# Table of Contents

Introduction............................................................................................................................................ 1
Scope........................................................................................................................................................... 1
Purpose.......................................................................................................................................................... 1
Applicable Regulations ........................................................................................................................ 1
Implementation.......................................................................................................................................... 2
  Acceptance of Documents....................................................................................................................... 3
  Compliance................................................................................................................................................. 3
  Non Compliance..................................................................................................................................... 3
Respirator Selection.................................................................................................................................. 3
  Filtering Facepieces................................................................................................................................. 4
  Approval...................................................................................................................................................... 4
Targeted Personnel.................................................................................................................................... 4
Medical Evaluations................................................................................................................................ 4
Training..................................................................................................................................................... 5
  Mechanisms for Fit Testing....................................................................................................................... 5
  Quantitative Fit Testing............................................................................................................................. 6
  Qualitative Fit Testing............................................................................................................................... 6
  Face-to-Facepiece Seal............................................................................................................................... 6
Filtering Facepieces for Protection Against M. tuberculosis ................................................. 6
Respiratory Protection Against Chemical Agents..................................................................... 6
User Fit Checks....................................................................................................................................... 7
Respirator Cleaning................................................................................................................................ 7
Respirator Storage................................................................................................................................... 7
Inspection and Repair.............................................................................................................................. 7
Voluntary Use ......................................................................................................................................... 7

Appendix A: Targeted Personnel Tuberculosis Training and Fit Testing......................... i
  Targeted Clinical Personnel .................................................................................................................... i
  Residency and Fellowship Programs ........................................................................................................ i
  Students ................................................................................................................................................ i
  Others ...................................................................................................................................................... i

Appendix B: EVMS Respirator Facial Hair Policy Statement........................................ ii

Appendix C: Medical Respiratory Protection Questionnaire ................................. iii

Appendix D: Summary of the Tuberculosis Risk Assessment ........................................ viii
  Risk Categories ...................................................................................................................................... viii
  Incidence of TB ..................................................................................................................................... viii

November 2014
Notice

This document supersedes all other previous Eastern Virginia Medical School (EVMS) documents pertaining to respiratory protection.

INTRODUCTION

This document has been created to establish, implement and administer a respiratory protection program (Program) for EVMS employees & students and clinical staff of Eastern Virginia Medical Group.

The EVMS Academic Occupational Health and Safety Committee develops and issues this Program with input from the Occupational Health Medical Director and the Occupational Safety Officer.

SCOPE

This program applies to employees and students who:
   a) Are required to use a respirator to protect their health
   b) Elect to use a respirator when there is no requirement to do so

PURPOSE

The purpose of this program is to ensure protection from respiratory hazards through the proper use of approved respirators. Respirators are to be used only where implementation of work practices or effective engineering controls of respiratory hazards are not feasible, while engineering controls are being installed or repaired, or for emergency or other temporary situations. Respirators may also be used when not required, i.e., voluntary use. The procedures established in this program comply with the requirements of 29 CFR 1910.134.

APPLICABLE REGULATIONS

<table>
<thead>
<tr>
<th>Regulation Topic</th>
<th>Regulation</th>
<th>Last Updated</th>
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IMPLEMENTATION

EVMS Academic Occupational Health and Safety Committee will:
- Assess the effectiveness of the Respiratory Protection Program at least annually

Environmental Health & Safety (EH&S) will:
- Contact the Occupational Health Medical Director annually to implement the *M. Tuberculosis* risk assessment
- Distribute the results of the *M. Tuberculosis* risk assessment and a copy of this program to the Chairman of the departments identified as being at risk
- Work with the identified departments to determine how their respiratory protection needs can be met
- Coordinate and conduct respirator fit testing
- Supply program participants using filtering facepieces one additional respirator, for emergency situations, which is to be stored at the participant’s workplace

Respiratory Program Administrator:
- Responsibility and authority for administering the respiratory protection program is assigned to the Occupational Safety Officer
- Will conduct hazard assessments on operations, processes or work areas where airborne contaminants may necessitate participation in the Respiratory Protection Program

