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**Updated CDC Infection Control Guidance**

UPDATED 10/14/09 - Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel

[http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) Q & As -  
[http://www.cdc.gov/H1N1flu/guidance/control\\_measures\\_qa.htm](http://www.cdc.gov/H1N1flu/guidance/control_measures_qa.htm)

CDC released updated interim guidance for all healthcare facilities on infection control measures applying uniquely to the current H1N1 pandemic. Revisions from earlier guidance include: criteria for identification of suspected influenza patients; recommended time away from work for healthcare personnel; changes to isolation precautions based on tasks and anticipated exposures; expansion of information on the hierarchy of controls which ranks preventive interventions in the following order of preference: elimination of exposures, engineering controls, administrative controls, and personal protective equipment; and changes to guidance on use of respiratory protection. The guidance provides reference to CDC's *2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf> and OSHA's *Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers* [http://www.osha.gov/Publications/OSHA\\_pandemic\\_health.pdf](http://www.osha.gov/Publications/OSHA_pandemic_health.pdf).

Within this updated guidance are recommendations on respiratory protection for healthcare personnel including use of N95 respirators. This recommendation remains in conflict with NYSDOH's recommendation that surgical masks be used except for aerosol generating procedures. The following Q & A provides an overview [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control\\_qa.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm). CDC maintains its recommendation that health care workers who are in close contact with patients having suspected or confirmed H1N1 flu use N95s, but acknowledged supply concerns during a conference call yesterday. Where a shortage of respirators exists despite reasonable efforts to obtain them, hospitals may prioritize use of the N95 respirators, especially for aerosol-generating procedures and for health care workers who are at higher risk for H1N1. Hospitals with insufficient supplies of N95 respirators that demonstrate "good

faith” efforts to acquire N95s and follow the agency’s hierarchy of control recommendations may use surgical masks. During the call, a representative from the OSHA said they will not deem these hospitals to be out of compliance with its standards, and is preparing a detailed compliance directive outlining how OSHA will enforce the CDC guidance. After the call, OSHA released the following statement:

*WASHINGTON - To ensure the protection of frontline healthcare and emergency medical workers at high risk of infection with H1N1 virus, the Occupational Safety and Health Administration will soon issue a compliance directive to ensure uniform procedures when conducting inspections to identify and minimize or eliminate high to very high risk occupational exposures to the 2009 H1N1 influenza A virus.*

*The Directive will closely follow the CDC's Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel.*

*In response to complaints, OSHA inspectors will ensure that healthcare employers implement a hierarchy of controls, including source control, engineering, and administrative measures, encourage vaccination and other work practices recommended by the CDC. Where respirators are required to be used, the OSHA Respiratory Protection standard must be followed, including worker training and fit testing.*

*The CDC recommends 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 (within 6 feet) with patients with suspected or confirmed 2009 H1N1 influenza.*

*"Employers should do everything possible to protect their employees," Acting Assistant Secretary of Labor Jordan Barab said. Barab emphasized, however, that where respirators are not commercially available, an employer will be considered to be in compliance if the employer can show that a good faith effort has been made to acquire respirators. The employer will also need to implement a hierarchy of controls such as feasible engineering controls, administrative controls, and the use, as appropriate, of personal protective equipment, such as gloves and respirators to protect workers while providing close-contact care.*

*Since a shortage of disposable N95 respirators is possible, employers are advised to monitor their supply, prioritize their use of disposable N95 respirators according to guidance provided by CDC, and to consider the use of elastomeric respirators and facemasks if severe shortages occur. Healthcare workers performing high hazard aerosol-generating procedures (e.g., bronchoscopy, open suctioning of airways, etc.) on a suspected or confirmed H1N1 patient must always use respirators at least as protective as a fit-tested N95, even where a respirator shortage exists. In addition, an employer must prioritize use of*

*respirators to ensure that sufficient respirators are available for providing close-contact care for patients with aerosol-transmitted diseases such as tuberculosis.*

*Where OSHA inspectors determine that a facility has not violated any OSHA requirements but that additional measures could enhance the protection of employees, OSHA may provide the employer with a Hazard Alert Letter outlining suggested measures to further protect workers.*