

Appendix A. Administrative, environmental, and respiratory-protection controls for selected health-care settings

Setting	Administrative controls*	Environmental controls†	Respiratory-protection controls§
Settings in Which Patients with Suspected or Confirmed Infectious Tuberculosis (TB) Disease are not Expected to be Encountered			
Triage only: Initial evaluation of patients who will transfer to another setting	<ul style="list-style-type: none"> Implement a written infection-control plan for triage of patients with suspected or confirmed TB disease. Update annually. Promptly recognize and transfer patients with suspected or confirmed TB disease to a facility that treats persons with TB disease. Before transferring the patient out of this setting, hold the patient in an area separate from health-care workers (HCWs) and other persons. 	<ul style="list-style-type: none"> Settings in which patients with suspected or confirmed TB disease are rarely seen and not treated do not need an airborne infection isolation (All) room. Place any patient with suspected or confirmed TB disease in an All room if available or in a separate room with the door closed, away from others and not in a waiting area. Air-cleaning technologies (e.g., high efficiency particulate air [HEPA] filtration and ultraviolet germicidal irradiation [UVGI]) can be used to increase the number of equivalent air changes per hour [ACH]. (see Supplement, Environmental Controls). 	<ul style="list-style-type: none"> Settings in which patients with suspected or confirmed TB disease are rarely seen and not treated do not need a respiratory-protection program. If the patient has signs or symptoms of infectious TB disease (positive acid-fast bacilli [AFB] sputum smear result), consider having the patient wear a surgical or procedure mask (if possible) during transport, in waiting areas, or when others are present.
Inpatient Settings in Which Patients with Suspected or Confirmed Infectious TB Disease are Expected to be Encountered			
	<ul style="list-style-type: none"> Perform an annual risk assessment for the setting. Implement a written infection-control plan for the setting and evaluate and update annually. Provide TB training, education, and screening for HCWs as part of the infection-control plan. Establish protocols for problem evaluation. When possible, postpone nonurgent procedures that might put HCWs at risk for possible exposure to <i>M. tuberculosis</i> until patients are determined to not have TB disease or are noninfectious. Collaborate with state or local health departments when appropriate. 	<ul style="list-style-type: none"> In settings with a high volume of patients with suspected or confirmed TB disease, at least one room should meet requirements for an All room (see Supplement, Environmental Controls). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). 	<ul style="list-style-type: none"> For HCWs, visitors,[¶] and others entering the All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease consider having the patient wear a surgical or procedure mask, if possible, (e.g., if patient is not using a breathing circuit) during transport, in waiting areas, or when others are present.
Patient rooms	<ul style="list-style-type: none"> Place patients with suspected or confirmed TB disease in an All room. 	<ul style="list-style-type: none"> At least one inpatient room should meet requirements for an All room to be used for patients with suspected or confirmed infectious TB disease (see Supplement, Environmental Controls). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls; Table 2). 	<ul style="list-style-type: none"> For HCWs, visitors,[¶] and others entering the All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. Persons infected with human immunodeficiency virus (HIV) or who have other immunocompromising conditions should especially avoid exposure to persons with TB disease. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, (e.g., if patient is not using a breathing circuit) during transport, in waiting areas, or when others are present.

Appendix A. (Continued) Administrative, environmental, and respiratory-protection controls for selected health-care settings