Occupational Health Medical Director will:
- Annually perform a *M. Tuberculosis* risk assessment of the employee and student population of the medical school
- Provide a copy of the completed risk assessment to Environmental Health & Safety and Occupational Health

Occupational Health will:
- Provide the employees identified in the risk assessment a copy of the Medical Respiratory Protection Questionnaire
- Review completed questionnaires and document the ability to wear or not wear a respirator

Department Administrators will:
- Work with the Occupational Health Medical Director, Occupational Health and Environmental Health & Safety to ensure compliance with the program
- Be responsible for the compliance of their employees and/or students
- Be responsible for reimbursing EH&S for fit testing supplies and associated expenses

Identified Employees and/or Students will:
- Obtain and submit completed medical questionnaires to Occupational Health on an annual basis
- Complete respirator training and fit testing on an annual basis, within 30-days of their initial notification
• Be responsible for their own compliance to the Program

**Acceptance of Documents**

If a person has been medically qualified, trained or fit-tested at a facility or provider other than EVMS, it is the responsibility of that person and/or supervisor to ensure that written documentation of the completed components are acquired and maintained at EVMS.

**Compliance**

Environmental Health & Safety will work with the EVMS Office of Institutional Compliance to coordinate training of all faculty and staff during the annual training periods established by the compliance office. During such periods, the Office of Institutional Compliance shall be responsible for ensuring that faculty and staff members comply with the training and/or fit testing requirements. For any training outside such period, Environmental Health & Safety will work with department administrators to schedule fit-test appointments for students and employees. EH&S will notify employees and supervisors using the following schedule:

**Training Due Notification** 1 – 30 days Pre-Due Date

• Employee/Student
• Supervisor

**1st Non-Compliance Notice** 7 days Past Due

• Employee/Student
• Supervisor
• Department Chair

**2nd Non-Compliance Notice** 30 days Past Due

• Employee/Student
• Supervisor
• Department Chair
• Compliance Officer or Health Services Administrator
• Human Resource Director
• Health Services Director

**Non Compliance**

Employees that are 30 days or more past due for the medical qualification, training or fit testing requirements of this program are considered to be non-compliant and their supervisor shall prevent them from working in patient areas until the requirements are completed.

Students that do not comply with the medical qualification, training or fit testing requirements of this program within 30 days post-due are considered to be non-compliant and their program coordinator shall prevent them from working in patient areas until the requirements are completed.

**Respirator Selection**

Respirators are selected on the basis of respiratory hazards to which the person is exposed and on
user factors that affect respirator performance and reliability. The Program Administrator makes all respirator selections and shall be selected from a sufficient number of brands, models and sizes so that the respirator is acceptable to and correctly fits the user.

**Filtering Facepieces**

Disposable filtering facepieces are the most commonly used respirator at EVMS. The N-95 Filtering Facepiece will be used for protection against certain particles/dusts, transmission of *M. tuberculosis*, SARS, pandemic flu and other airborne infectious diseases. This tight-fitting negative pressure respirator must be fit-tested to fit the user’s face.

**Approval**

Only respirators approved by the National Institute of Occupational Safety and Health (NIOSH) will be selected for use in the Program.

**Targeted Personnel**

Employees identified as having clinical patient contact and as working in medium or high-risk environments, as determined by the annual Tuberculosis Risk Assessment (Appendix D) will be identified in the Human Resources database. These employees will be imported into the Occupational Health Manager (OHM) software on a bi-weekly basis and tagged as needing to be fit tested for a respirator. EH&S will then monitor compliance with the respirator fit test policy based on the employees identified in the OHM database.

**Special Situations.** The Program and the identification, training and fit testing provisions will apply, as necessary, to special scenarios of respiratory pathogen risk, such as pandemic flu outbreaks. Input and guidance from the Occupational Health Medical Director will be provided to EH&S in these situations.

**Medical Evaluations**

Persons will not be fit tested unless it has been determined that they are physically able to perform the work and use the respirator.

