

**NEW YORK CITY AGENCY
INFLUENZA HEALTH AND SAFETY PLAN
FOR NON-MEDICAL PERSONNEL**

Version 1

Revised November 23, 2009

Citywide Office of Occupational Safety and Health
New York City Department of Health and Mental Hygiene
New York City Office of Emergency Management



INTRODUCTION
AND
PURPOSE

PURPOSE OF THE INFLUENZA HEALTH AND SAFETY PROGRAM

The New York City (NYC) Agency Influenza Health and Safety Program (Program) is designed to assist agencies in the identification, evaluation, control, and mitigation of occupational influenza exposure risks. The Program provides tools and guidance to New York City agencies for use during influenza season and/or a novel influenza scenario. The Program is composed of this Influenza Health and Safety Plan (IHASP) and its associated training program.

THIS PLAN IS NOT APPLICABLE TO MEDICAL AND CLINICAL LABORATORY PERSONNEL.

INFLUENZA HEALTH AND SAFETY PROGRAM STEERING COMMITTEE

The Program was developed by the IHASP Steering Committee, which includes City, state, and federal agency representatives:

- NYC Department of Citywide Administrative Services (DCAS)
 - Citywide Office of Occupational Safety and Health (COSH)
- NYC Department of Health and Mental Hygiene (DOHMH)
- NYC Office of Emergency Management (OEM)
- NYC Department of Education (DOE)
- NYC Fire Department (FDNY)
- NYC Police Department (NYPD)
- New York State Department of Labor (NYS DOL)
 - Public Health Employee Safety and Health (PESH)¹
- United States Department of Labor
 - Occupational Safety and Health Administration (OSHA)²

GOALS OF THE STEERING COMMITTEE

Following the H1N1 Influenza Pandemic that began in the spring of 2009, NYC embarked on a major program to review and modify its existing plans based on lessons learned. This Program, the Fall H1N1 Planning Project, includes a number of work-groups, including the NYC IHASP Steering Committee, focused on key H1N1-related issues. The goals of the Steering Committee are to:

- Develop a Citywide IHASP for implementation by all agencies.
- Train Agency Health and Safety Coordinators and other key agency personnel on the IHASP and how to use it.
- Revise and update the IHASP based on changes in knowledge, directives, and evolving conditions.

¹ PESH representation on the Steering Committee does not imply PESH approval of the IHASP or its contents.

² OSHA representation on the Steering Committee does not imply OSHA approval of the IHASP or its contents.

EMPLOYEES COVERED BY THE IHASP

This IHASP applies to non-medical NYC agency employees only. Healthcare workers, clinical laboratory workers, or other employees with very high risk of exposure are covered under existing health and safety programs within their agencies. This IHASP does not supersede or replace any existing agency health and safety programs.

Section	Page
INTRODUCTION AND PURPOSE.....	III
Purpose of the Influenza Health and Safety Program.....	v
Influenza Health and Safety Program Steering Committee.....	v
Goals of the Steering Committee.....	v
Employees Covered by the IHASP.....	vi
EXECUTIVE SUMMARY	1
Purpose.....	3
Key Points about the IHASP	3
Components of the IHASP	3
Agency IHASP Implementation	4
1 HEALTH EFFECTS AND MODES OF TRANSMISSION.....	1-1
Background.....	1-3
Health Effects	1-3
Modes of Transmission.....	1-4
Droplet Transmission.....	1-4
Contact Transmission	1-4
Airborne Transmission	1-5
2 CONTROL MEASURES.....	2-1
General Influenza Control Measures	2-3
Safe Work Practices.....	2-3
Personal Protective Equipment.....	2-4
3 JOB RISK ASSESSMENT	3-1
Introduction.....	3-3
Job Risk Assessment.....	3-3
Job Risk Assessment Procedure	3-3
4 AWARENESS LEVEL	4-1
5 TRAINING	4-1
Employee Training	4-3
Managerial Training	4-3
Additional Training.....	4-4
Qualification of Trainers.....	4-4
Training Records.....	4-4
6 AGENCY IHASP IMPLEMENTATION	5-1
Roles and Responsibilities	5-3
Agency Administrator.....	5-3
Agency IHASP Coordinator	5-4
Agency Managers and Supervisors.....	5-4
Agency Workers	5-5

TABLE OF CONTENTS

TABLE OF CONTENTS

Implementation Considerations 5-5

7 PLAN MANAGEMENT6-1
 Plan Maintenance..... 6-3

8 REFERENCES7-1

9 GLOSSARY8-1

Appendices

A GUIDANCE FOR SEVERE INFLUENZA..... A-1
 Job Risk Assessments for Severe Influenza A-3
 Safe Work Practices for Severe Influenza A-3
 Administrative Controls for Severe Influenza A-3
 Engineering Controls for Severe Influenza A-4
 Personal Protective Equipment (PPE) for Severe Influenza..... A-4
 Face Masks A-5
 Respirators A-5
 Use of Personal Protective Equipment for a Severe Scenario A-5
 Respiratory Protection Programs for a Severe Scenario..... A-5

B JRA TEMPLATE..... B-1
 Influenza Job Risk Assessment (JRA) for Non-medical OccupationsB-3

C IHASP TRAINING TRACKING FORM C-1

TABLES

Table		Page
1-1	Modes of Transmission.....	1-6
3-1	Influenza Exposure Risk Classification Matrix and Recommended Control Measure Summary for Mild/Moderate Scenario, 10/2009	3-5
4-1	Instruction Modules for the Employee IHASP Training Course.....	4-3
4-2	Instruction Modules for the Manager IHASP Training Course.....	4-4
A-1	Influenza Exposure Risk Classification Matrix and Recommended Control Measure Summary for Severe Scenario, 10/2009*	A-7

FIGURES

Figure		Page
3-1	JRA Template	3-7

LIST OF TABLES AND FIGURES

CDC	(United States) Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
COOP	Continuity of Operations
COSH	(DCAS) Citywide Office of Occupational Safety and Health
CPR	Cardio-Pulmonary Resuscitation
DCAS	(New York City) Department of Citywide Administrative Services
DOHMH	(New York City) Department of Health and Mental Hygiene
EMS	Emergency Medical Services
FDNY	New York City Fire Department
IHASP	New York City Influenza Health and Safety Plan
IPT	Influenza Planning Team
JRA	Job Risk Assessment
NIOSH	National Institute for Occupational Safety and Health
NYPD	New York City Police Department
OEM	(New York City) Office of Emergency Management
OSHA	(United States) Occupational Safety and Health Administration
PESH	(New York State) Public Employee Safety and Health
POC	Point of Contact
PPE	Personal Protective Equipment
RPP	Respiratory Protection Program

LIST OF ACRONYMS



EXECUTIVE
SUMMARY

PURPOSE

The New York City Agency Influenza Health and Safety Program (Program) is designed to assist agencies in the identification, evaluation, control, and mitigation of occupational influenza exposure risks. The Program provides tools and guidance to New York City (NYC) agencies for use during influenza season and/or a novel influenza scenario. The Program is composed of this Influenza Health and Safety Plan (IHASP) and its associated training program.

THIS PLAN IS NOT APPLICABLE TO MEDICAL AND CLINICAL LABORATORY PERSONNEL.

KEY POINTS ABOUT THE IHASP

The IHASP:

- Covers non-medical NYC agency employees only. Healthcare workers, clinical laboratory workers or other employees with very high risk of exposure are covered under other existing health and safety programs.
- Contains common sense measures agencies can implement in the workplace.
- Does not supersede or replace existing agency health and safety programs (e.g., Worker Right-to-Know, Infection Control).
- Is applicable to all influenza types, including seasonal influenza or novel influenza at all levels of severity.
- Can also help employees limit their exposure when they are not at work.