Setting	Administrative controls*	Environmental controls†	Respiratory-protection controls§
Inpatient Settings in Which Patients with Suspected or Confirmed Infectious TB Disease are Expected to be Encountered			
Emergency departments (EDs)	<ul style="list-style-type: none"> Implement a written infection-control plan for triage of patients with suspected or confirmed TB disease. Update annually. Patients with signs or symptoms of infectious TB disease should be moved to an All room as soon as possible. 	<ul style="list-style-type: none"> In settings classified as medium risk or potential ongoing transmission, at least one room should meet requirements for an All room to be used for patients with suspected or confirmed infectious TB disease (see Supplement, Environmental Controls; Table 2). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). 	<ul style="list-style-type: none"> For HCWs, visitors,[¶] and others entering the All room of a patient with suspected or confirmed TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, (e.g., if patient is not using a breathing circuit) during transport, in waiting areas, or when others are present.
Intensive care units (ICUs)	<ul style="list-style-type: none"> Place patients with suspected or confirmed infectious TB disease in an All room, separate from HCWs and other patients, if possible. 	<ul style="list-style-type: none"> In settings with a high volume of patients with suspected or confirmed TB disease, at least one room should meet requirements for an All room to be used for such patients (see Supplement, Environmental Controls; Table 2). Bacterial filters should be used routinely in breathing circuits of patients with suspected or confirmed TB disease and should filter particles 0.3 µm in size in unloaded and loaded situations with a filter efficiency of ≥95%. 	<ul style="list-style-type: none"> For HCWs, visitors,[¶] and others entering the All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease and is suspected of being contagious (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible (e.g., if patient is not using a breathing circuit) during transport, in waiting areas, or when others are present.
Surgical suites	<ul style="list-style-type: none"> Schedule a patient with suspected or confirmed TB disease for surgery when a minimum number of HCWs and other patients are present, and as the last surgical case of the day to maximize the time available for removal of airborne contamination (see Supplement, Environmental Controls; Table 1). For postoperative recovery, place patients in a room that meets requirements for an All room. 	<ul style="list-style-type: none"> If a surgical suite has an operating room (OR) with an anteroom, that room should be used for TB cases. If surgery is needed, use a room or suite of rooms that meet requirements for All rooms (see Supplement, Environmental Controls). If an All or comparable room is not available for surgery or postoperative recovery, air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). If the health-care setting has an anteroom, reversible flow rooms (OR or isolation) are not recommended by the American Institute of Architects or American Society of Heating, Refrigerating and Air-conditioning Engineers, Inc. Bacterial filters should be used routinely in breathing circuits of patients with suspected or confirmed TB disease and should filter particles 0.3 µm in size in an unloaded and loaded situation with a filter efficiency of >95%. 	<ul style="list-style-type: none"> For HCWs present during surgery of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators, unvalved, should be worn. Standard surgical or procedure masks for HCWs might not have fitting or filtering capacity for adequate protection. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, before and after the procedure. Valved or positive-pressure respirators should not be used because they do not protect the sterile surgical field.

Appendix A. (Continued) Administrative, environmental, and respiratory-protection controls for selected health-care settings