The Occupational Health Nurse will perform medical evaluations using the medical questionnaire found in Appendix C. All medical questionnaires and examinations are confidential and handled during the employee’s normal working hours or at a time and place convenient to the employee. The Occupational Health Nurse will certify whether or not the respirator user is medically able to wear a respirator and perform his work. If the respirator user is medically unable to wear a tight fitting negative pressure respirator, his or her supervisor or academic coordinator must be contacted. The academic coordinator or supervisor may choose to provide a loose-fitting powered air purifying respirator or make administrative changes to ensure there is no exposure to respiratory hazards.

The respirator user’s medical status will be reviewed annually by EVMS Occupational Health or by another licensed health care professional. A medical history will be obtained and evaluated for changes in medical status during the past year. If a condition exists that could change the
status of the respirator user, the licensed health care professional will determine the extent of additional evaluation necessary and documentation of this evaluation will be forwarded to the Respiratory Program Administrator and the employee’s supervisor. Medical expenses incurred by these examinations/evaluations are the responsibility of the individual’s department.

TRAINING

Respirator users shall be trained annually, in accordance with the requirements of 29 CFR 1910.134(k). Training shall include the following topics:

- Regulations
- Respiratory hazards and the need for protection
- Proper type of respirator
- Donning, doffing and user fit-checks
- Care and storage
- Scheduling of a fit test

EH&S will document this training. EH&S will monitor the training and it can be accomplished through:

- Live training
- On-line training

FIT TESTING

Before an employee may be required to wear any respirator, the person shall be fit-tested with the make, model, style and size of respirator that will be worn. Respirator users shall be fit tested:

- Prior to initial use
- Annually thereafter
- Whenever there are changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to:
  - Facial scarring
  - Dental changes
  - Facial cosmetic surgery
  - Obvious body weight changes
  - Whenever the employee reports that the respirator is unacceptable, he or she shall be given an opportunity to select a different respirator facepiece and to be retested
  - When risk assessment dictates such

Mechanisms for Fit Testing

Fit testing can be accomplished through three different mechanisms:

- Individual fit-test appointments with EH&S
- Scheduled fit testing events at various locations with EH&S
- Clinical Departments may fit test their own employees & students
  - EH&S will train people how to perform qualitative fit testing
  - EH&S will monitor fit testing performance

November 2014 5
Quantitative Fit Testing
The protocol for quantitative fit testing contained in Appendix A of 29CFR 1910.134 shall be used unless a different protocol is required by substance-specific OSHA standard.

Qualitative Fit Testing
The protocol for qualitative fit testing contained in Appendix A of 29 CFR 1910.134 shall be used for all employees. The protocol for qualitative fit testing of non-employees can be an abbreviated method, based on the professional judgment of the person performing the fit test.

Face-to-Facepiece Seal
Facial hair or any material is not allowed to come in between the seal of the respirator and the user’s face. 29 CFR 1910.134(g)(1) states:

The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or any condition that interferes with the face-to-facepiece seal or valve function.

Filtering Facepieces for Protection Against M. tuberculosis
The Center for Disease Control and Prevention (CDC) recommends that a respirator with 95% efficiency be used for situations where M. tuberculosis exposure is likely. Respirators for protection against transmission of M. tuberculosis shall be provided when an employee:

- Enters an airborne precautions room or area in use for TB isolation
- Is present during the performance of procedures or services for an individual with suspected or confirmed TB who is not masked
- Repairs, replaces or maintains air systems or equipment that may reasonably be anticipated to contain aerosolized M. tuberculosis
- Is working in an area where an unmasked individual with suspected or confirmed infectious TB has been segregated or otherwise confined

Other situations may occur where suspected or confirmed infectious TB is present. In these situations it is prudent to place a mask on the individual with suspected or confirmed TB when coughing or after cough inducing procedures.