COMPONENTS OF THE IHASP

The components of the IHASP are as follows:

- **HEALTH EFFECTS AND MODES OF TRANSMISSION.**
- **CONTROL MEASURES.** Recommended control measures are listed in this IHASP to address mild to moderate influenza. Additional recommendations to address a severe influenza scenario³ are described in Appendix A.
- **JOB RISK ASSESSMENTS (JRAs).** Procedures to classify employee exposure risk (low, medium, or high).
- **AWARENESS LEVEL TRAINING.**
- **AGENCY IHASP IMPLEMENTATION.**

³ As determined by DOHMH.

AGENCY IHASP IMPLEMENTATION

Agencies should designate an Agency Administrator (typically a senior level manager with appropriate authority) to oversee their agency-specific IHASP and ensure the availability of appropriate resources. The Agency Administrator should assign an IHASP Coordinator (typically the Agency Health and Safety Coordinator) to implement the plan and remain available to answer employee questions.

Agencies should provide their designated Program Staff and implementation information to the COSH General Office by calling 212-669-8825 or faxing 212-669-8840.



1

HEALTH EFFECTS
AND MODES OF
TRANSMISSION

BACKGROUND

Influenza has caused respiratory illness for centuries. There have been three pandemics (i.e., worldwide disease outbreaks) in the 20th century as well as the 2009 H1N1 pandemic.

Influenza occurs in New York City every year, generally in the fall and winter, and is called “seasonal flu.”

An influenza strain is named according to its origin, the type of the viral strain that caused it or where the first cases of it were detected (i.e., avian, H5N1, swine, novel H1N1, Hong Kong). Which strain(s) will circulate, how much illness and mortality will result, and when influenza outbreaks will occur are extremely difficult, if not impossible, to predict.

HEALTH EFFECTS

The health effects and severity of influenza vary from person to person. The severity and symptoms of infection are dependent on many factors, including an individual’s state of health prior to infection, the virulence (i.e., strength) of the influenza strain, and other characteristics, such as the age of the infected person.

Early during an influenza infection, a person may not have symptoms. It is important to know that recently infected people may be infectious before they feel ill and can spread the virus to others before they know they are sick. In general, influenza symptoms develop very suddenly. The worst symptoms last from three days to longer than a week, but feelings of weakness, fatigue, lack of energy, and cough may persist for weeks after recovery.

Individuals with an underlying medical condition, who may have more severe illness from influenza, should contact their personal medical providers for specific guidance.

COMMON INFLUENZA SYMPTOMS

- FEVER (100° F) OR CHILLS AND COUGH OR SORE THROAT;

ADDITIONAL SYMPTOMS MAY INCLUDE:

- EXTREME FATIGUE;
- MUSCLE AND BODY ACHES;
- JOINT ACHES;
- HEADACHE (MAY BE SEVERE);
- EYE PAIN;
- STUFFED OR RUNNY NOSE;
- UPPER RESPIRATORY CONGESTION;
- NO APPETITE FOR FOOD OR DESIRE TO DRINK FLUIDS; AND
- CHILDREN CAN HAVE ADDITIONAL STOMACH SYMPTOMS, SUCH AS NAUSEA, VOMITING AND DIARRHEA, BUT THESE SYMPTOMS ARE UNCOMMON IN ADULTS.

Because the severity and specific health effects of a novel (i.e., new) influenza strain are not predictable, agencies and their employees must be prepared to seek ongoing guidance and respond to changes in guidance as necessary. Call your healthcare provider if you have been in contact with someone suspected of having influenza and have an underlying medical condition and/or belong to a group that places you at high risk for complications from influenza. For a list of these categories and influenza updates, visit:

www.nyc.gov/flu.

City agencies should begin to implement the IHASP to prepare for the influenza season (fall and winter). Once this plan is in place, agencies will also be prepared in the event of an influenza scenario not related to seasonal flu, such as 2009 H1N1. The DOHMH will advise the IHASP Steering Committee whether control measures recommended under the severe scenario are warranted, as applicable. If the DOHMH determines that there is a severe influenza scenario, COSH will advise agencies to begin to follow the recommended control measures for a severe scenario (see Appendix A).

MODES OF TRANSMISSION

Influenza spreads from person to person at close range. The influenza virus is transmitted from sneezes, coughs, unwashed hands, and contaminated objects, to the mouths, noses, and eyes of individuals. The virus enters the body through the mucous membranes of the eyes, mouth, and nostrils, and can cause infection.

Transmission occurs through multiple routes, mainly through **DROPLET TRANSMISSION** and direct and indirect **CONTACT TRANSMISSION**, but also, under certain circumstances, through **AIRBORNE TRANSMISSION**. Airborne transmission may be associated with certain specific clinical, diagnostic, experimental, and clinical laboratory procedures.

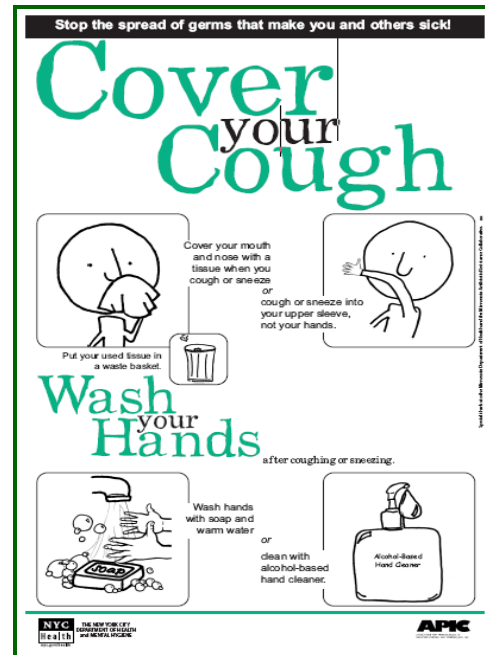
DROPLET TRANSMISSION

Respiratory droplets carry infectious particles that transmit the virus from an infectious person to another person. Droplet transmission occurs when an infectious person coughs, sneezes, or talks within close contact, and droplets land on the mouth, eyes, or nose of others, where viruses they contain can enter the body. Because droplets are fairly heavy, they do not travel far (generally about three feet before they fall from the air).

CONTACT TRANSMISSION

DIRECT CONTACT TRANSMISSION occurs when the virus is transferred from an infected person to another person through physical contact (i.e., skin-to-skin contact). For example, an infectious individual shaking hands can contaminate the hands of another person who then touches his or her face, mouth, or nose.

INDIRECT CONTACT TRANSMISSION occurs when the virus is transferred from a contaminated surface or object to an individual who touches that surface and then touches his or her face, mouth, or nose. In the workplace, items handled by multiple employees (e.g., photocopier machines, computers, phones, and door handles) are likely routes of indirect contact transmission unless everyone practices good hand hygiene.



Source: DOHMH

AIRBORNE TRANSMISSION

Certain clinical, clinical laboratory, and experimental procedures generate “aerosols,” particles that are light enough to float in air and small enough to be inhaled deep into the lungs. Specific medical procedures that can result in the production of aerosols are: endotracheal intubation, open airway suctioning, sputum induction, cardio-pulmonary resuscitation (CPR), and bronchoscopy.

These procedures present an occupational hazard to persons in the room where such procedures are performed. Airborne transmission of influenza is considered unlikely in activities outside healthcare, clinical laboratory, or experimental settings.

Established infection control measures govern practices in healthcare settings where such aerosol-generating procedures are conducted. **THIS PLAN IS NOT DESIGNED FOR MEDICAL OR CLINICAL LABORATORY EMPLOYEES.** Those agencies that employ healthcare and clinical laboratory workers must create or refer to other existing health and safety plans for the protection of their employees.

PEOPLE CAN SPREAD INFLUENZA *BEFORE* THEY FEEL ILL.