Setting	Administrative controls*	Environmental controls†	Respiratory-protection controls§
Inpatient Settings in Which Patients with Suspected or Confirmed Infectious TB Disease are Expected to be Encountered			
Laboratories**	<ul style="list-style-type: none"> Conduct a laboratory-specific risk assessment. In general, biosafety level (BSL)-2 practices, procedures, containment equipment, and facilities are required for nonaerosol-producing manipulations of clinical specimens. BSL-3 practices, procedures, and containment equipment might be necessary for certain aerosol-generating or aerosol-producing manipulations. 	<ul style="list-style-type: none"> Environmental controls should meet requirements for clinical microbiology laboratories in accordance with guidelines by Biosafety in Microbiological and Biomedical Laboratories (BMBL) and the AIA. Perform all manipulation of clinical specimens that could result in aerosolization in a certified class I or II biosafety cabinet (BSC). 	<ul style="list-style-type: none"> For laboratory workers who manipulate clinical specimens (from patients with suspected or confirmed infectious TB disease) outside of a BSC, at least N95 disposable respirators should be worn.
Bronchoscopy suites††	<ul style="list-style-type: none"> Use a dedicated room to perform bronchoscopy procedures. If a patient with suspected or confirmed infectious TB disease must undergo bronchoscopy, schedule the procedure when a minimum number of HCWs and other patients are present, and schedule the patient at the end of the day. Do not allow another procedure to be performed in the bronchoscopy suite until sufficient time has elapsed for adequate removal of <i>M. tuberculosis</i>-contaminated air (see Supplement, Environmental Controls; Table 1). 	<ul style="list-style-type: none"> Bronchoscopy suites should meet requirements for an All room to be used for patients with suspected or confirmed infectious TB disease (see Supplement, Environmental Controls; Table 2). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). Closing ventilatory circuitry and minimizing opening of such circuitry of intubated and mechanically ventilated patients might minimize exposure. Keep patients with suspected or confirmed infectious TB disease in the bronchoscopy suite until coughing subsides. 	<ul style="list-style-type: none"> For HCWs present during bronchoscopic procedures of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. Protection greater than an N95 (e.g., a full-facepiece elastomeric respirator or powered air-purifying respirator (PAPR) should be considered. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, before and after the procedure.
Sputum induction and inhalation therapy rooms	<ul style="list-style-type: none"> Implement a written infection-control plan in the setting. Update annually. Use a dedicated room to perform sputum induction and inhalation therapy. Schedule sputum induction and inhalation therapy when a minimum number of HCWs and other patients are present, and schedule the patient at the end of the day. Do not perform another procedure in a booth or room where sputum induction or inhalation therapy on a patient with suspected or confirmed infectious TB disease was performed until sufficient time has elapsed for adequate removal of <i>M. tuberculosis</i>-contaminated air (see Supplement, Environmental Controls; Table 1). 	<ul style="list-style-type: none"> Perform sputum induction and inhalation therapy in booths with special ventilation, if possible. If booths are not available, sputum induction or inhalation therapy rooms should meet requirements for an All room to be used for patients with suspected or confirmed infectious TB disease (see Supplement, Environmental Controls; Table 2). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). Keep patients with suspected or confirmed infectious TB disease in the sputum induction or inhalation therapy room after sputum collection or inhalation therapy until coughing subsides. 	<ul style="list-style-type: none"> For HCWs present during sputum induction and inhalation therapy of a patient with suspected or confirmed infectious TB disease, a respirator with a level of protection of at least N95 disposable respirators should be worn. Respiratory protection greater than an N95 (e.g., a full-facepiece elastomeric respirator or PAPR) should be considered (see Supplement, Respiratory Protection). If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, before and after the procedure.

Appendix A. (Continued) Administrative, environmental, and respiratory-protection controls for selected health-care settings

