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Interim Guidance for State of California Facilities on Novel Influenza A (H1N1) Virus also known as “Swine Flu”

Novel influenza A (H1N1) virus (“swine influenza”) is a new virus. To date, it has mainly caused mild illness; but because it is new, health officials need to take precautionary measures to limit the spread of infection, until we have more information about the risks of this virus as the outbreak evolves.

This guidance provides recommendations on protection of employees and other individuals for State of California facilities that house people (e.g., developmental centers, state hospitals, prisons, veterans’ homes). As we learn more about this emerging virus, updated guidance will be issued.

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 cause serious illness. Even though the novel influenza A (H1N1) virus does not appear to be very severe, right now, it is still important that all State of California facilities take steps to help slow the spread of the disease. This is important because:

- It is a new virus, so no-one has immunity to it
- 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 virus.

The recommendations below will help slow the spread of novel influenza A (H1N1) virus. Please do what you can to protect those co-workers, staff, and residents (clients, consumers, and inmates) who may be at risk of more serious illness.

This guidance will be updated as policy and recommendations change. For information about the treatment of novel influenza A (H1N1) virus and for additional guidance, please consult the CDPH and Centers for Disease Control and Prevention (CDC) websites listed at the end of this document.

GENERAL GUIDANCE FOR STATE EMPLOYEES

There are a few very important and simple things that every individual can do:

- Stay home if you have influenza symptoms (fever¹ *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 out unless you need medical care. Do not go back to work with a fever.
- 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.
- If you do need to seek medical care, try to use a surgical face-mask when you go out, so that you do not infect others.
- Wash hands often with soap and water, or use an alcohol-based hand sanitizer.
- 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>)
- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Keep your distance from people who are coughing. If possible, stay about 6 feet away.
- Avoid sharing personal items such as eating/drinking utensils, toothbrushes, and towels, especially with ill persons.

What can supervisors and managers do?

- Review and update plans to protect workers.
- Tell employees to stay home or go home when they are sick with influenza symptoms. Staff with symptoms of influenza (fever *and* cough, sore throat, or runny nose) should stay home at least seven days after the symptoms began, and should not come back to work with a fever.
- Review current policies and consider practices to minimize face-to-face contact by using e-mail, telework, web- and teleconferences when feasible and appropriate.
- Maintain a supply of face tissues and hand hygiene products, and make available throughout the workplace. Train employees in infection control procedures.
- Alcohol-based hand sanitizer may be used by visitors and staff, and by residents with supervision. If use of alcohol-based hand rubs cannot be safely monitored, moist towelettes may be substituted. Non-alcohol based sanitizers are not proven to be effective and should not be used.
- Clean all common areas (for staff, visitors, and residents) within the facility daily; increase the frequency of cleaning of frequently touched surfaces in the facility

¹ Fever means a temperature of $\geq 37.8^{\circ}\text{C}$ or 100°F

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such as door knobs, light switches, and counter tops. Use a product that is labeled as an EPA-registered disinfectant

- Post signs informing people to “cover their cough” and wash their hands in facility locations such as entrances, visitation rooms, notice boards, conference rooms, break rooms, and restrooms, where feasible and appropriate. Examples of these posters in English and other languages can be found at:
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
<http://www.cdph.ca.gov/programs/immunize/Pages/WashYourHands.aspx>
- 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.

Try to minimize how many sick people enter the facility

- Limit the number of doors and entries open to staff, volunteers, and visitors, if feasible.
- Post signs informing people to “cover their cough”. Examples of posters in English and Spanish can be found at
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- Instruct potential visitors by all feasible modes of communication and in appropriate language that they should not come to the facility or prison if they have flu symptoms
- Screen all staff, volunteers, visitors, and residents for influenza symptoms (fever *and* cough, sore throat, or runny nose) verbally or with a form, if feasible.
- Visitors with symptoms of influenza (fever *and* cough, runny nose, or sore throat) should not enter facilities. Advise visitors who are sick to reschedule visits after at least 7 days after onset of symptoms, or after their illness has resolved for the safety of themselves, other visitors, staff, and residents.
 - If people with symptoms of influenza must enter the facility (e.g., lawyers, clients in need of services), give them a surgical mask to cover their nose and mouth.
 - Consider temporarily stopping visitation or modifying visitation programs in settings with community transmission of illness, where feasible.