WHEN WASHING HANDS WITH SOAP AND WATER:

- WET YOUR HANDS WITH CLEAN RUNNING WATER AND APPLY SOAP. USE WARM WATER IF IT IS AVAILABLE.
- RUB HANDS TOGETHER TO MAKE A LATHER AND SCRUB ALL SURFACES.
- CONTINUE RUBBING HANDS FOR 20 SECONDS. NEED A TIMER? IMAGINE SINGING THE “HAPPY BIRTHDAY” SONG TWICE TO A FRIEND!
- RINSE HANDS WELL UNDER RUNNING WATER.
- DRY YOUR HANDS USING A PAPER TOWEL OR AIR DRYER. IF POSSIBLE, USE YOUR PAPER TOWEL TO TURN OFF THE FAUCET.

REMEMBER: IF SOAP AND WATER ARE NOT AVAILABLE, USE ALCOHOL-BASED GEL TO CLEAN HANDS.

WHEN USING AN ALCOHOL-BASED HAND SANITIZER:

- APPLY PRODUCT TO THE PALM OF ONE HAND.
- RUB HANDS TOGETHER.
- RUB THE PRODUCT OVER ALL SURFACES OF HANDS AND FINGERS UNTIL HANDS ARE DRY.

WHEN SHOULD YOU WASH YOUR HANDS?

- BEFORE PREPARING OR EATING FOOD.
- AFTER GOING TO THE BATHROOM.
- AFTER CHANGING DIAPERS OR CLEANING UP A CHILD WHO HAS GONE TO THE BATHROOM.
- BEFORE AND AFTER TENDING TO SOMEONE WHO IS SICK.
- AFTER BLOWING YOUR NOSE, COUGHING, OR SNEEZING.
- AFTER HANDLING AN ANIMAL OR ANIMAL WASTE.
- AFTER HANDLING GARBAGE.
- BEFORE AND AFTER TREATING A CUT OR WOUND.

Source: CDC 2009

Table 1-1 Modes of Transmission

HOW INFLUENZA SPREADS	
■	<p>DROPLET TRANSMISSION – CONSIDERED MOST LIKELY</p> <ul style="list-style-type: none"> – Virus-packed droplets are sprayed into the air with coughs or sneezes. – Droplets are heavy and do not stay in the air for long. – When coughing or sneezing close to other people (about 3 feet), droplets land on the mouth, eyes, or nose, delivering the virus to mucous membranes where it enters the body.
■	<p>CONTACT TRANSMISSION – CONSIDERED LIKELY</p> <ul style="list-style-type: none"> – When unwashed contaminated hands (or contaminated objects) touch the eyes, mouth, or nose, the virus reaches mucous membranes, entering the body. – Hands become contaminated either directly through physical contact with an ill person, or indirectly through touching objects contaminated with the virus. – The virus is present in high concentrations in oral and respiratory secretions of infected persons and can remain alive for hours on environmental surfaces.
■	<p>AIRBORNE TRANSMISSION – CONSIDERED UNLIKELY IN A NON-CLINICAL SETTING</p> <ul style="list-style-type: none"> – There are specific clinical, clinical laboratory, and experimental processes that produce “aerosols,” particles that are light enough to float in air and small enough to be inhaled. – Aerosols from infectious individuals (or specimens) can, when inhaled, carry the viruses deep into the lungs.



2

CONTROL
MEASURES

This section is designed to help agencies identify and implement control measures to limit occupational exposure. Control measures are provided for agency information and awareness as well as for planning.

This guidance is designed to help employers plan for and respond to two possible influenza scenarios: (1) mild/moderate and (2) severe. Additional guidance for a severe scenario may be found in Appendix A.

GENERAL INFLUENZA CONTROL MEASURES

For influenza of any level of severity the following control measures apply:

- Encourage employees to stay home if they are sick;
- Advise employees to stay home until they are fever-free for 24 hours, without the use of fever-reducing medications;
- Ensure access to hand washing facilities or alcohol-based hand sanitizer if soap and water are not available;
- Promote respiratory etiquette; and
- Promote vaccination.

As determined by the Job Risk Assessments (JRAs) (see Section 3), PPE may be recommended for some employees during a mild/moderate scenario.

TIPS FOR EMPLOYEES

- STAY HOME IF YOU ARE SICK.
- COVER COUGHS AND SNEEZES.
- KEEP YOUR HANDS CLEAN.
- KEEP YOUR HANDS AWAY FROM YOUR FACE.
- CONSIDER PERIODICALLY CLEANING YOUR PHONE, COMPUTER KEYBOARD/MOUSE, AND OTHER PERSONAL WORK SURFACES THAT MAY NOT BE COVERED BY YOUR EMPLOYERS' CUSTODIAL SERVICES.

SAFE WORK PRACTICES

The following safe work practices are procedures to reduce the duration, frequency, and/or intensity of occupational exposure:

- **PROMOTE EMPLOYEE VACCINATION.** City agencies should promote influenza vaccination to prevent illness and to reduce absenteeism. See www.nyc.gov/flu for more information about vaccines.
- **PROMOTE AND SUPPORT HAND HYGIENE.** Provide adequate hand washing facilities and encourage proper and frequent hand washing with soap



Source: DOHMH

and water and single-use towel drying. Alternatively, alcohol-based hand sanitizer can be used if a sink is not easily available and if hands are not visibly soiled. If hands are visibly dirty or soiled, workers should wash their hands thoroughly with soap and water as a better option to using alcohol-based rubs.

- **PROMOTE RESPIRATORY ETIQUETTE.** Promote and post signs (in the workplace and in public areas) to encourage covering mouths and noses when coughing or sneezing. Provide appropriate receptacles so that employees may safely dispose of used tissues.
- **UPDATE EMPLOYEES** with current and focused information on influenza risk factors and protective behaviors.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) refers to protective clothing, facemasks, or other gear designed to protect the wearer's body from injury or exposures. In general, PPE is provided as a last resort, when the other control measures contained in this plan do not provide sufficient protection. Use of PPE is effective in protecting against certain hazards, however, PPE can often be burdensome to use and maintain.

As determined by the JRAs (see section 3), PPE may be recommended for some employees during a mild/moderate scenario. Appendix A provides additional guidance on selecting PPE for a severe scenario.



3

JOB RISK
ASSESSMENT

INTRODUCTION

A JRA is a careful examination of a workplace and the tasks that workers perform. The objective is to identify workplace hazards and to determine whether existing precautions are sufficient or if further controls should be put in place. Agency Administrators will perform or direct assigned staff to perform JRAs as part of IHASP implementation.

JOB RISK ASSESSMENT

The JRA focuses on the relationship between the worker, the task, and the work environment. JRAs should be performed for groups of workers that perform similar job tasks. However, JRAs can also be performed for work locations, job assignments, job titles, or tasks. JRAs can also be performed for individual workers if a particular need is identified.

The JRA procedure below is specific to influenza. Agencies are directed to perform the following JRA tasks:

- Review major tasks performed by agency personnel.
- Identify risks associated with those tasks.
- Categorize risks according to the applicable Risk Classification Matrix
 - For mild to moderate influenza, categorize risks according to the Mild/Moderate Risk Classification Matrix (see Table 3-1), and
 - For severe scenario, categorize risks according to the Severe Risk Classification Matrix (see Appendix A).
- Determine whether additional control measures are required.
- Implement appropriate control measures for the low, medium, and high-risk job tasks identified by the JRA.

JOB RISK ASSESSMENT PROCEDURE

The JRA activities recommended for any influenza scenario include the following:

- Planning
 - Create an Agency JRA Team.
 - The team should consist of the Agency Health and Safety Coordinator, division/bureau/unit managers and supervisors, human resources personnel and facilities staff, as appropriate.
 - Review tasks performed by agency personnel.
- Perform a JRA for all job categories
 - Using the appropriate Risk Classification Matrix, the JRA Template (see Figure 3-1 in the IHASP), classify workers according to low, medium, or high occupational exposure risk.
- Identify the risks associated with employees or job tasks
 - Evaluate all job activities that require close, sustained contact with people.