Setting	Administrative controls*	Environmental controls†	Respiratory-protection controls§
Inpatient Settings in Which Patients with Suspected or Confirmed Infectious TB Disease are Expected to be Encountered			
Autopsy suites	<ul style="list-style-type: none"> • Ensure proper coordination between attending physician(s) and pathologist(s) for proper infection control and specimen collection during autopsies performed on bodies with suspected or confirmed infectious TB disease. • Allow sufficient time to elapse for adequate removal of <i>M. tuberculosis</i>-contaminated air (see Supplement, Environmental Controls; Table 1) before performing another procedure. 	<ul style="list-style-type: none"> • Autopsy suites should meet ACH requirements for an All room to be used for bodies with suspected or confirmed TB disease (see Supplement, Environmental Controls; Table 2). • Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). • Consider using local exhaust ventilation to reduce exposures to infectious aerosols and vapors from embalming fluids. 	<ul style="list-style-type: none"> • For HCWs present during autopsy on bodies with suspected or confirmed infectious TB disease, a respirator with a level of protection of at least an N95 disposable respirator should be worn. Protection greater than an N95 (e.g., a full-facepiece elastomeric respirator or PAPR) should be considered (see Supplement, Respiratory Protection), especially if aerosol generation is likely. • If another procedure cannot be delayed until sufficient time has elapsed for adequate removal of <i>M. tuberculosis</i>-contaminated air, staff should continue wearing respiratory protection while in the room (see Supplement, Environmental Controls; Table 1).
Embalming rooms	<ul style="list-style-type: none"> • Implement a written infection-control plan in the setting. Update annually. 	<ul style="list-style-type: none"> • Embalming rooms should meet ACH requirements for an All room to be used for bodies with suspected or confirmed TB disease (see Supplement, Environmental Controls; Table 2). • Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). 	<ul style="list-style-type: none"> • For staff present during embalming procedures on bodies with suspected or confirmed infectious TB disease, a respirator with a level of protection of at least N95 disposable respirators should be worn. Protection greater than an N95 (e.g., a full-facepiece elastomeric respirator or PAPR) should be considered (see Supplement, Respiratory Protection), especially if aerosol generation is likely. • If another procedure cannot be delayed until sufficient time has elapsed for adequate removal of <i>M. tuberculosis</i>-contaminated air, staff should continue wearing respiratory protection while in the room.
Outpatient Settings^{§§} in Which Patients with Suspected or Confirmed Infectious TB Disease are Expected to be Encountered			
	<ul style="list-style-type: none"> • Perform an annual risk assessment for the setting. • Develop and implement a written infection-control plan for the setting and evaluate and update annually. • Provide TB training, education, and screening for HCWs as part of the infection-control plan. • Establish protocols for problem evaluation. • Collaborate with state or local health departments when appropriate. 	<ul style="list-style-type: none"> • Environmental controls should be implemented based on the types of activities that are performed. • Patients with suspected or confirmed infectious TB disease requiring transport should be transported as discussed below under Emergency Medical Services (EMS). 	<ul style="list-style-type: none"> • For HCWs, visitors,[¶] and others entering an All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. • If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible (e.g., if patient is not using a breathing circuit), during transport, in waiting areas, or when others are present. • If risk assessment indicates that respiratory protection is needed, drivers or HCWs who are transporting patients with suspected or confirmed infectious TB disease in an enclosed vehicle should wear at least an N95 disposable respirator. The risk assessment should consider the potential for shared air.

Appendix A. (Continued) Administrative, environmental, and respiratory-protection controls for selected health-care settings

Setting	Administrative controls*	Environmental controls†	Respiratory-protection controls§
Outpatient Settings in Which Patients with Suspected or Confirmed Infectious TB Disease are Expected to be Encountered			
TB treatment facilities¶	<ul style="list-style-type: none"> Physically separate immunosuppressed patients from those with suspected or confirmed infectious TB. Schedule appointments to avoid exposing HIV-infected or other severely immunocompromised persons to <i>M. tuberculosis</i>. 	<ul style="list-style-type: none"> If patients with TB disease are treated in the clinic, at least one room should meet requirements for an All room (see Supplement, Environmental Controls; Table 2). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). Perform all cough-inducing or aerosol-generating procedures by using environmental controls (e.g., booth) or in an All room. Keep patients in the booth or All room until coughing subsides. Do not allow another patient to enter the booth or All room until sufficient time has elapsed for adequate removal of <i>M. tuberculosis</i>-contaminated air (see Supplement, Environmental Controls; Table 1). 	<ul style="list-style-type: none"> For HCWs, visitors,[¶] and others entering the All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, during transport, in waiting areas, or when others are present.
Medical offices and ambulatory-care settings	<ul style="list-style-type: none"> Implement a written infection-control plan in the setting. Update annually. 	<ul style="list-style-type: none"> In medical offices or ambulatory-care settings where patients with TB disease are treated, at least one room should meet requirements for an All room to be used for patients with suspected or confirmed infectious TB disease (see Supplement, Environmental Controls; Table 2). 	<ul style="list-style-type: none"> For HCWs in medical offices or ambulatory care settings with patients with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, during transport, in waiting areas, or when others are present.
Dialysis units	<ul style="list-style-type: none"> Schedule dialysis for patients with TB disease when a minimum number of HCWs and other patients are present and at the end of the day to maximize the time available for removal of airborne contamination (see Supplement, Environmental Controls; Table 1). 	<ul style="list-style-type: none"> Perform dialysis for patients with suspected or confirmed infectious TB disease in a room that meets requirements for an All room (see Supplement, Environmental Controls; Table 2). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). 	<ul style="list-style-type: none"> For HCWs, visitors,[¶] and others entering the All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, during transport, in waiting areas, or when others are present. If risk assessment indicates the need for respiratory protection, drivers or HCWs who are transporting patients with suspected or confirmed infectious TB disease in an enclosed vehicle should wear at least an N95 disposable respirator. The risk assessment should consider the potential for shared air.

