



Factsheet: H1N1 and Aerosol Transmissible Disease (ATD) Standards

1. Key facts about the H1N1 flu and how it compares to seasonal flu: it is considered novel as very few people have immunity to H1N1. The symptoms are similar between the two. 97% of flu cases this year are predicted to be H1N1. This is considered a novel flu because, it is affecting people younger than 65 (H1N1 Flu: Implications for Healthcare Professionals). It's been found that children, young adults and pregnant women who catch the flu run a greater risk than the elderly of developing complications; as a result, all three groups top the list of those recommended to get H1N1 vaccine this year. LA Times, 'Special Issue: The H1N1 Primer' 9/14/09. Also at risk are working age people, as more than 95% of hospitalized cases are under the age of 65. September 1, 2009 IOM Report
2. Current CDC, IOM and OSHA Guidance to protect HC workers from H1N1 flu: Healthcare workers (including those in non-hospital settings) who are in close contact with individuals with nH1N1 influenza or influenza-like illnesses should use fit-tested N95 respirators or respirators that are demonstrably more effective as one measure in the continuum of safety and infection control efforts to reduce the risk of infection.
 - The committee endorses the current CDC guidelines and recommends that these guidelines should be continued until or unless further evidence can be provided to the effect that other forms of protection or other guidelines are equally or more effective.
 - Employers should ensure that the use and fit testing of N95 respirators be conducted in accordance with OSHA regulations, and healthcare workers should use the equipment as required by regulations and employer policies.

3. Key elements of the new CalOSHA Aerosol Transmissible Disease standard:
 - Develop a written ATD exposure control plan that addresses infection control measures for ATDs, and that identifies people responsible for implementing the plan and annually review the plan with employees in their work areas.
 - Implement source control procedures (respiratory hygiene/cough etiquette) for people entering the facility, such as providing masks or tissues and hand hygiene materials.
 - Reduce exposures by engineering controls, work practices, and personal protective equipment.
 - Establish procedures for the early identification and appropriate placement of patients requiring airborne infection isolation (cases or suspected cases of tuberculosis (TB), measles, SARS, monkey pox, small pox, chicken pox (varicella), and novel or unknown ATDs, including the current H1N1 influenza virus).
 - Establish communications procedures within the hospital, and with facilities, services and operations that refer ATD patients to the hospital, that include:
 - a. Notifying units to which patients are sent of suspected disease status of patients and recommended isolation precautions
 - b. Reporting cases and suspected cases of reportable ATDs (diseases reportable under Title 17) to the local health officer
 - c. Notifying employees and referring employers of exposures to reportable cases
 - Ensure that airborne infection isolation rooms function correctly and that negative pressure is verified daily when the room is in use for isolation.
 - Perform high hazard procedures in isolation rooms or isolation areas such as booths.
4. Transmission routes for flu, including the latest science supporting the airborne route: according to the CDC Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel (10/14/2009)¹ Modes of 2009 H1N1 Influenza Transmission
 - Droplet exposure from coughing or sneezing
 - Contact, usually of hands, with an infectious patient or fomite
 - **Small particle aerosols in the vicinity of the infectious individual**

5. Surgical masks VS N95 respirators:

- A risk assessment plan which would identify personnel at risk, procedures where there may be exposure, and assignments/tasks which would employ personnel who would need personal protective equipment (gowns, facemasks, etc.) or respiratory protection (N95 respirators or better)
- Procedures which ensure that there is an adequate supply of personal protective equipment and other equipment necessary to minimize employee exposure to H1N1 flu
- Training on infection control and would include proper fit testing of N-95 respirator.
- Procedures used to identify, temporarily isolate and refer or transfer patients with known or suspected H1N1 flu to airborne or other isolations areas in the hospital
- Communication procedures for employees regarding the suspected or confirmed infectious disease status of a patients or persons with whom a health care providers is exposed
- Adequate supplies of personal protective equipment
- Procedures for EVS for disinfecting and sterilization relating to H1N1
- Tracking employees' exposure and taking appropriate follow through actions.
- A Flu vaccination policy which is used to encourage employees to become vaccinated for the flu but is not punitive
- Changes in attendance policies and procedures so that employees who are sick are not "punished" for staying home.

6. Resources:

- http://www.cdc.gov/h1n1flu/guidance/control_measures_qa.htm



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