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**Interim Guidance for Employers and Employees on
Novel Influenza A (H1N1) Virus**

This guidance provides recommendations for employers and employees on protection during the H1N1 influenza outbreak. As we learn more about this emerging virus, updated guidance will be issued.

Novel H1N1 influenza is a new virus in humans. To date, it has mainly caused mild illness; but because it is new, health officials are continuing to monitor the severity of illness.

Even though this H1N1 virus does not produce very severe illness in most people, it is still important that workers and employers take steps to help slow the spread of the disease. This is important because:

- Novel H1N1 is a new virus; no one has immunity.
- There is no vaccine for this virus yet.
- Many people in the community have medical conditions that make them more likely to have serious illness if they do get the flu.

Many of these recommendations are no different than routine good infection control in the workplace, and are valuable for preventing illness for the yearly seasonal influenza, which can also cause serious illness.

The recommendations below will help slow the spread of H1N1 and seasonal influenza. Please do what you can to protect people in your workplace and your community who are at risk of more serious illness.

GENERAL GUIDANCE

For additional guidance for employers and employees, see <http://www.osha.gov/>

What can workers do?

There are a few very important and **simple things you can do**:

- Wash hands often with soap and water, or use an alcohol-based hand sanitizer.

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- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Stay home if you have influenza symptoms (fever *and* cough, sore throat, or runny nose) to avoid infecting others. If you have influenza, stay home at least seven days after the symptoms began. Do not go back to work with a fever.
- Cover your coughs and sneezes (cough or sneeze into an arm or shoulder or into a tissue). (see “Why don’t we do it in our Sleeves” at <http://www.coughsafe.com/media.html>)
- Seek medical care for severe respiratory symptoms such as difficulty breathing or for dehydration from vomiting and/or diarrhea. You may also need to seek early medical attention if you have a chronic health condition that puts you at risk for the complications of influenza.
- Keep your distance from people who are coughing.
- Avoid sharing personal items such as eating/drinking utensils, toothbrushes, and towels, especially with ill persons.
- Eat well, be active, don’t smoke.

If an employee has had very close contact (for example lives in the same household) with a person with active influenza symptoms, the employee should:

- Watch carefully for symptoms of cough, sore throat, or runny nose.
- Stay home if fever *and* cough, runny nose, or sore throat develop; go home immediately if influenza-like symptoms occur at work.
- Talk to your health care provider about whether to take antiviral medication for influenza.

What can employers do?

- Review and update your plans to protect workers, including leave policies.
- Encourage employees to stay home or go home when they are sick with influenza symptoms.
- If several of your employees are sick with influenza symptoms, consider practices to minimize face-to-face contact by using e-mail, telework, web- and teleconferences.
- Increase outdoor air ventilation, for example by opening windows, or if feasible by increasing the outdoor air supply rate (reducing recirculation) in heating, ventilating and air conditioning systems.
- Maintain a supply of face tissues and access to handwashing facilities or hand hygiene products (alcohol-based hand sanitizer), and make these available throughout the workplace.
- Disinfect commonly touched hard surfaces in the workplace, such as work stations, counter tops, door knobs, and bathroom surfaces by wiping them down with a household disinfectant according to directions on the product label.

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- Post signs informing people to “cover their cough”. Examples of these posters in English, Spanish, and other languages can be found at:
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>

HEALTH CARE WORKERS

Recommendations for health care workers can be found on the CDPH website at:

<http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx>

OTHER HIGHER RISK WORKPLACES

These additional recommendations may be implemented for specific work settings where employees may be at higher risk of influenza infection because of frequent contact with clients and/or the public.

Homeless and emergency shelters

- Employees who are ill should stay home.
- Ask incoming clients if they have symptoms of influenza (fever *and* cough, sore throat, or runny nose).
- Give symptomatic clients surgical masks to cover their mouth and nose, and try to arrange for temporary housing and/or medical care if needed.
- Try to keep symptomatic clients 6 feet from other clients and personnel until they can be provided appropriate care or shelter elsewhere.
- Hand cleaning supplies should be made available in all shelters. Encourage frequent hand washing or use of alcohol-based hand sanitizer.
- Provide N95 respirators for employees who must be in close contact (less than 6 feet) with a symptomatic client for more than a few minutes.