Managing residents within the facility

- Implement procedures to screen new residents on entry for symptoms of influenza (fever *and* cough, runny nose, or sore throat). Monitor residents periodically (e.g., every 24 hours) for new onset of symptoms.

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- Keep sick persons away from other people to the extent possible.
 - Isolate residents with symptoms of influenza in a single room or individual cell if it is possible.
 - If multiple residents have flu symptoms, try to house them together, or designate a wing or area of the facility for persons with probable or confirmed influenza.
 - Symptomatic individuals should stay in their room or cell as much as possible, and wear a surgical face mask and wash their hands prior to exiting, or if others must enter.
 - If feasible, designate a separate bathroom for sick persons that should be cleaned daily with an EPA-registered disinfectant.
 - Visitation with sick persons should be limited or temporarily discontinued. If visitation is necessary, sick persons should wear a surgical face mask and visitors should wear an N95 respirator.
 - Cancel group gatherings if there is confirmed or suspected influenza in the facility and stagger group meals and other activities to provide more personal space between individuals.
 - Try to limit or postpone movement of residents with symptoms of influenza to other facilities until seven days from the onset of symptoms or until 24 hours after acute symptoms resolve, whichever is longer, if feasible.
 - If a person with probable or confirmed influenza² is scheduled to be discharged or released from the facility, contact the local health department prior to discharge or release to identify and ensure access to appropriate care..

Employee Protection

- Employees should use an N-95 respirator when in close contact (less than 6 feet) with any person with an influenza-like illness, or when entering a room with a suspected, probable, or confirmed novel influenza A (H1N1) virus case. For more information on respirators, see below.
- Staff who must be in close physical contact (e.g., bathing, feeding, wound care, room cleaning) with symptomatic persons should wear an N95 respirator, a disposable gown, gloves, and goggles or reusable face shield. For contact with potentially contaminated areas (e.g., cleaning room surfaces) in the suspect or confirmed novel influenza A (H1N1) virus case environment, wear a disposable gown and gloves.
- If staff must perform any medical procedures or provide health care services, see additional guidance for health care workers.
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx>

² Probable case: a person with acute respiratory illness and influenza test positive for influenza A but unsubtypeable

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- If transporting an individual with influenza symptoms and the transport compartment of the vehicle is not separate from the driver's compartment, employees should wear an N95 respirator, ask the individual to wear a surgical facemask, and have windows open if possible.
- If an employee has close, unprotected exposure to a resident with probable or confirmed novel influenza A (H1N1) virus, or if an employee is concerned about an exposure, tell the employee to visit the occupational or employee health service with which your facility is contracted. Make sure that the health service is aware of the CDPH guidance for health professionals, available at the websites listed at the end of this document. Post-exposure prophylaxis, if appropriate, works best when started quickly after the exposure.
- 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 fever and cough, sore throat, or runny nose.
 - Stay home if there are any symptoms; go home immediately with flu-like symptoms.
 - Talk to their health care provider about whether to take medication to prevent getting the flu.

Additional Information

CDPH Novel Influenza A (H1N1) Virus Home Page:

<http://www.cdph.ca.gov/HealthInfo/discond/Pages/swineInfluenza.aspx>

CDPH Novel Influenza A (H1N1) Virus Information for Health Professionals:

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

CDC Novel Influenza A (H1N1) Virus Home Page:

<http://www.cdc.gov/h1n1flu/>

RESPIRATORS AND MASKS

OSHA and Cal/OSHA regulations require that employees who use N-95 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. However, these requirements should not prevent employers from providing respirators as an interim measure to employees in this emergency, while arranging for a full respiratory protection program. Employers who have not yet provided medical evaluations, fit tests, and training should make all reasonable efforts to get employees evaluated, fit-tested and trained as soon as possible, so that they can achieve maximum protection from the respirator. For more

information on respirator use, see 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

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; Table 1 provides a comparison of these respirator types.

Disposable or 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 particulates 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

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 particulates. It should also be noted that there are hooded PAPRs that 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; 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.

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.

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Examples of Surgical Masks