

Inconsistency in Worker Protection Guidance by State Health Departments During the H1N1 Influenza Outbreak

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1. Introduction

Soon after the outbreak of H1N1 influenza in the United States in late April 2009, the US Centers for Disease Control and Prevention (CDC) issued guidance for protecting healthcare workers from infection from H1N1 influenza. The CDC guidance included airborne precautions and the use of respiratory protection (not surgical masks) for routine patient care, not normally recommended for seasonal flu¹.

State health departments inconsistently adopted this portion of the CDC guidance, which has created much confusion among healthcare employers and employees. Many State health departments and healthcare employers anticipated the CDC would revise the guidance to droplet precautions and the use of surgical masks. However, on October 14 the CDC released updated guidance on infection control measures and retained the initial guidance for airborne precautions and the use of respiratory protection for routine patient care¹. The Occupational Safety and Health Administration (OSHA) also announced a compliance policy to ensure that healthcare employers implement the CDC guidance².

To better understand the inconsistency in guidance for protecting healthcare workers from infection from H1N1 influenza, the SEIU Education and Support Fund evaluated seventeen State health department guidance for protecting healthcare workers.

2. Evaluation Method

Seventeen states were selected and the initial evaluation was done on May 11, 2009, a few weeks after the initial CDC guidance was released. These states had the highest number of confirmed H1N1 flu cases as of that date. Each State health department H1N1 internet website was accessed and a search conducted for the infection control guidance for clinicians / healthcare providers. Once located, the state guidance was compared to the CDC guidance for airborne precautions and the use of respirators for routine patient care activities (excluding high-risk procedures). After the comparison, each state was placed into one of the following categories: Yes, following CDC guidance; No, not following the CDC guidance; or Not clear, mixed guidance (some state website had guidance posted on more than one page).

The seventeen states were reevaluated on November 1, 2009, a few weeks after the CDC released the updated guidance, following the same evaluation method.

3. Evaluation Results

State	Following CDC Guidance May 11 2009 ?	Following CDC Guidance Nov 01 2009 ?	Comments
Arizona	No	No	
California	Yes	Yes	CalOSHA Aerosol Transmissible Disease standard (ATD standard) adopted May 21, 2009 and in effect August 5, 2009 ³
Colorado	No	No	
<i>Delaware</i>	<i>No</i>	<i>Not clear, mixed guidance</i>	
Florida	Yes	Yes	
<i>Illinois</i>	<i>No</i>	<i>Not clear, mixed guidance</i>	<i>Link to CDC guidance mislabeled as from May 2009⁴</i>
Iowa	Yes	<i>No</i>	Memo to providers about differing state and CDC guidance ⁵
Massachusetts	No	No	Note on website: As of September 25, 2009, CDC is considering advice received from advisory committees and professional organizations regarding infection control for pandemic H1N1 influenza. DPH is holding further guidance in abeyance until further advice is received from CDC. This is expected at any time ⁶ .
Michigan	Not clear, mixed guidance	Not clear, mixed guidance	
New Mexico	Yes	<i>No</i>	State stockpile release policy that N95 respirators should be used by recipients only when performing aerosol-generating procedures on persons with confirmed or suspected H1N1 influenza ⁷ .
New York	No	No	Expected to revise to follow CDC guidance soon ⁸
South Carolina	Yes	Yes	
Tennessee	No	Not clear, mixed guidance	
Texas	Yes	Yes	
<i>Utah</i>	<i>Yes</i>	<i>Not clear, mixed guidance</i>	
Washington	Not clear, mixed guidance	Not clear, mixed guidance	
Wisconsin	Yes	Yes	Memo to providers on the importance of application of recommended infection control precautions during H1N1 outbreak, including use of respirators ⁹

Bold type indicates following CDC guidance

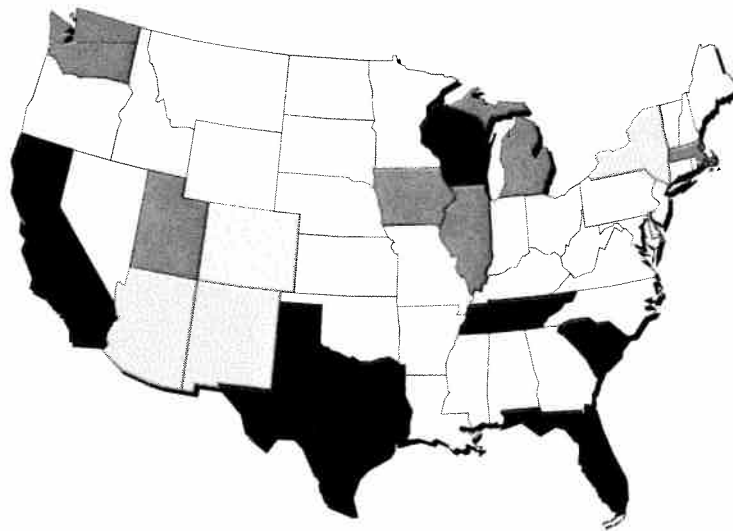
Unbolded type indicates not following CDC guidance

Italicized type indicates state category changed

State Health Department Guidance for Protecting Healthcare Workers Caring for H1N1 Patients, May 11, 2009



State Health Department Guidance for Protecting Healthcare Workers Caring for H1N1 Patients, November 1, 2009



4. Discussion

The results of this evaluation reveal that in early May, almost half (9/17) of State health departments examined were not following the CDC guidance or were not clear or provided mixed guidance to healthcare providers. Some health departments never adopted the CDC guidance for H1N1. Others adopted the CDC guidance initially, but later dropped back to droplet precautions and surgical mask recommendations. By November, six months after the onset of the pandemic, 12 of the 17 state health departments evaluated were not following the CDC guidance or were not clear or provided mixed guidance.

Six States had modified their guidance from May, with three States moving from No, to Not clear/mixed guidance (Delaware, Illinois and Tennessee), one moving from Yes to Not clear/mixed guidance (Utah) and two moving from Yes to No (Iowa and New Mexico).

While the CDC guidance has remained constant throughout this outbreak and consistent with the 2007 and September 2009 Institute of Medicine (IOM) guidance^{10, 11}, many State health departments have adopted guidance inconsistent with the CDC and IOM guidance. It is our belief that these inconsistent and changing State policies result in lowered occupational health protection for healthcare workers if followed by employers, which has often been the situation in our experience. The experience of the past six months highlights the need for OSHA to adopt a mandatory workplace standard broadly addressing airborne transmissible diseases, similar to the Airborne Transmissible Diseases Standard adopted by California OSHA in May 2009.

5. References

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3. <http://www.dir.ca.gov/oshsb/atd0.html>
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10. Institute of Medicine. 2007. "Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers". Washington, DC: The National Academies Press.
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Further Information

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