

Medical News

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Occupational Safety and Health Administration's Annual Fit-Testing for Tuberculosis Temporarily on Hold

Congress recently passed a spending bill for 2005 domestic agency funding that includes language prohibiting the Occupational Safety and Health Administration (OSHA) from enforcing the annual fit-testing requirement for respirators used for occupational exposure to tuberculosis (TB). President Bush signed the bill on December 9, 2004. The legislative text of the bill states that no funds shall be used to administer or enforce the provisions of the General Industry Respiratory Protection Standard (GIRPS) that require annual fit-testing after the initial fit-testing of respirators for occupational exposure to TB. Explanatory text that accompanied the bill advises OSHA to take no further action regarding respiratory protection for occupational exposure to TB until the Centers for Disease Control and Prevention (CDC) completes its revisions of its TB guidelines.

Some Hospitals Will Continue to Do Annual Fit-Testing

What does this mean for hospitals until the end of the fiscal year, October 2005? This action does not change much in actual practice. Hospitals have long been implementing respiratory protection programs, including initial medical evaluation and fit-testing for tight-fitting particulate (N-95) respirators and annual assessments for tuberculin skin testing. The GIRPS added an annual fit-testing component, the only issue addressed by the legislative amendment. OSHA has indicated that it will not cite facilities for not conducting annual fit-testing.

Because this delay language applies to only fiscal year 2005, some organizations may proceed with programs already established for annual fit-testing. Others may continue to follow their current protocols for conducting initial fit-testing followed by an annual assessment to determine the need for annual fit-testing on a case-by-case basis.

Interpretations May Be Different in States With State-Approved OSHA Plans

Many questions remain, particularly for states with state-approved OSHA plans, regarding whether this law applies to them. Organizations in states with state-approved OSHA plans need to contact their state OSHA office to verify interpretation.

CDC Requests Comments on the Draft TB Guidelines

There is a sense of urgency for the CDC to complete the revision of its TB guidelines because Congress recom-

mended that no action be taken until such time. The CDC draft *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings 2005*, referenced by Congress, was published in the *Federal Register* on December 6, 2004. Comments were to be returned to the CDC by February 3, 2005.

The review of the CDC guidelines provides an opportunity to review the entire issue of respiratory protection for all biologic agents, including TB. A meeting hosted by the CDC in November 2004 brought stakeholders together to discuss these issues.

Regulators Agree on Hallway Placement of Alcohol-Based Handrub

A regulation prohibiting the placement of alcohol-based handrubs in exit corridors is expected to be lifted soon. According to a letter from the Centers for Medicare & Medicaid Services (CMS) to the Association for Professionals in Infection Control and Epidemiology (APIC), a new CMS regulation will promote, rather than prohibit, the placement of alcohol-based handrubs in exit corridors. Convenient access to alcohol-based handrubs is a key issue to enhance compliance with hand hygiene for infection prevention.

APIC, along with many other stakeholders, had been urging the National Fire Protection Agency (NFPA) and the CMS to revise the codes and laws that prohibited the placement of alcohol-based handrub dispensers in hallways because of undocumented risk of fire. The NFPA has already modified its codes to permit hallway placement, and the CMS is expected to adopt these modified NFPA codes.

The CMS published an interim final rule with a comment period to address this issue in the *Federal Register* on December 23, 2004, with a proposed effective date of February 23, 2005.

Currently, states have varied in their approach to enforcing hallway dispenser placement. Because the revised regulation is expected to be in place by February 2005, in the interim, healthcare organizations that may be cited for hallway placement should consider requesting a "temporary waiver" from enforcement action in their plan of correction.

A study commissioned by the American Society for Healthcare Engineering showed minimal risk of fire from the placement of alcohol-based handrubs in hallways. This study served as the foundation for the revisions of the codes and laws.