Respiratory Protection Against Chemical Agents
An employee may be required to work in hazardous atmospheres, such as in areas of elevated formaldehyde vapors or with asbestos-containing materials. In such cases, the Respiratory Program Administrator will conduct a hazard evaluation for each operation, process or work area where airborne contaminants may be present. The hazard evaluation will include: an identification of the hazardous substances used or present in the workspace and a review of work processes to determine where potential exposures to these hazardous substances may occur. If the Respiratory Program Administrator deems it warranted, personal air sampling of the employee, conducted in accordance with accepted industrial hygiene standards, may be included in the hazard evaluation.
If the Respiratory Program Administrator’s hazard evaluation determines that an air purifying respirator (APR) is required, the administrator will notify Occupational Health of the necessity for the employee’s participation in the Respiratory Protection Program. The employee will then need to complete the Medical Respiratory Protection Questionnaire and return it to Occupational Health for evaluation. Upon medical clearance from Occupational Health, the administrator will

- Assist in the selection of the respirator and appropriate filters
- Conduct a fit test with the required respirator
- Instruct the employee on proper use, cleaning and storage of the respirator and filters

**USER FIT CHECKS**

To assure proper protection, the facepiece fit shall be checked by the wearer each time he/she puts on the respirator. Fit checks do not apply to filtering facepieces such as the N95. Fit checks may be done by following the manufacturer’s facepiece fitting instructions.

**RESPIRATOR CLEANING**

In order to ensure proper protection is provided for the wearer, used respirators shall be cleaned and disinfected before being reused.

Respirators will be completely cleaned and disinfected or disposed of according to the manufacturer and CDC/OSHA guidance/recommendations.

**RESPIRATOR STORAGE**

Respirators should be stored in a clean, convenient and sanitary location according to the manufacturer’s recommendations.

**INSPECTION AND REPAIR**

Each user shall maintain and routinely inspect their respirator before and after use according to the manufacturer’s recommendations.

**VOLUNTARY USE**

Individuals may use a respirator voluntarily due to the presence of a nuisance environment, annoyance dust or animal dander when not a requirement of 29 CFR 1910.134(c)(2). This is an acceptable practice as long as the individual is aware that:

- Respirators are an effective means of protection against designated hazards when properly selected and worn
- Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers
- If a respirator is used improperly or not kept clean, the respirator itself can become a hazard to you
- Sometimes workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards
If provided a respirator for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard (29CFR 1910.134 Appendix D)

Note: If a respirator is not required but the user chooses to utilize a filtering facepiece, no medical qualification, training or fit test is required. Anything above a filtering facepiece used on a voluntary basis requires medical qualification, training and fit testing.
APPENDIX A: TARGETED PERSONNEL TUBERCULOSIS TRAINING AND FIT TESTING

Targeted Clinical Personnel
The clinical personnel identified in the M. Tuberculosis risk assessment (Appendix D) as being at medium or high risk shall participate in the program.

Residency and Fellowship Programs
- 1st Year Residents
- After the first year of residency, Residents will participate in this program according to their being at medium or high risk, as identified in the M. Tuberculosis risk assessment (Appendix E)

Students
- Medical students (years 1-2 and 4)
- Physician Assistant students (2nd year only)
- Surgical Assistant students (1st and 2nd year)

Others
- Non-human primate users
- Police & Security employees
APPENDIX B: EVMS RESPIRATOR FACIAL HAIR POLICY STATEMENT

The Occupational Health Committee and the ad hoc Pandemic Planning Committee met on September 16, 2009. During both of these meetings, OSHA required Respirator Fit Testing progress was reviewed and discussed.

EVMS is required to provide a safe working environment. Several infectious diseases are recognized health care worker hazards. Tuberculosis is an ongoing hazard for EVMS health care providers. Novel respiratory infections are acute hazards for all employees, particularly for EVMS health care providers. CDC recommends and OSHA mandates that EVMS provide personal protective equipment that will mitigate these hazards to higher risk employees. EVMS is required to mandate that all at-risk workers must use protective equipment. Tuberculosis and many other respiratory infections require the use of N95 respirators. These respirators are not effective if an employee has facial hair or unusual facial shape. Alternative respirators are available for employees who cannot be fitted for the N95, but these respirators require a significant extra expense.