Appendix A. (Continued) Administrative, environmental, and respiratory-protection controls for selected health-care settings

Setting	Administrative controls [*]	Environmental controls [†]	Respiratory-protection controls [§]
Outpatient Settings in Which Patients with Suspected or Confirmed Infectious TB Disease are Expected to be Encountered			
Dental-care settings	<ul style="list-style-type: none"> If possible, postpone dental procedures of patients with suspected or confirmed infectious TB disease until the patient is determined not to have TB disease or to be noninfectious. 	<ul style="list-style-type: none"> Treat patients with suspected or confirmed infectious TB disease in a room that meets requirements for an All room (see Supplement, Environmental Controls; Table 2). Air-cleaning technologies such as HEPA filtration and (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). 	<ul style="list-style-type: none"> For dental staff performing procedures on a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn.
Nontraditional Facility-Based Settings			
	<ul style="list-style-type: none"> Perform an annual risk assessment for the setting. Develop and implement a written infection-control plan for the setting and evaluate and update annually. Provide TB training, education, and screening for HCWs as part of the infection-control plan. Establish protocols for problem evaluation. Collaborate with state or local health departments when appropriate. 	<ul style="list-style-type: none"> Environmental controls should be implemented based on the types of activities that are performed (see Supplement, Environmental Controls). Patients with suspected or confirmed infectious TB disease requiring transport should be transported as discussed in the EMS section. 	<ul style="list-style-type: none"> For HCWs, visitors,[¶] and others entering the All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible (e.g., if patient is not using a breathing circuit), during transport, in waiting areas, or when others are present.
EMS	<ul style="list-style-type: none"> Include exposed emergency medical HCWs in the contact investigation of patients with TB disease if administrative, environmental, and respiratory-protection controls for TB infection control were not followed. 	<ul style="list-style-type: none"> Patients with suspected or confirmed infectious TB disease requiring transport should be transported in an ambulance whenever possible. The ambulance ventilation system should be operated in the non-recirculating mode, and the maximum amount of outdoor air should be provided to facilitate dilution. If the vehicle has a rear exhaust fan, use this fan during transport. Airflow should be from the cab (front of vehicle), over the patient, and out the rear exhaust fan. If an ambulance is not used, the ventilation system for the vehicle should bring in as much outdoor air as possible, and the system should be set to non-recirculating. If possible, physically isolate the cab from the rest of the vehicle and have the patient sit in the back. 	<ul style="list-style-type: none"> If risk assessment indicates the need for respiratory protection, drivers or HCWs who are transporting patients with suspected or confirmed infectious TB disease in an enclosed vehicle should wear at least an N95 disposable respirator. The risk assessment should consider the potential for shared air. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, during transport, in waiting areas, or when others are present.