JOB RISK ASSESSMENT

- Include non routine activities that may be encountered if the employee is re-assigned due to employee absenteeism.
- Identify appropriate controls, equipment, and supplies
 - Communicate hazards and controls identified in the JRA to employees through risk communications and appropriate training.
 - Make the JRA available to employees for their review.
- Review and update the JRA if work tasks change, for example:
 - Employee assigned tasks have changed.
 - New methods of performing agency tasks are selected.
 - New hazards are identified.
 - New or different control measures are available and/or selected.

DURING A SEVERE INFLUENZA SCENARIO:

- **IMPLEMENT CONTROL MEASURES** APPROPRIATE TO SEVERE INFLUENZA. THE AGENCY ADMINISTRATOR SHOULD MAKE AGENCY-SPECIFIC IMPLEMENTATION DECISIONS BASED ON FEASIBILITY, BEST PRACTICES, AND IMPACT OF CONTROL MEASURES ON AGENCY OPERATIONS.
- **COMMUNICATE HAZARDS AND CONTROLS** IDENTIFIED IN THE JRA TO EMPLOYEES THROUGH RISK COMMUNICATIONS AND APPROPRIATE TRAINING.

NON-HEALTHCARE WORKERS Influenza Exposure Risk Classification Matrix and Recommended Control Measures (incl. PPE) Summary for Mild/Moderate Scenario

This matrix is intended to provide summary guidance on preventing or minimizing the transmission of influenza in the workplace. The general guidance for infection control, control measures, and recommended personal protective equipment (PPE) were selected based on contact and droplet transmission being the primary modes of transmission for influenza virus.

The guidance provided is not intended to replace or supersede health and safety programs or infection control programs that may already exist for influenza or other workplace exposures or hazards. Facilities, such as hospitals, will have additional requirements for specific procedures and circumstances that may include the use of eye protection, gloves, and gowns. This matrix is not intended to cover healthcare or clinical laboratory personnel.

The guidance was developed to address exposure to seasonal influenza plus novel influenza A (H1N1) both of which are expected to create a mild to moderate flu scenario for the fall and winter of 2009. This guidance may be modified as other available information and or guidance warrants.

Table 3-1 Influenza Exposure Risk Classification Matrix and Recommended Control Measure Summary for Mild/Moderate Scenario, 10/2009*

Risk Classification	Risk Classification Matrix		Recommended Control Measures ²	Recommended PPE
	Definition	Employment Setting Examples ¹	Employment Setting	
LOW	Limited or no frequent close contact with people.	Where work is performed in an office, on a construction site, in a vehicle, in a park, when performing building maintenance, etc.	Follow general guidance for infection control. ³	None
MEDIUM	Frequent close contact (<3 feet) with people.	Occupations requiring close contact with the following groups: <ul style="list-style-type: none"> ■ General public ■ Clients ■ School children 		

Note: * This general guidance is subject to change based on evolving public health information and federal guidance. (comprehensive notes on next page)

Table 3-1 Influenza Exposure Risk Classification Matrix and Recommended Control Measure Summary for Mild/Moderate Scenario, 10/2009*

Risk Classification	Risk Classification Matrix		Recommended Control Measures ²	Recommended PPE
	Definition	Employment Setting Examples ¹	Employment Setting	
HIGH – NON HEALTHCARE	High potential for exposure to known or suspected patient/client with influenza due to hands-on contact with people.	Workers when performing tasks that require close contact with people suspected of or known to have ILI (influenza like illness) such as: providing assistance to medical responders that requires close contact with a person with ILI, escorting in close contact a person with ILI to a medical clinic, etc.	Follow general guidance for infection control. ³ Maintain minimum of 3 feet from person suspected of or having ILI and keep interactions as brief as possible. Ask the ill person to wear a face mask, if possible. If ill person can not wear a face mask and close contact can not be avoided, the worker should wear an employer-provided face mask.	Face mask ⁴

Notes: * This general guidance is subject to change based on evolving public health information and federal guidance.

¹ **Employment Setting Examples**

The examples provided are for purposes of illustration only and the actual decision about risk classification and specific PPE should be based on the agency specific Job Risk Assessment.

² **Specific Modes of Transmission – How Influenza Spreads**

- **Droplet Transmission** (Most likely) Virus packed droplets are sprayed into the air via coughs or sneezes. These droplets are heavy and do not stay in the air for long. When droplets are coughed or sneezed in close proximity to other people (about 3 feet), droplets land on mouths, eyes, or noses delivering the virus to mucous membranes where it is absorbed into the body.
- **Contact Transmission** (Likely): Virus is passed directly via skin-to-skin contact from ill person to non-ill person, usually by unwashed contaminated hands (or contaminated objects) which touch the eyes, mouth, or nose. The virus enters the body through mucous membranes. Hands can also become contaminated indirectly through touching objects contaminated with the virus. The virus is present in high concentrations in oral and respiratory secretions and can remain viable for hours on environmental surfaces.
- **Airborne Transmission** (Unlikely in non-clinical settings). Tiny infectious particles that are small enough to be inhaled are not thought to be an important source of transmission outside of specific clinical, diagnostic, experimental, and laboratory procedures. These procedures may mechanically produce aerosols and require additional controls such as N95 respirators, and special ventilation and containment devices.

³ **General Guidance for Infection Control for All Risk Classifications and Influenza Severity**

- a. Instruct workers to stay home if sick for at least 24 hours after fever subsides (without use of fever reducing medication)
- b. Encourage workers to practice proper cough etiquette
- c. Encourage workers to practice good hand washing techniques
- d. Ensure the availability of soap and water and/or hand sanitizers
- e. Discourage cross contamination of work surfaces by instructing employees to minimize eye, mouth, and nose touching.
- f. Encourage cleaning of frequently touched surfaces.
- g. Encourage workers to report contact with individuals suspected of having influenza, etc.
- h. Encourage workers to call healthcare provider if they have been in contact with someone suspected of having influenza and have an underlying medical condition and/or belong to a group that places them at high risk for complications from influenza. For a list of these categories, consult www.nyc.gov/flu as these categories are being updated.

⁴ Some agencies have Respiratory Protection Programs that require the use of N95 respirators for certain job tasks. The guidance in this matrix is not intended to supersede Agency policies. Based on Job Risk Assessments (JRAs), N95 respirators may be appropriate for certain workers in certain circumstances.

References:

- ¹ Brankston G et al. Transmission of influenza A in human beings. *Lancet Infectious Diseases*. 2007; 7:257-65.
- ² Guidance on Preparing Workplaces for an Influenza Pandemic. OSHA Publication 3327-02N, (2007).

INFLUENZA JOB RISK ASSESSMENT (JRA) FOR NON-MEDICAL OCCUPATIONS

Name or Group: _____ JRA Number: _____

Agency: _____ Job Title: _____

Normal Work Location: _____ Normal Work Schedule: _____

List All Job Activities that Require Close (Less than 3 Feet) Sustained Contact with People	Location of Activity

Possible Controls and Personal Protective Equipment

In addition to general controls, if needed, what additional administrative and engineering controls are recommended to minimize close contact:

Influenza Exposure Risk Classification High Medium Low
& Required PPE:

Name and title of employee completing this JRA: Name: Title:	Signature:	Date:
--	------------	-------

Figure 3-1 JRA Template



4

AWARENESS LEVEL
TRAINING

The purpose of the training program is to help City agencies promote awareness among staff of influenza health effects and recommended control measures. City agencies will be provided with a training program that can be modified to meet agency needs. The program training package will include a slide set and manual for managers and employees. As additional sources of training become available (e.g., online training), agencies will be informed to promote and ensure utilization amongst staff.

EMPLOYEE TRAINING

Employee training includes:

- Overview of Influenza Health and Safety Program;
- Influenza health effects;
- Modes of transmission;
- Preventive measures;
- Control measures including:
 - Safe work practices,
 - Administrative controls,
 - Engineering controls, and
 - PPE as appropriate; and
- The JRA Process.

The names of the Agency Program staff should be provided to employees so that they know who to contact if they have questions or concerns.

Course topics/modules are listed in Table 4-1.

