protocol (4/06)

Question: Is the dental clinic required to have a written protocol for treating patients with tuberculosis (TB)? What if our facility does not treat patients with tuberculosis?

Answer: Since community TB risk assessments will vary depending upon location, USAF dental clinics are required to follow their medical treatment facility (MTF) guidance regarding the following:

- developing, maintaining, and implementing a written TB infection-control plan;
- managing a patient with suspected or active TB;
- completing a community risk-assessment to guide employee tuberculin skin tests (TST) and follow-up; and
- managing dental health-care personnel (DHCP) with TB disease.



More than likely the MTF TB plan will cover the dental clinic; however you may need to include a section in your infection-control operating instructions that describes how the dental clinic supports and executes the MTF plan.

If your MTF does not provide treatment for TB patients you still need to be equipped to manage a patient with active or suspected TB before they are referred to a facility that can manage TB patients. For example, it would be helpful to include protocols that describe evaluation procedures for the patient with suspected or known TB disease (e.g., evaluating the patient away from other patients and DHCP); respiratory hygiene and cough etiquette procedures for the patient (e.g., having the patient wear a surgical mask or be instructed to cover their mouth and nose when coughing and sneezing); and referral arrangements.

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