Both the Occupational Health and ad hoc Pandemic Planning committees reviewed possible policy options to manage these few cases. The following are these committee recommendations:

1. Employees with a facial shape who cannot be fitted for N95 respirators be provided Powered Air Purifying Respirators (PAPR)
2. Employees with recognized religious beliefs that prevent the shaving of facial hair be provided PAPR
3. Employees with recognized medical conditions that prevent safe respirator use will be given alternate duties if available
4. Employees with facial hair without religious beliefs that prevent the shaving of facial hair will be encouraged to shave for fit testing. Short trimmed goatees may be acceptable. Those at low risk may grow facial hair after fit testing, but must have a means at work to remove facial hair before entering a hazardous work site
5. Employees with facial hair without religious beliefs that prevent the shaving of facial hair in high risk areas or significant continuous risk of hazardous exposures will be required to maintain their ability to wear the N95 mask by keeping facial hair to acceptable standards

Employees who do not shave facial hair to standards will be required to wear the PAPR or be removed from at risk positions.
APPENDIX C: MEDICAL RESPIRATORY PROTECTION QUESTIONNAIRE

Can you read (check one): Yes ☐ No ☐

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

Name: _____________________________________________________ Date: _____________

Job Title: _____________________________________________________________________

Age (to nearest year): _________ Sex (check one): Male ☐ Female ☐

Height: _________ ft. _________ in. Weight: _________ lbs.

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the area code): _______ - _______ - _________

The best time to phone you at this number:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Has your employer told you how to contact the health care professional who will review this questionnaire (check one): Yes ☐ No ☐

Check the type of respirator you will use (you can check more than one category):

☐ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
☐ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you worn a respirator (check one):
Yes ☐ No ☐

If "Yes," what type(s):____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
The questions 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)
   Yes  □  No  □  Diabetes (sugar disease)
   Yes  □  No  □  Allergic reactions that interfere with your breathing
   Yes  □  No  □  Claustrophobia (fear of closed-in places)
   Yes  □  No  □  Trouble smelling odors

3. Have you ever had any of the following pulmonary or lung problems?
   Yes  □  No  □  Asbestosis
   Yes  □  No  □  Asthma
   Yes  □  No  □  Chronic bronchitis
   Yes  □  No  □  Emphysema
   Yes  □  No  □  Pneumonia
   Yes  □  No  □  Silicosis
   Yes  □  No  □  Pneumothorax (collapsed lung)
   Yes  □  No  □  Lung cancer
   Yes  □  No  □  Broken ribs
   Yes  □  No  □  Any chest injuries or surgeries
   Yes  □  No  □  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
   Yes  □  No  □  Shortness of breath when walking fast on level ground or walking up a slight hill or incline
   Yes  □  No  □  Shortness of breath when walking with other people at an ordinary pace on level ground
   Yes  □  No  □  Have to stop for breath when walking at your own pace on level ground
   Yes  □  No  □  Shortness of breath when washing or dressing yourself
   Yes  □  No  □  Shortness of breath that interferes with your job
   Yes  □  No  □  Coughing that produces phlegm (thick sputum)
   Yes  □  No  □  Coughing that wakes you early in the morning
   Yes  □  No  □  Coughing that occurs mostly when you are lying down
   Yes  □  No  □  Coughing up blood in the last month
   Yes  □  No  □  Wheezing
   Yes  □  No  □  Wheezing that interferes with your job
   Yes  □  No  □  Chest pain when you breathe deeply
Yes ☐ No ☐ 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
Yes ☐ No ☐ Stroke
Yes ☐ No ☐ Angina
Yes ☐ No ☐ Heart failure
Yes ☐ No ☐ Swelling in your legs or feet (not caused by walking)
Yes ☐ No ☐ Heart arrhythmia (heart beating irregularly)
Yes ☐ No ☐ High blood pressure
Yes ☐ No ☐ 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
Yes ☐ No ☐ Pain or tightness in your chest during physical activity
Yes ☐ No ☐ Pain or tightness in your chest that interferes with your job
Yes ☐ No ☐ In the past two years, have you noticed your heart skipping or missing a beat
Yes ☐ No ☐ Heartburn or indigestion that is not related to eating
Yes ☐ No ☐ 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
Yes ☐ No ☐ Heart trouble
Yes ☐ No ☐ Blood pressure
Yes ☐ No ☐ 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:)