Table 4-1 Instruction Modules for the Employee IHASP Training Course

MODULE	MODULE TITLE
1	Introduction to the Influenza Health and Safety Program
2	Influenza Background and Impacts on the Workplace
3	Signs, Symptoms and Transmission of Influenza
4	Control Measures to Limit Influenza Exposure
5	Influenza Health and Safety Program

MANAGERIAL TRAINING

New York City agency managers will be expected to attend an IHASP awareness training course designed specifically for managers. The manager course focuses on implementing the IHASP. The course includes: training on potential impacts to the workplace, promoting employee participation, performing JRAs, and selecting and implementing control measures.

Course topics/modules are listed in Table 4-2.

Table 4-2 Instruction Modules for the Manager IHASP Training Course

MODULE	MODULE TITLE
1	Introduction to the Influenza Health and Safety Program
2	Influenza Background
3	Impacts on the Workplace and Planning for Influenza
4	Signs, Symptoms, and Transmission of Influenza
5	Control Measures to Limit Influenza Exposure
6	Influenza Health and Safety Program
7	Communications

ADDITIONAL TRAINING

Refresher training may be needed as deemed necessary by the Agency Administrator. Just-in-time training may be required. In addition to review of topics presented during initial training, refresher training should include relevant lessons learned.

QUALIFICATION OF TRAINERS

The Agency Administrator should identify appropriate staff to administer the training program to all employees. Qualified instructors should:

- Have experience teaching adults;
- Understand influenza health effects and modes of transmission; and
- Be familiar with the IHASP.

TRAINING RECORDS

The agency should maintain written records of the completion of applicable, agency-specific training. Accurate training records should be maintained for each employee. This includes date and type of training, contents or summary of training sessions, and names and qualifications of persons conducting the training. Training records should be available upon request.



5

AGENCY
IHASP
IMPLEMENTATION

This IHASP represents guidance for New York City agencies to help them protect their workers from occupational exposure to influenza. Agencies are expected to tailor the information provided to meet their agency’s needs and functions.

ROLES AND RESPONSIBILITIES

All workers, managers, and supervisors play a key role in IHASP effectiveness. It is however the Agency Administrator who will assume overall responsibility for agency implementation.

AGENCY ADMINISTRATOR

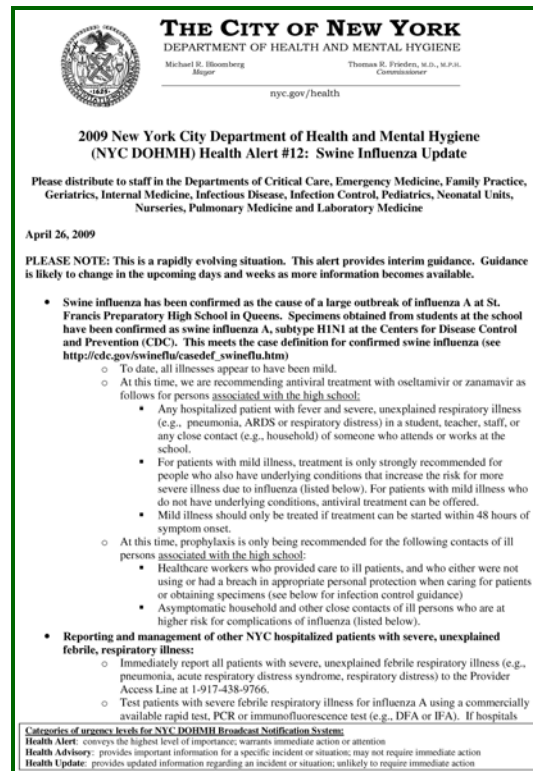
Agencies are asked to designate an Agency Administrator (typically a senior level manager with appropriate authority) responsible to oversee the IHASP within that agency.

The Agency Administrator will assign an agency IHASP Coordinator (typically the Agency Health and Safety Coordinator) to execute the plan, ensure staff is assigned to support IHASP-related tasks, and remain available to answer employee questions.

The specific duties of the Agency Administrator are to:

- Identify resources and determine feasibility of implementing control measures;
- Assure that all influenza-related policies and directives are consistent with the IHASP;
- Institute policies for regular employee communications;
- Serve as primary agency liaison with public agencies and officials;
- Assign a designee to act as the agency’s IHASP Coordinator (see below) for influenza safety and health matters. The IHASP Coordinator will also serve as a liaison with the New York City Agency Influenza Health and Safety Program Steering Committee;
- Facilitate the preparation, review, implementation, and updating of the agency-specific IHASP; and
- Create an Agency JRA Team (see Section 4).

The Agency Administrator may designate other appropriate and qualified staff members to assist with his or her influenza-related tasks as necessary.



Source: DOHMH 2009

AGENCY IHASP IMPLEMENTATION

AGENCY IHASP COORDINATOR

The Agency IHASP Coordinator (e.g., Agency Health and Safety Coordinator) will:

- Serve as liaison to NYC Agency Influenza Health and Safety Program Steering Committee.
- Coordinate with other safety and health efforts.
- Ensure IHASP requirements and protocols are followed.
- Ensure workers are trained.
- Serve as the agency point of contact to receive updates to Plan guidance.
- Maintain accurate safety and health records.
- Participate in training and briefings associated with influenza.

AGENCY MANAGERS AND SUPERVISORS

Implementation of each component of the New York City IHASP is largely dependent on managers and supervisors. Effective leadership by managers and supervisors will be possible if they:

- Understand conditions that may exist in the workplace due to influenza.
- Understand their agency-specific IHASP.
- Participate in the Influenza Health and Safety Training Program for Managers.
- Understand their agency's existing plans, protocols, and procedures and how they would be implemented during an influenza event.
- Receive feedback from employees regarding the perceived or actual effectiveness of the IHASP.
- Coordinate with other management staff within the agency.
- Serve as a liaison to transmit suggestions from staff to the IHASP Coordinator.
- Communicate updated information from the IHASP Coordinator to staff.
- Have a role in specific preparedness activities including:
 - Reviewing JRAs to identify their employees' occupational exposure risk and associated training requirements,
 - Providing insight as to how job roles and responsibilities may change during an influenza outbreak to ensure individuals are properly trained,
 - Ensuring adequate and appropriate supplies are available and accessible, and
 - Making staff available for influenza training.
- Have a role in response activities through IHASP implementation including:
 - Reviewing agency policies and procedures,
 - Inventorying supplies and equipment,
 - Evaluating whether flexible work arrangements can be initiated,
 - Ensuring controls and safe work practices are used as appropriate,
 - Monitoring the effectiveness of existing control measures, and
 - Serving as a role model by using engineering controls, and following administrative controls and safe work practices.

AGENCY WORKERS

It is recommended that City agency workers:

- Comply with this IHASP.
- Practice frequent hand hygiene.
- Comply with safe work practices.
- Employ appropriate administrative and engineering controls.
- Get vaccinated, if recommended by your physician.
- Use proper PPE, when applicable, as instructed.
- Report unsafe or unrecognized high-risk conditions.
- Participate in all required training.



Source: DOHMH 2008.

IMPLEMENTATION CONSIDERATIONS

The following activities should help agencies manage and implement the Plan:

- Identify an Agency Administrator.
- Use JRAs to identify and classify personnel according to influenza exposure risk for their job functions.
- Maintain supplies and equipment needed to support safe work practices (e.g., hand soap, disposable towels, and cleansers).
- Train all employees on safe work practices.
- Plan for implementation of engineering and administrative controls.
- Resolve Human Resource concerns of absenteeism including sick leave, travel, and payment policies in compliance with the City's policies, rules, and collective bargaining agreements.



6

PLAN
MANAGEMENT

DOHMH, COSH, and the New York City Office of Emergency Management (OEM) have co-led the creation of this Influenza Health and Safety Plan in a collaborative process with various other New York City agencies. The list of agencies involved can be found in the Purpose Section of the Plan.