Congregate living facilities

(Such as boarding schools, dormitories, licensed community care facilities, hospices)

- Employees who are ill should stay home.
- Screen all residents, staff, volunteers, and visitors for influenza symptoms (fever *and* cough, sore throat, or runny nose).
- Non-residents with influenza symptoms should be asked to leave the facility or asked to wear a surgical face mask to cover their nose and mouth.
- Limit the number of doors open to staff, volunteers, and visitors.
- Isolate symptomatic residents in a single room or house symptomatic residents together.

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- Symptomatic residents should be told to stay in their rooms as much as possible. They should put on a surgical face mask, if possible, and wash their hands prior to leaving their room, or if others must enter their room.
- If feasible, designate a separate bathroom for sick persons that should be cleaned daily with an EPA-registered disinfectant.
- Keep a supply of surgical face masks to give to symptomatic residents to cover their mouth and nose when they are out of their room.
- Staff who must be in close physical contact (e.g., bathing, feeding, wound care, room cleaning) with symptomatic residents should wear an N95 respirator and follow the facility's infection control policies.
- If staff must perform any medical procedures or provide health care services, see additional guidance for health care workers:
<http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx>

Jails (Local and County facilities)

- Employees who are ill should stay home.
- Screen visitors for influenza symptoms (fever *and* cough, sore throat, or runny nose), and do not allow symptomatic visitors into the visiting area. If not feasible, consider a temporary suspension of visitations.
- Screen inmates for influenza symptoms.
- Inmates with influenza symptoms should be separated from other inmates (in room with separate ventilation system) if possible. Instruct coughing inmates to use a surgical face mask when in the same room as other individuals, if possible.
- Prison/jail personnel should wear N95 respirators:
 - when in close contact (within 6 feet) with an inmate with influenza symptoms.
 - when transporting an inmate with influenza symptoms; windows should be kept partially open during transport, if feasible.
- Encourage frequent hand washing with soap and water or an alcohol-based hand sanitizer.
- Disinfect commonly touched hard surfaces in the workplace, such as work stations, counter tops, door knobs, and bathroom surfaces by wiping them down with a household disinfectant according to directions on the product label.
- When two or more cases of acute respiratory illness are found in a wing, consult and coordinate with corrections staff to stop movement of inmates (within and between facilities) to the extent feasible.

OTHER WORKPLACES WITH PUBLIC CONTACT

In workplaces that may involve close contact with the general public (such as grocery stores, bus drivers, and high-volume public offices), employers may consider ways to reduce the risk of H1N1 infection among employees:

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- Provide access to handwashing facilities and/or have hand hygiene supplies such as alcohol-based hand sanitizer available for employees.
- Provide employee training on flu risk reduction measures, proper use of hand hygiene supplies, and the need to stay home if ill.
- Disinfect commonly touched hard surfaces in the workplace, such as work stations, counter tops, door knobs, and bathroom surfaces by wiping them down with a household disinfectant according to directions on the product label.
- Ensure signs are posted in employee and public restrooms regarding the importance of hand washing. Examples of signs are available at: <http://ww2.cdph.ca.gov/programs/immunize/Pages/WashYourHands.aspx>
- Ensure restrooms are sufficiently supplied with soap and paper products.
- Where possible, have hand hygiene products such as alcohol-based hand sanitizer available for clients/customers who are coughing or otherwise exhibiting symptoms and who must enter the facility.
- Post signs to inform clients/customers about symptoms of the flu and flu preventive measures.
- Increase outdoor air ventilation, for example by opening windows, or if feasible by increasing the outdoor air supply rate (reducing recirculation) in heating, ventilating and air conditioning systems.

Law enforcement personnel (police, parole officers, CHP)

- When making traffic stops, maximize the distance between the officer and the motorist (for example by talking to motorists through the passenger side window).
- If transporting an individual with an obvious cough and the transport compartment of the police vehicle is not separate from the driver's compartment, wear an approved N95 respirator and open some windows, if possible.

Schools, childcare and daycare settings

For more information on schools see:

<http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaSchools.aspx>

- Teach children/students about basic hygiene measures, and remind them to cover coughs and sneezes and wash their hands.
- Remind parents that children who are sick should stay home; remind staff to stay home when sick.
- Children who develop influenza symptoms (fever *and* cough, sore throat, or runny nose) at school or daycare should be isolated from other students and teachers until they can be picked up by their parent or guardian.

MORE GUIDANCE ON RESPIRATORS AND MASKS

Remember, a surgical or medical mask is NOT a respirator and cannot be used where a respirator is required—See the section below for more information on the limitations of masks.

