

Healthcare Workers in Peril: Preparing to Protect Worker Health and Safety During Pandemic Influenza

Mark D. Catlin, BS BA¹, Bill Kojola, MS², Katherine Cox, MEd, MPH³

¹SEIU Education and Support Fund, ²Health and Safety, AFL-CIO,

³American Federation of State, County and Municipal Employees.

1. Introduction

During an influenza pandemic, healthcare workers are at high risk of becoming infected when caring for patients with pandemic flu unless adequate health and safety measures are in place, in advance of the pandemic, that will protect them. There is no existing comprehensive federal OSHA standard with mandatory and enforceable provisions that require planning and preparation designed to protect healthcare workers during a pandemic. In the absence of mandatory and enforceable requirements in an OSHA standard to require planning and preparation to protect healthcare workers, the use of infection control measures by employers during a pandemic, such as the recommended guidance issued by the Department of Health and Human Services (HHS) or OSHA, will essentially be voluntary in nature^{1,2}.

In an effort to assess the extent of employer efforts in planning adequate safety and health measures for healthcare workers, in 2008, a group of unions developed a "pandemic flu preparedness survey" to assess the level of preparedness on a facility basis.

2. Survey Method

The AFL-CIO convened a pandemic flu working group of healthcare union safety and health representatives to assess the preparedness of healthcare facilities to respond to a pandemic and to protect the health and safety of workers. The working group developed a facility-based "pandemic flu preparedness survey" which was distributed during the summer of 2008 to local union leaders across the country representing healthcare workers in union facilities. The term "healthcare worker" was broadly defined to include all workers within a healthcare facility at risk of exposure to the pandemic flu virus resulting from the performance of their job duties.

Union leaders chosen to complete the facility survey included local union officers (presidents, vice presidents, recording secretaries), shop stewards, safety and health committee members, and worker safety and health trainers to ensure that the person completing the survey was knowledgeable about the facility pandemic flu/health and safety plans

One hundred four (104) surveys from six unions³ in fourteen states⁴ were completed and returned to the AFL-CIO. The majority of surveys were obtained from hospitals (63%), but all types of health care facilities were represented, including long term care, home health, corrections and outpatient clinics. Completed surveys covered a minimum of 192,391 healthcare employees.

3. Key Survey Results

Does your membership perceive the facility to be ready to respond adequately to a flu pandemic?	Very ready	4%
	Ready for most things	33%
	Ready for some things	29%
	Ready for a few things	17%
	Not ready at all	17%
Does the facility have a written plan for responding to pandemic flu?	Yes	66%
	No	34%
Was union leadership or members involved in developing plans for addressing health and safety issues during pandemic flu?	Yes	30%
	No	70%
Has the facility developed procedures to identify and isolate patients who have symptoms associated with pandemic flu?	Yes	64%
	No	36%
Has the facility identified workers who are at risk of exposure to pandemic flu?	Yes	54%
	No	46%
Has the facility provided training to workers on pandemic flu?	Yes	43%
	No	57%
Has the facility pandemic flu plan been communicated to workers?	Yes	48%
	No	52%
Has the facility conducted drills to determine if its pandemic flu plan will work?	Yes	0%
	No	44%
Given the current level of preparedness, will union members report for work during a pandemic?	Most will stay home	6%
	Some will stay home	37%
	Most will come to work	33%
	Not sure	24%

The results indicated that health care facilities have made some progress but more needed to be done. More than one third of the respondents believe their workplace is either not ready or only slightly ready to address the health and safety needs necessary to protect healthcare workers. One-third of the facilities had yet to develop a written plan and only 54 percent of the facilities had identified healthcare workers who will be at some risk of occupational exposure to a pandemic flu virus. Less than half the facilities surveyed had provided training to their workers, one of the fundamental elements of protecting workers from occupational hazards.

4. Discussion

Fully one-third of the facilities were not ready at all or only ready to provide a few protective measures. This was not a surprising finding, given that 34 percent of the facilities surveyed had yet to even develop a pandemic flu plan.

Among facilities that did have written plans, 70 percent of respondents reported that neither the union nor its members had been involved in developing those plans, thus leaving workers and their considerable health and safety expertise out of the planning process. Having a written pandemic flu plan in itself, however, is not sufficient for assuring that workers will be adequately protected. Unless workers understand the elements of the plan and have received the necessary training, the plan will fail to assure that the facility is ready for the arrival of a pandemic.

Our survey indicated serious problems with implementation of pandemic flu plans even where they existed. Less than half of the facilities with plans failed to communicate them to their healthcare workers nor conducted any worker training on pandemic influenza.

In our view, the finding that a substantial proportion of the facilities surveyed lacked a comprehensive plan speaks to the failure of the voluntary approach the federal government had taken regarding the planning for pandemic influenza. To address the problems of protecting healthcare workers identified in our pandemic influenza preparedness survey, we recommend that a number of actions be undertaken, including:

- (a) OSHA issue a mandatory workplace standard broadly addressing airborne transmissible diseases, similar to the Airborne Transmissible Diseases Standard adopted by California OSHA in May 2009;
- (b) Congress identify a mechanism to assure that healthcare facilities not currently covered by the Occupational Safety and Health Act are required to comply with the provisions of the OSHA;
- (c) NIOSH receive funds to continue and expand its research efforts on healthcare worker protection issues connected with pandemic influenza, including personal protective equipment and engineering controls and the development of improved recommendations for worker protections in response to pandemic flu.
- (d) Strengthen and modify the HHS/CDC infection control and worker protection measures in the current Pandemic Influenza Plan.

5. References

1. HHS Pandemic Influenza Plan. U.S. Department of Health and Human Services, November 2005.
2. Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers, Occupational Safety and Health Administration, U.S. Department of Labor, OSHA 3328-05, 2007.
3. American Federation of State, County and Municipal Employees (AFSCME), American Federation of Teachers (AFT), Communications Workers of America (CWA), Service Employees International Union (SEIU), United American Nurses (UAN), United Food and Commercial Workers (UFCW)
4. CA, CT, FL, HI, IA, MD, MI, MN, NV, NJ, NY, PA, WA, WI

Entire survey report available at:
<http://www.aflcio.org/issues/safety/upload/panflusurvey.pdf>