PLAN MAINTENANCE

The following are maintenance policies of this Plan:

1. COSH will be responsible for the update and distribution of the IHASP and associated documents.
2. Each agency will be provided with a hard copy of the Plan with support materials. Each recipient agency is encouraged to utilize information as needed from this plan in the creation of an agency-specific IHASP. No changes should be made to this copy.
3. The Director of the Citywide Office of Occupational Safety and Health in the Department of Citywide Administrative Services will be the Point of Contact (POC) for the Plan.
4. COSH will facilitate the regular review and update of the plan. The plan may also be supplemented based on changes in the risk environment, health information, influenza strain, agency responsibility reorganization, or any other health or administrative changes.
5. COSH will engage the Steering Committee when updating materials to ensure that policy changes reflect a citywide perspective.
6. COSH will inform all Agency Administrators when changes are made to the Citywide IHASP.

The following are maintenance policies to be followed by all New York City agencies that are responsible for utilizing the Plan:

1. Each agency should assign an Agency Administrator as defined in this Plan.
2. Each Agency Administrator should (1) keep a copy of their Agency IHASP and (2) keep any edits, administrative decisions, or new sample documents in an organized fashion that can be shared with COSH and/or OEM during a plan review process or when requested.
3. Each agency is responsible to inform the COSH POC of the name and contact information of the assigned Agency Administrator.



7

REFERENCES

Centers for Disease Control and Prevention (CDC), October 2002, *Guideline for Hand Hygiene in Health-Care Settings*.

_____, 2003, *Guidelines for Environmental Infection Control in Health-Care Facilities*.

_____, February 2007, *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States*.

_____, 2009, *Clean Hands Save Lives!* <http://www.cdc.gov/cleanhands/> (accessed August 2009).

_____, National Institute for Occupational Safety and Health (NIOSH), *Eye Protection for Infection Control*, <http://www.cdc.gov/niosh/topics/eye/eye-infectious.html> (accessed August 2009).

New York City Department of Health and Mental Health (DOHMH), 2006, *Pandemic Influenza Preparedness and Response Plan*. <http://www.nyc.gov/html/doh/downloads/pdf/cd/cd-panflu-plan.pdf> (accessed August 2009)

_____, 2008, City Health Information, “Influenza Prevention and Control: 2008-2009,” New York City, New York, Vol. 27(8):63-70. <http://www.nyc.gov/html/doh/html/imm/fluhome.shtml#3> (accessed August 2009).

New York City Office of Emergency Management (NYC OEM), 2009, “Ready New York: Pandemic Flu,” audio version, http://nyc.gov/html/oem/html/ready/flu_guide.shtml, the City of New York (accessed August 2009).

_____, 2009, “Ready New York: Pandemic Flu,” information pamphlet, http://nyc.gov/html/oem/html/ready/flu_guide.shtml, the City of New York (accessed August 2009).

New York City Pandemic Influenza Health and Safety Training Program Curriculum, Ecology and Environment, Inc., Lancaster, New York.

_____, February 2006, *Pandemic Influenza Plan*.

_____, 2008, *Pandemic Influenza Preparedness Packet for Colleges and Universities*.

New York State Office of General Services (OGS), 2009, “New York’s Green Cleaning Program,” <https://greencleaning.ny.gov>, the State of New York (accessed August 2009).

United Kingdom Department of Health, 2009, *Pandemic Influenza: Guidance on meeting the needs of those who are or may become vulnerable during the pandemic*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103679 (accessed August 2009).

United States Department of Health & Human Services, *HHS Pandemic Influenza Plan Supplement 4 Infection Control*, <http://www.hhs.gov/pandemicflu/plan/sup4.html> (accessed August 2009).

United States Department of Homeland Security, September 2006, *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources*.

United States Department of Labor, Occupational Safety and Health Administration (OSHA), 2006, *OSHA Guidance Update on Protecting Employees from Avian Flu (Avian Influenza) Viruses*.

_____, 2009, *Guidance on Preparing Workplaces for an Influenza Pandemic*.

_____, *OSHA Respiratory Protection Plan (29 CFR 1910.134)*.

World Health Organization, 2005, *WHO Global Influenza Preparedness Plan*.

INFLUENZA RESOURCES

NYC DOHMH	WWW.NYC.GOV/HEALTH
CENTERS FOR DISEASE CONTROL	WWW.CDC.GOV/FLU
FLU.GOV	WWW.FLU.GOV
OSHA	WWW.OSHA.GOV

8

GLOSSARY

ANTIVIRAL MEDICATION: Drug that is used to prevent or cure a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell.

ASYMPTOMATIC: Presenting no signs or symptoms of disease.

AVIAN FLU: A highly contagious viral disease that rarely affects humans but which can cause high (up to 100%) mortality in domestic fowl caused by influenza A virus subtypes H5 and H7. Most types of birds are susceptible to the virus but outbreaks occur most often in chickens and turkeys. The infection may be carried by migratory wild birds, which can carry the virus but show no signs of disease.

BIRD FLU: Is a commonly used to refer to **AVIAN FLU**. Bird flu viruses infect birds, including chickens, other poultry, and wild birds, such as ducks.

CARRIER: A bearer and transmitter of an agent capable of causing infectious disease. An asymptomatic carrier shows no signs or symptoms of carrying an infectious agent.

CONTAGIOUS: A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease either through respiratory droplets (droplet transmission), through physical contact with individuals, contaminated surfaces or unwashed hands (contact transmission), or inhaled aerosols (airborne transmission).

EPIDEMIC: The occurrence of disease in numbers, or at rates, that exceed that normally anticipated.

EXPOSURE: Proximity and/or contact with a source of a disease agent in such a manner that effective transmission of the agent or harmful effects of the agent may occur.

FACEMASK: Covers the user's nose and mouth and provides a physical barrier to fluids and particulate materials. The surgical masks referenced in this guidance document include masks that are labeled as a surgical, laser, isolation, dental or medical procedure masks with or without a face shield. Facemasks can be uncomfortable and restrict breathing.

H5N1: A variant of avian influenza, which is a type of influenza virulent in birds. It was first identified in Italy in the early 1900s and is now known to exist worldwide.

INFECTIOUS: Invasion of the body with organisms that have the potential to cause disease.

INFECTIOUS AGENT: Any organism, such as a pathogenic virus, parasite, or bacterium, that is capable of invading body tissues, multiplying, and causing disease.

INFLUENZA: A communicable disease caused by viruses that infect the respiratory tract, also called "flu."

JUST IN TIME TRAINING: A training session that is conducted just a short-time before the student will utilize the training.

MILD/MODERATE FLU SCENARIO: Means that most people that become infected with influenza will suffer from mild symptoms and will recover from their illness. Health care providers will experience an increase in people seeking care creating a strain on services.

MUCUS MEMBRANE: A moist layer of semi-permeable tissue lining the openings of the body.

MUTATION: An alteration in a gene from its natural state. In infectious organisms, this change may make an organism more infectious or may render it less infectious. Specific mutations and evolution in influenza viruses are not easily predicted.

NOVEL H1N1 INFLUENZA (formerly known as “**SWINE FLU**”): A new influenza virus causing illness in people. This virus was first detected in the U.S. in April 2009, and has spread to many countries around the world.

PANDEMIC FLU: A term that refers to a global distribution of influenza cases, which may be severe or mild. Pandemics are caused by influenza viruses that are new and that spread widely primarily due to a lack of immunity in the world’s populations.

PATHOGENIC: Causing disease or capable of doing so.

RESPIRATOR: (e.g., N95 NIOSH Certified) is fitted to the user’s face, forming a seal that filters almost all inhaled air; it also provides a physical barrier to particulate, fluid and aerosol materials. Respirators can be uncomfortable to wear and can restrict breathing. When respirators are required by the employer to be used, Federal and other regulations for medical clearance, fit testing, and training apply.