Appendix A. (Continued) Administrative, environmental, and respiratory-protection controls for selected health-care settings

Setting	Administrative controls*	Environmental controls†	Respiratory-protection controls§
Nontraditional Facility-Based Settings			
Medical settings in correctional facilities	<ul style="list-style-type: none"> Follow recommendations for inpatient and outpatient settings as appropriate. In waiting rooms or areas, follow recommendations for TB treatment facilities. If possible, postpone transporting patients with suspected or confirmed infectious TB disease until they are determined not to have TB disease or to be noninfectious. 	<ul style="list-style-type: none"> At least one room should meet requirements for an All room (see Supplement, Environmental Controls; Table 2). Air-cleaning technologies (e.g., HEPA filtration and UVGI) can be used to increase the number of equivalent ACH (see Supplement, Environmental Controls). When transporting patients with suspected or confirmed infectious TB disease in a vehicle (ideally an ambulance), if possible, physically isolate the cab (the front seat) from rest of the vehicle, have the patient sit in the back seat, and open the windows. 	<ul style="list-style-type: none"> For HCWs or others entering the All room of a patient with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, during transport, in waiting areas, or when others are present.
Home-based health-care and outreach settings	<ul style="list-style-type: none"> Patients and household members should be educated regarding the importance of taking medications, respiratory hygiene and cough etiquette procedures, and proper medical evaluation. If possible, postpone transporting patients with suspected or confirmed infectious TB disease until they are determined not to have TB disease or to be noninfectious. Certain patients can be instructed to remain at home until they are determined not to have TB disease or to be noninfectious. 	<ul style="list-style-type: none"> Do not perform cough-inducing or aerosol-generating procedures unless appropriate environmental controls are in place (see Supplement, Environmental Controls), or perform those procedures outside, if possible. 	<ul style="list-style-type: none"> For HCWs entering the homes of patients with suspected or confirmed infectious TB disease, at least N95 disposable respirators should be worn. For HCWs transporting patients with suspected or confirmed infectious TB disease in a vehicle, consider at least an N95 disposable respirator. If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, during transport, in waiting areas, or when others are present.
Long-term-care settings (e.g., hospices and skilled nursing facilities)	<ul style="list-style-type: none"> Patients with suspected or confirmed infectious TB disease should not be treated in a long-term-care setting, unless proper administrative and environmental controls and a respiratory-protection program are in place. 	<ul style="list-style-type: none"> Do not perform cough-inducing or aerosol-generating procedures unless appropriate infection controls are in place (see Supplement, Environmental Controls), or perform those procedures outside, if possible. 	<ul style="list-style-type: none"> If the patient has signs or symptoms of infectious TB disease (positive AFB sputum smear result), consider having the patient wear a surgical or procedure mask, if possible, during transport, in waiting areas, or when others are present.

* Administrative controls must be implemented to ensure the effectiveness of environmental controls and respiratory-protection programs, and should be in place for all settings where patients with suspected or confirmed TB disease are expected to be encountered. Administrative controls include a written TB infection-control plan (which should be reassessed at least annually), assignment of responsibility for the plan, setting risk assessment, HCW risk classification, HCW training and education, and a TB screening program to test HCWs for infection with *M. tuberculosis*.

† Environmental controls include local exhaust and general ventilation (i.e., achieving negative pressure), using All rooms, and air-cleaning methods (i.e., HEPA filtration and UVGI).

§ All settings where patients with suspected or confirmed TB disease will be encountered need to have a respiratory-protection program. A respiratory-protection program might not be necessary for settings where patients with TB disease are not encountered or where a procedure exists for the prompt transfer of patients with suspected or confirmed TB disease to a setting where they can be evaluated.

¶ Visitors with suspected or confirmed TB disease should not have contact with patients, including contact with those who have suspected or confirmed TB disease.

** Laboratories that are not based in inpatient settings should observe the same TB infection-control measures as laboratories in inpatient settings.

†† Certain bronchoscopy suites are built to have positive pressure.

§§ Although the majority of these settings are routinely considered “outpatient,” they might be part of inpatient services in certain settings. If so, follow the recommendations for inpatient settings for patient rooms.

¶¶ TB treatment facilities can include TB clinics, infectious disease clinics, or pulmonary clinics.