Yes ☐ No ☐ Eye irritation
Yes ☐ No ☐ Skin allergies or rashes
Yes ☐ No ☐ Anxiety
Yes ☐ No ☐ General weakness or fatigue
Yes ☐ No ☐ 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
Yes ☐ No ☐ Wear glasses
Yes ☐ No ☐ Color blind
Yes ☐ No ☐ 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
Yes ☐ No ☐ Wear a hearing aid
Yes ☐ No ☐ 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
Yes ☐ No ☐ Back pain
Yes ☐ No ☐ Difficulty fully moving your arms and legs
Yes ☐ No ☐ Pain or stiffness when you lean forward or backward at the waist
Yes ☐ No ☐ Difficulty fully moving your head up or down
Yes ☐ No ☐ Difficulty fully moving your head side to side
Yes ☐ No ☐ Difficulty bending at your knees
Yes ☐ No ☐ Difficulty squatting to the ground
Yes ☐ No ☐ Climbing a flight of stairs or a ladder carrying more than 25 lbs
Yes ☐ No ☐ Any other muscle or skeletal problem that interferes with using a respirator

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.
16. 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 ☐

17. 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? ____________________________________________
_________________________________________________________________________________

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

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

If "yes," describe these exposures: _______________________________________________________
_________________________________________________________________________________

19. List any second jobs or side businesses you have: _______________________________________
_________________________________________________________________________________

20. List your previous occupations: _____________________________________________________
_________________________________________________________________________________
APPENDIX D: SUMMARY OF THE TUBERCULOSIS RISK ASSESSMENT

Risk Categories
The clinical employee population will be characterized by risk of exposure to *M. tuberculosis*:

Low Risk
The classification of low risk should be applied to settings in which persons with TB disease are not expected to be encountered and therefore, exposure to *M. tuberculosis* is unlikely. This classification should also be applied to Health Care Workers (HCW) who will never be exposed to persons with TB disease or to clinical specimens that might contain *M. tuberculosis*.

Medium Risk
The classification of medium risk should be applied to settings in which the risk assessment has determined that HCWs will or will possibly be exposed to persons with TB disease or to clinical specimens that might contain *M. tuberculosis*.

High Risk
The classification of potential ongoing transmission should be temporarily applied to any setting (or group of HCWs) if evidence suggestive of person-to-person (e.g., patient-to-patient, patient-to-HCW, HCW-to-patient, or HCW-to-HCW) transmission of *M. tuberculosis* has occurred in the setting during the preceding year. Evidence of person-to person transmission of *M. tuberculosis* includes 1) clusters of TST or BAMT conversions, 2) HCW with confirmed TB disease, 3) increased rates of TST or BAMT conversions, 4) unrecognized TB disease in patients or HCWs, or 5) recognition of an identical strain of *M. tuberculosis* in patients or HCWs with TB disease identified by deoxyribonucleic acid (DNA) fingerprinting. If uncertainty exists regarding whether to classify a setting as low risk or medium risk, the setting typically should be classified as medium risk.

Incidence of TB
What is the incidence of TB in your community (county or region served by the health-care setting), and how does it compare with the state and national average? What is the incidence of TB in your facility and specific settings and how do those rates compare? (Incidence is the number of TB cases in your community the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.) This information can be obtained from the state or local health department. Below are the TB case rates for different EVMS divisions as they compare to the community, state and national averages:
1. Community rate 1.8
2. State rate 2.9 (Adult)
3. National rate 3.2
4. Facility rate 1.5
5. Infectious Disease/Internal Medicine 4.3 Medium risk
6. Pulmonary/Internal Medicine 5.5 Medium risk
7. Ryan White-C3ID/Internal Medicine 23.1 Medium risk
8. Internal Medicine 4.7 Medium risk
9. Ghent Family Medicine 3.8 Medium risk
10. Riverside Maternal Fetal Medicine 2.5 Medium risk
11. Surgery 1.3 Medium risk
12. Hospitalists 4.6 Medium risk

Last Evaluated in 2013