SEASONAL FLU: A viral respiratory illness caused by the influenza virus that arrives, predictably, during “flu season” (fall and winter). Most people have some immunity, and effective vaccine is usually available. This is also known as the common flu or winter flu. Seasonal flu is responsible for ~36,000 deaths annually in the U.S.

SEVERE FLU SCENARIO: Can mean that there are many more cases than were anticipated and that the sheer number of cases is straining the healthcare system and the community due to service disruptions, closed businesses, and shortages of supplies. It can also mean that the people that become infected have more severe illness with increased hospitalizations and deaths. Or it can be a combination of these factors.

TRANSMISSION: The conveyance of disease from one person (or animal) to another.

VACCINE: A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces an immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

VIRULENT: Highly lethal; causing severe illness or death.

VIRUS: Any of various simple submicroscopic parasites of plants, animals, and bacteria that often cause disease and that consist essentially of a core of DNA or RNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.



A

GUIDANCE FOR
SEVERE INFLUENZA

This appendix contains additional guidance on control measures for a severe influenza scenario as determined by DOHMH. These control measures are provided for agency information and awareness as well as for planning purposes.

JOB RISK ASSESSMENTS FOR SEVERE INFLUENZA

For a severe influenza scenario, additional JRA tasks may include the following:

- Implement control measures appropriate to severe influenza.
 - Agency Administrator should make agency-specific implementation decisions based on feasibility, best practices, and impact of control measures on agency operations.
 - Promulgate operational procedures or administrative orders to incorporate new control measures. (These may include changes to standard daily schedules, staffing levels, facility operations, security, mail delivery, etc.).
 - Procure and provide agency-selected control measures including PPE as appropriate.
- Communicate hazards and controls identified in the JRA to employees through risk communications and appropriate training.

SAFE WORK PRACTICES FOR SEVERE INFLUENZA

In addition to the safe work practices and control measures contained in Section 3, agencies may be directed to provide the following:

- **ENHANCED WORKER TRAINING.** During a severe pandemic scenario, agencies may be asked to provide employees with training focused on additional control measures.
- **ENHANCED WORKPLACE CLEANING.** According to the Centers for Disease Control and Prevention (CDC), human influenza viruses can survive on environmental surfaces and can infect a person for up to 2 to 8 hours after being deposited on the surface. Clean and, as appropriate, disinfect soiled or frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as surfaces in bathrooms, sleeping areas, cafeterias, and offices. Some facilities may have specific requirements such as specific products⁴ to be used in schools.

ADMINISTRATIVE CONTROLS FOR SEVERE INFLUENZA

In addition to the administrative controls contained in Section 3, agencies should implement the following:

- **STRONGLY URGE ILL EMPLOYEES TO STAY HOME.** Develop policies that permit ill employees to stay at home.
 - If an employee arrives to work with ILI they should be isolated, provided with a facemask, and sent home.
- **PROMOTE SOCIAL DISTANCING.** Promote communications through e-mail, Web sites, and teleconferences while in the workplace rather than face to face where feasi-

⁴ <https://greencleaning.nv.gov/>

ble. Limit unnecessary visitors and interactions, avoid close contact with others, and travel during off hours.

- Post cough etiquette and hand hygiene signs in public waiting areas.

■ **KEEP THE WORKPLACE INFORMED.**

- Provide a mechanism for addressing questions and concerns from employees.
- Provide employees with information and/or pamphlets or posters on the signs and symptoms of and on ways to reduce their risk of exposure to influenza.

ENGINEERING CONTROLS FOR SEVERE INFLUENZA

Engineering controls are physical changes to the work environment designed to reduce influenza exposure. Agencies should consider implementing one or more of the following engineering controls to minimize exposure during a severe influenza scenario⁵:

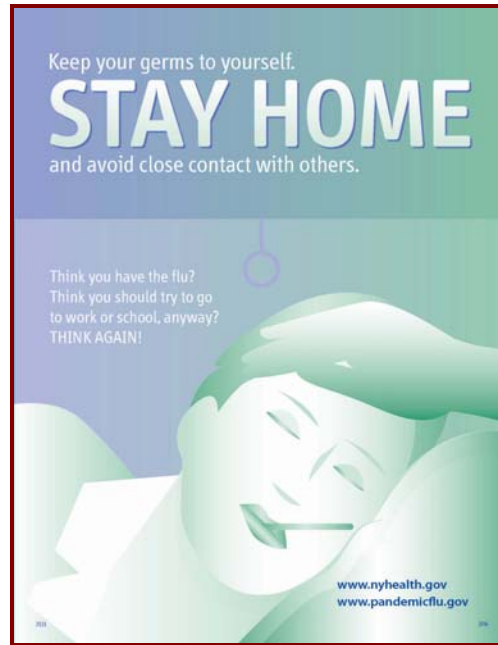
- Install barriers between the public and workers or between workers. Such controls can be useful in reception areas or counters where office clerks work.
- Open vehicle windows to provide fresh air exchange rather than recirculation from a single source within the vehicle.
- Increase fresh air delivery to employee areas and maintain proper operation of building air supply systems. Improved ventilation could be as simple as opening window.
- No touch trash containers.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR SEVERE INFLUENZA

The DOHMH and COSH will provide agencies with recommendations for worker PPE during a severe influenza scenario. PPE recommendations will depend on the severity of the current strain and the results of the JRA (see IHASP Section 4).

The DOHMH and COSH may advise agencies to provide one or more of the following PPE types to minimize exposure during a severe influenza scenario.

- Facemasks
- N95 particulate respirators



Source: NYSDOH 2006.

⁵ While these engineering controls are recommended for a severe scenario, agencies should consider planning for them in their capital budgeting and construction design processes.

FACE MASKS

Face masks can be classified as surgical, laser, isolation, dental, or medical procedure masks. They create a barrier protection between the mouth and nose and the environment in order to protect the wearer from respiratory droplets. Mask use may also help prevent the wearer from touching these parts of their face with hands or gloves that may be contaminated with influenza virus.

RESPIRATORS

Face masks and respirators differ from one another⁶ and provide different levels of protection: face masks provide barrier protection from respiratory droplets, while respirators are tight-fitting and provide protection from droplet nuclei (tiny aerosols). Respirators are uncomfortable to wear and restrict breathing.

Use of particulate respirators may be limited to workers in the high risk category during a severe influenza scenario. Agencies that do not already have a Respiratory Protection Program (RPP) and may use respirators during a severe influenza scenario should comply with relevant OSHA RPP requirements.

USE OF PERSONAL PROTECTIVE EQUIPMENT FOR A SEVERE SCENARIO

Agency Administrators should ensure that appropriate PPE programs are in place.

The following is a list of general PPE best practices that should be followed in accordance with existing health and safety plans:

- Prohibit eating, drinking, or smoking while using PPE.
- Keep hands away from the face.
- Wash hands thoroughly with soap and water after removing PPE.
- Clean reusable eye protection after use.
- Discard disposable PPE immediately and properly after use.

RESPIRATORY PROTECTION PROGRAMS FOR A SEVERE SCENARIO

Agencies with existing Respiratory Protection Programs (RPP) should continue to follow the protocols they have established; however, if agencies require employees to use respirators to protect against influenza a specific section addressing influenza should be adapted. Agencies that require employees to use respirators during a severe influenza scenario and do not already have a RPP, should refer to the Occupational Safety and Health Administration's (OSHA's) Respiratory Protection Standard (29 Code of Federal Regulations [CFR] 1910.134), enforced by PESH in public workplaces, to develop their RPP as these standards are not provided in whole in this Plan.

