

Teamster 2009 H1N1 Flu Preparedness

As the fall and winter flu seasons near the Teamster Union wants to ensure that all of our members are well informed and prepared for the upcoming threat posed by the new H1N1 virus (nH1N1). It is important to the Teamsters that all of our 1.4 million members are protected; especially the 38,000 members in the healthcare industry who are most at risk for an occupational exposure to the nH1N1 virus. It is our mission that all of our workers be informed, prepared, and actively involved in promoting a healthy safety culture during this upcoming flu season.

What you can expect from your employer

It is important to note that, except in California, there is no legally enforceable OSHA standard concerning airborne infectious disease. The guidance documents issued by The Centers for Disease Control and Prevention (CDC) are just that, guidance documents, and employers are not legally bound by these documents. In some instances employers will follow state and local government guidance which may or may not be as thorough or effective as the CDC guidance. While the CDC guidance documents are not legally enforceable your employer is still obligated, under OSHA's general duty clause, to provide a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees.

With regard to the nH1N1 virus there are several engineering and administrative controls that employers can implement to protect our members health and well being. In addition to those controls, vaccination can be offered and as a last resort, personal protective equipment (PPE) can be provided to keep our members protected while at work. Examples of engineering controls include sneeze guards at public service stations, biological hoods in laboratories, and negative pressure and isolation rooms in hospitals and clinics. Administrative controls should include informational fliers and posters that promote cough etiquette, hand hygiene, sneeze etiquette, worker immunization policies, training and education, and an organizational commitment to creating and sustaining a culture of worker safety. In addition to these administrative controls, a written emergency preparedness program which includes a pandemic influenza contingency plan should be developed. The pandemic influenza plan must illustrate in detail the proper procedures employer will take in the event of an Influenza pandemic including: the establishment of a team and team leader to carry out the plan; list of essential staff and/or job functions; established policies for flexible worksites, work hours and flexible leave policies; and detailed communication and networking functions. OSHA regulations require these written programs to be made available for every employee to view if he/she wants to at a mutually agreeable time to both management and the employee.

After all possible engineering controls and/or administrative controls have been exhausted, personal protective equipment can be considered. Acceptable PPE for the nH1N1 virus includes

gloves, gowns, eye protection, and respiratory protection equipment. Respiratory protection equipment must be issued and maintained according to OSHA's respiratory protection standard 29 CFR 1910.134. OSHA's respiratory protection standard mandates proper fit testing including proper education and training be completed on all respiratory equipment before use.

For those members who are not in the healthcare industry and who are not in high risk occupations PPE is not recommended by OSHA however, there are things you can do to protect yourself which will be discussed in the following section. For our members who are in the healthcare industry, we support the Institute of Medicine's (IOM) recommendation on acceptable PPE for healthcare workers. The most recent (IOM) report dated Sept 2009 recommends that "fit tested **NIOSH certified respirators** be worn by healthcare workers (including those in non-hospital settings) who are in close contact with individuals with nH1N1 influenza or influenza-like illnesses." The IOM report also states that "the use of a *medical masks* is unlikely to be effective against airborne transmission" and thus will not provide adequate protection. The IOM report makes it clear that their recommendation is for the use of a fit-tested N95 mask or higher. IOM's definition of a healthcare worker is defined as not only those providing direct patient care but also those whose work situations pose a potential risk for infection (such as cleaning and food delivery staff).

While it is understood that there may be a shortage of the most popular N95 respirators, your employer must still provide respiratory protection. Other respiratory protection options that the IOM report recommended include the N99 respirator, P100 respirator(with elastomeric seal), and the powered air-purifying respirator (PAPR). Reusable respirators like the P100 are the most cost effective in the long run vs. the disposable N95 respirator and in some cases the P100 can provide even greater protection than N95.

What you can do to protect yourself

Protecting yourself from getting sick can be aided through good hygiene practices and social distancing. Washing your hands with soap and water and using alcohol based hand sanitizers can prevent the spread of germs. In addition, keeping your hands away from your nose, mouth, eyes, and ears will also keep you from introducing potentially infectious material into your body. Social distancing is a method used to prevent yourself from going into crowded areas where you have a greater risk of contracting the nH1N1 virus from infected individuals. CDC recommends keeping a distance of 6 feet from anyone who has or is suspected of having an influenza-like illness.

