



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

To: Local Health Departments, Community Emergency Responders, and Community-Based Direct Service Agencies

From: Pamela Kilbey-Fox, Local Health Administration Branch Chief
Connecticut Department of Public Health

Leonard Guercia, Chief-of-Staff
Connecticut Department of Public Health

Date: November 5, 2009

Re: **Guidance for Local Health and Emergency Response Worker Protection during the H1N1 Influenza Pandemic**

Recently, the Governor authorized the distribution of N95 respirators to communities to provide a supplemental supply of respiratory protection for emergency response personnel, such as Police, Fire, and Emergency Medical Services (EMS) providers, local health departments, and other direct service providers.

Worker protection from any hazards, including the H1N1 influenza virus, is best achieved through the use of a combination of several control measures. The most effective measures for protecting workers from hazards include engineering and administrative (work practice) controls. Engineering controls include such things as physical barriers between workers and potentially infected individuals, while administrative controls might include excluding workers at high-risk for infection from direct patient care, promoting cough etiquette and hand hygiene, and vaccinating response personnel. More information about the use of engineering and administrative controls to protect healthcare workers, including local health and emergency responders, during the H1N1 influenza pandemic can be found at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

In addition to engineering and administrative controls, the use of Personal Protective Equipment (PPE), including N95 respirators, may also be indicated during direct care of known or suspected H1N1 infected patients and certain other exposures. The Centers for Disease Control and Prevention (CDC) continues to recommend the use of respiratory protection that is at least as protective as a fit-tested disposable N95 respirator for healthcare personnel who are in close contact with patients with suspected or confirmed 2009 H1N1 influenza. If used correctly, N95 respirators can help prevent some exposures; however, they should not take the place of other prevention controls. It is important that N95 respirators be:

- Selected and used based upon the likelihood of the employee coming into contact with H1N1 infected individuals;
- Properly fitted, and some must be periodically refitted;
- Conscientiously and properly worn;
- Regularly maintained and replaced, as necessary;
- Properly removed and disposed of to avoid contamination of self or others;
- Used in conjunction with an Occupational Safety and Health Administration (OSHA)-compliant respiratory protection program.

More information regarding the appropriate selection and use of PPE, including the requirements of an OSHA-compliant respiratory protection program for workers using respirators (including N95 filtering facepiece respirators), can be found at <http://www.osha.gov/SLTC/respiratoryprotection/index.html>.

It is not expected that all employees of emergency response agencies, local health departments, or municipal service providers will be provided with, or need to utilize, N95 respirators on a routine basis during their normal provision of services. When deciding which employees need to be medically cleared, fit-tested, trained, and provided an N95 respirator to protect against H1N1 infection, response agencies and service providers should consider a worker's personal risk factors (i.e. pregnancy, underlying health conditions) as well as the risk of exposure from their particular job duties. To help employers determine appropriate work practices and precautions, OSHA has suggested dividing workplaces and work operations into four risk zones, according to the likelihood of employees' occupational exposure to pandemic influenza.

- *Very high exposure risk* occupations are generally those with high potential exposure to high concentrations of known or suspected sources of pandemic influenza during specific medical or laboratory procedures. These workers might include healthcare or laboratory personnel performing aerosol-generating procedures or collecting/handling specimens from known or suspected H1N1 cases.
- *High exposure risk* occupations are generally those with high potential for exposure to known or suspected sources of pandemic influenza virus. These workers might include emergency responders providing direct patient care or transporting known or suspected H1N1 cases.
- *Medium exposure risk* occupations generally include jobs that require frequent, close contact (within 6 feet) exposures to known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups.
- *Lower exposure risk* occupations generally are those that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 6 feet) with the public. These workers might include office workers or those who have contact with the public but utilize a physical barrier that eliminates close contact.

The vast majority of local health and emergency response agency employees are likely to be in the lower exposure risk group and can operate in their routine work duties without the use of an N95 respirator. Even those employees whose work tasks put them in the medium exposure category can often avoid using an N95 respirator by implementing an alternative engineering or work practice control. More information about OSHA's recommendations for classifying the potential for employee exposure to pandemic influenza can be found at http://www.osha.gov/Publications/influenza_pandemic.html.

Again, the State's distribution of personal protective equipment to communities, in the form of N95 respirators, is meant to provide a supplemental supply of respiratory protection for emergency response personnel at risk for H1N1 influenza infection, such as Police, Fire, and Emergency Medical Services (EMS) providers, local health departments, and other direct service providers.. The intent is for towns to distribute and utilize these respirators in compliance with OSHA respiratory protection standards, in conjunction with engineering and administrative/work practice controls, and in cases where an employee's personal or occupational exposure risk factors warrant their use. If you have any questions or concerns regarding this guidance or its intent, please contact Tom St. Louis, Occupational Health Unit Supervisor at the Connecticut Department of Public Health at (860) 509-7740.