OSHA and Cal/OSHA regulations require that employees who use N95 or other respirators be included in a respiratory protection plan that includes a medical evaluation, training, and fit testing to ensure that the respirator provides an adequate seal to the employee's face. For more information on respirator use, see link below or www.dir.ca.gov/title8/5144.html or www.osha.gov/SLTC/etools/respiratory or http://www.osha.gov/Publications/SECG_RPS/secgrev-current.pdf.

AIR PURIFYING RESPIRATORS are the type of respiratory protection recommended to reduce exposure risk to pandemic influenza in certain occupational settings. Air purifying respirators can be divided into several types. Each of these is described below.

Disposable filtering facepiece respirators are a type of respiratory protection in which the entire respirator facepiece is comprised of filter material. The most commonly used filtering facepiece respirator is made with material certified to meet the N95 filtration requirements. It is important to note that other National Institute for Occupational Safety and Health (NIOSH)-certified N-, R-, or P- filtering facepiece respirators (e.g., N99, R95, and P100) provide an equivalent or greater level of exposure reduction to airborne particles as an N95 and can be used if N95s are not available. Some filtering facepiece respirators have an exhalation valve which can reduce breathing resistance, reduce moisture buildup inside the respirator and increase work tolerance and comfort for respirator users. However, respirators with exhalation valves should not be used when there is a need to protect others from possible contamination by the respirator wearer (e.g., a healthcare provider performing surgical or other sterile medical procedures or a person with known or suspected pandemic influenza who could transmit infection to others).



Examples of disposable filtering facepiece N95 respirators

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Surgical respirators are a type of respiratory protection designed for certain healthcare work environments that offers the combined protective properties of both a filtering facepiece respirator and a facemask. Surgical N95 respirators are certified by NIOSH as respirators and are also facemasks cleared by FDA as medical devices.

Reusable elastomeric respirators are a type of respiratory protection that has a flexible, rubber-like facepiece with either permanent or removable filter cartridges. The facepiece can often be cleaned, repaired and reused, and the filter cartridges can be discarded and replaced when they become unsuitable for further use. Other elastomeric respirators with permanent filter cartridges are designed to be disposed of when the cartridges need to be replaced.

Powered air purifying respirators (PAPRs) are a type of respiratory protection in which a battery-powered blower pulls air through filters that trap particles (including those containing viruses and bacteria) that may be present, and then moves the filtered air to the wearer's facepiece or hood. PAPRs are significantly more expensive than other air purifying respirators but they provide higher levels of protection against airborne particles. It should also be noted that hooded PAPRs do not require employees to be fit tested in order to use them. Additionally, a PAPR blower unit and battery can be shared by employees (who need protection at different times) who can each have their own reusable hood. A PAPR could be assigned to an individual person, to a staff position (e.g., a floor nurse position staffed by several employees over the course of a week), or to a location such as a treatment room or mobile treatment cart used for aerosol-generating medical procedures. Consequently, several approaches can be used to limit the number of PAPRs that an employer would purchase for pandemic preparedness, as long as proper decontamination procedures are followed between uses or users.

MEDICAL MASKS OR SURGICAL MASKS

Medical masks look similar to disposable filtering facepiece respirators, but they are not designed as respiratory protection devices and do not offer appropriate respiratory protection against small-particle aerosols. The primary purpose of medical masks is to filter some of the exhaled wearer generated organisms to help prevent contamination of the work environment or the sterile field. Some medical mask manufacturers have added additional features to their surgical/procedural masks such as fluid resistance properties to help reduce the HCW's possible exposure to blood and other potentially infectious body fluids.

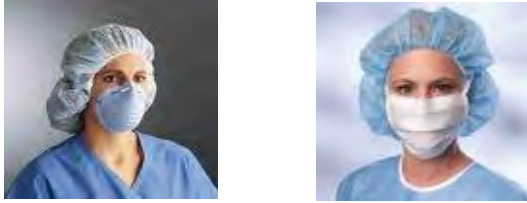
There are no minimum standards for medical mask filter efficiency and no requirement for standardized testing of medical mask filter efficiency; filter efficiencies vary widely among available masks.

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Medical masks are not designed for fit and thus do not prevent leakage around the edge of the mask when the user inhales. This is a major limitation for protection against small-particle aerosols.



Examples of Surgical Masks