Diligently wearing your PPE and adhering to your employers' regulations while performing your job duties will also decrease your risk of exposure. The most sophisticated equipment will not protect you if you do not respect its limitations and use it accordingly. Doing your part to promote an excellent safety culture at the workplace will help keep everyone safe.

In the event that someone becomes ill at work, CDC advises employers to inform fellow employees of their possible exposure in the workplace to influenza-like illness however employers **must maintain the confidentiality** of the ill worker as required by the Americans with Disabilities Act (ADA).

Leave policies

Workers who have symptoms of influenza-like illness are recommended to stay home and not come to work until at least 24 hours after their fever has resolved. Regardless of the size of the business or the function or services that are provided, all employers should plan to allow and encourage sick workers to stay home without fear of losing their jobs. CDC recommends this strategy for all levels of severity. Employers should have a plan for how they will operate if there is significant absenteeism from sick workers (i.e. the Pandemic Influenza Contingency Plan discussed above).

Sick leave benefits vary between industries therefore it is important that our members consult their master agreements or bargaining unit contracts for rules and regulations concerning these benefits.

The language within the Family Medical Leave Act (FMLA) does not identify certain illnesses or diseases that constitute a “serious health condition” therefore workers must provide sufficient documentation from a certified health provider indicating that you or a family member has a “serious medical condition” which would in turn justify the use of leave time under FMLA. According to the federal government’s flu website (Flu.gov):

*“The [Family and Medical Leave Act \(FMLA\)](#) protects eligible employees who are incapacitated by a serious health condition, as may be the case with the flu where complications arise, or who are needed to care for covered family members who are incapacitated by a serious health condition. Leave taken by an employee for the purpose of **avoiding** exposure to the flu would not be protected under the FMLA. Employers should encourage employees that are ill with pandemic influenza or are exposed to ill family members to stay home and should consider flexible leave policies for their employees in these circumstances.”*

Workers compensation benefits can be filed for if our member is injured on the job. Our member must consult with their respective state and local legislation concerning compensation claims associated with injury or illness as a result of the nH1N1 virus. If an employee contracts nH1N1 virus on the job and can prove that fact, then benefits could be provided like they would be for any other infectious disease contracted on the job.

Vaccination

The 2009 H1N1 vaccine is expected to be available in the fall. The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu. It is anticipated that seasonal flu and 2009 H1N1 vaccines may be administered on the same day; however, it is expected that the seasonal flu vaccine will be available earlier than the H1N1 vaccine. CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available. These target groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people 25 through 64 years of age who are at a higher risk for H1N1 because of chronic health disorders or compromised immune systems. There is some possibility that initially, the vaccine will be available in limited quantities. If this is the case ACIP recommends that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with **direct patient contact**, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

Important Links

- a. **Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers**
 - http://www.osha.gov/Publications/OSHA_pandemic_health.pdf
- b. **Occupational Health Issues Associated with H1N1 Influenza Virus (Swine Flu)**
 - <http://www.cdc.gov/niosh/topics/h1n1flu/>
- c. **OSHA Worker and Safety Guidance for Pandemic Influenza**
 - <http://www.osha.gov/dsg/topics/pandemicflu/index.html>
- d. **Infection Control In a Healthcare Setting**
 - http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
- e. **HHS Interim Guidance for Cargo Trucking Crews for the Prevention of Pandemic Influenza**
 - http://www.pandemicflu.gov/health/cargo_trucking.html
- f. **Air Crew Guidance**
 - <http://www.cdc.gov/h1n1flu/guidance/air-crew-dom-intl.htm>
- g. **CDC Guidance for Businesses and Employers To Plan and Respond to the 2009–2010 Influenza Season**
 - <http://www.cdc.gov/h1n1flu/business/guidance/>
- h. **For more information on privacy issues, please refer to:**

- http://www.flu.gov/faq/workplace_questions/equal_employment/index.html#PrivacyIssues

i. **General Business and Workplace Guidance**

- <http://www.pandemicflu.gov/professional/business/businesschecklist.html>

j. **How to Protect Yourself in the Workplace during a Pandemic**

- <http://www.osha.gov/Publications/protect-yourself-pandemic.html>