As required by PESH/OSHA, an RPP must be administered by a trained program administrator. As described in this Plan, it is the responsibility of the IHASP Agency Administrator to perform this duty or otherwise delegate it to a qualified alternate. The program

⁶ <http://www.cdc.gov/Features/MasksRespirators/examples.html>

administrator must ensure the RPP covers the following factors as related to pandemic influenza:

- Written worksite-specific procedures for proper use of respiratory protection
- Selection of the appropriate National Institute for Occupational Safety and Health (NIOSH)-approved particulate respirator
 - *Note: If respirators are used, disposable N95 particulate respirators (or those offering greater protection) are recommended by the New York City Employee Pandemic Influenza Health and Safety Program Steering Committee.*
- Training
- Fit testing, prior to use
- Inspection, cleaning, maintenance, storage, and replacement procedures for respirators
- Medical evaluations, prior to use
- Periodic program evaluation

NON-HEALTHCARE PERSONNEL Influenza Exposure Risk Classification Matrix and Recommended Control Measures (incl. PPE) Summary for Severe Scenario

This matrix is intended to provide summary guidance on preventing or minimizing the transmission of influenza in the workplace. The general guidance for infection control, control measures and recommended personal protective equipment (PPE) were selected based on contact and droplet transmission being the primary modes of transmission for influenza virus.²

The guidance provided is not intended to replace or supersede health and safety programs or infection control programs that may already exist for influenza or other workplace exposures or hazards. Facilities such as hospitals will have additional requirements for specific procedures and circumstances that may include the use of eye protection, gloves and gowns. This matrix is not intended to cover healthcare and clinical laboratory personnel.

The guidance was developed to address exposure to seasonal influenza and novel influenza A (H1N1) both of which are expected to create a mild to moderate flu scenario for the fall and winter of 2009. This guidance was developed in the event that the novel influenza A (H1N1) virus becomes more severe. This guidance may be modified as other available information and/or guidance warrants.

Table A-1 Influenza Exposure Risk Classification Matrix and Recommended Control Measure Summary for Severe Scenario, 10/2009*

Risk Classification	Risk Classification Matrix		Recommended Control Measures ²	Recommended PPE
	Definition	Employment Setting Examples ¹	Employment Setting	
LOW	Limited or no frequent close contact with people.	Where work is performed in an office, on a construction site, in a vehicle, in a park, when performing building maintenance, etc.	<ul style="list-style-type: none"> ■ Follow general guidance for infection control.³ ■ Practice social distancing measures, when possible.⁴ For example have fewer meetings or teleconference in the workplace; limit unnecessary visitors and interactions; avoid close contact with others and travel during off hours. 	None
MEDIUM	Frequent close contact (<3 feet) with people.	Occupations requiring close contact with the following groups: <ul style="list-style-type: none"> ■ General public ■ Clients ■ School children 	<ul style="list-style-type: none"> ■ Follow general guidance for infection control.³ ■ Practice social distancing measures, when possible.⁴ For example limit unnecessary visitors and interactions; avoid close contact with others and travel during off hours. ■ Consider use of administrative controls and/or modify work practices to limit contact between worker and public, consider installation of engineering controls such as barrier windows between employee and public ■ If frequent close contact with people cannot be avoided, the worker should wear an, employer provided, face mask. 	Face mask

Note: * This general guidance is subject to change based on evolving public health information and federal guidance. (comprehensive notes on next page)

Table A-1 Influenza Exposure Risk Classification Matrix and Recommended Control Measure Summary for Severe Scenario, 10/2009*

Risk Classification	Risk Classification Matrix		Recommended Control Measures ²	Recommended PPE
	Definition	Employment Setting Examples ¹	Employment Setting	
HIGH (Non Healthcare)	High potential exposure to known or suspected patients/clients with influenza due to hands-on contact with people.	Workers when performing tasks that require close contact with people suspected of or known to have ILI (influenza like illness), such as: providing assistance to medical responders that requires close contact with a person with ILI, escorting in close contact a person with ILI to a medical clinic, etc.	<ul style="list-style-type: none"> ■ Follow general guidance for infection control.³ ■ Maintain minimum of 3 feet from person suspected of or having ILI and keep interactions as brief as possible. Ask the ill person to wear a face mask, if possible. If ill person can not wear a face mask and close contact can not be avoided, the worker should wear an employer provided face mask. 	Face mask ⁵

Notes: * This general guidance is subject to change based on evolving public health information and federal guidance.

¹ **Employment Setting Examples**

The examples provided are for purposes of illustration only and the actual decision about risk classification and specific PPE should be based on the agency specific Job Risk Assessment.

² **Specific Modes of Transmission - How Influenza Spreads:**

- **Droplet Transmission** (Most likely) Virus packed droplets are sprayed into the air via coughs or sneezes. These droplets are heavy and do not stay in the air for long. When droplets are coughed or sneezed in close proximity to other people (about 3 feet), droplets land on mouths, eyes, or noses delivering the virus to mucous membranes where it is absorbed into the body.
- **Contact Transmission** (Likely): Virus is passed directly via skin-to-skin contact from ill person to non-ill person, usually by unwashed contaminated hands (or contaminated objects) which touch the eyes, mouth, or nose. The virus enters the body through mucous membranes. Hands can also become contaminated indirectly through touching objects contaminated with the virus. The virus is present in high concentrations in oral and respiratory secretions and can remain viable for hours on environmental surfaces.
- **Airborne Transmission** (Unlikely in non-clinical settings). Tiny infectious particles that are small enough to be inhaled are not thought to be an important source of transmission outside of specific clinical, diagnostic, experimental, and laboratory procedures. These procedures may mechanically produce aerosols and require additional controls such as N95 respirators, and special ventilation and containment devices.

³ **General Guidance for Infection Control for All Risk Classifications and Influenza Severity:**

- a. Instruct workers to stay home if sick for at least 24 hours after fever subsides (without use of fever reducing medication)
- b. Encourage workers to practice proper cough etiquette
- c. Encourage workers to practice good hand washing techniques
- d. Ensure the availability of soap and water and/or hand sanitizers
- e. Discourage cross contamination of work surfaces by instructing employees to minimize eye, mouth, and nose touching.
- f. Encourage cleaning of frequently touched surfaces.
- g. Encourage workers to report contact with individuals suspected of having influenza, etc.
- h. Encourage workers to call healthcare provider if they have been in contact with someone suspected of having influenza and have an underlying medical condition and/or belong to a group that places them at high risk for complications from influenza. For a list of these categories, consult www.nyc.gov/flu as these categories are being updated.

⁴ **Social Distancing and Community Mitigation**

Recommendations to implement social distancing and community mitigation measures will be made based on the severity of influenza in the population. One or more control measure may be recommended with additional measures recommended at a later date, as needed, to adjust to an evolving situation. Some examples of social distancing and community mitigation measures include the following: limit unnecessary visitors and interactions, avoid close contact with others, travel during off hours, dismissal of students, work closure, and cancellation of large public gatherings, such as concerts or sporting events. Social distancing strategies should be tailored to reflect particular job responsibilities and may be inconsistent with job duties.

⁵ Some agencies have Respiratory Protection Programs that require the use of N95 respirators for certain job tasks. The guidance in this matrix is not intended to supersede agency policies. Based on Job Risk Assessments (JRAs), N95 respirators may be appropriate for certain workers in certain circumstances.

References:

- ¹ Brankston G et al. Transmission of influenza A in human beings. *Lancet Infectious Diseases*. 2007; 7:257-65.
- ² Guidance on Preparing Workplaces for an Influenza Pandemic. OSHA Publication 3327-02N, (2007).



B

JRA TEMPLATE

INFLUENZA JOB RISK ASSESSMENT (JRA) FOR NON-MEDICAL OCCUPATIONS

Name or Group: _____ JRA Number: _____

Agency: _____ Job Title: _____

Normal Work Location: _____ Normal Work Schedule: _____

List All Job Activities that Require Close (Less than 3 Feet) Sustained Contact with People	Location of Activity

Possible Controls and Personal Protective Equipment

In addition to general controls, if needed, what additional administrative and engineering controls are recommended to minimize close contact:

Influenza Exposure Risk Classification High Medium Low
 & Required PPE:

Name and title of employee completing this JRA: Name: Title:	Signature:	Date:
--	------------	-------



C

IHASP TRAINING
TRACKING FORM

