

## More Frequently Asked Questions – Influenza A H1N1 virus

### **Which Health Care Workers are required to wear respiratory protection against Influenza A H1N1 and when?**

WorkSafeBC supports the Public Health Agency of Canada's *Interim Guidance: Infection Prevention and control measures for Health Care Workers in Acute Care Facilities for Human Cases of Swine Influenza A H1N1*. The document helps in conducting a risk assessment to determine the level of Personal Protective Equipment (PPE) required for the physical setting and level of interaction with a patient suspected or confirmed to be infected with the virus.

With regard to establishing that the patient meets the current case definition of "suspected or confirmed Influenza A H1N1", the Office of the Provincial Health Officer advises that in practice, this means someone who has recently returned from an epidemic area (currently Mexico) within 7 days of illness onset, or has had contact in the past 7 days with an ill traveler from Mexico. Symptoms must include fever and cough.

In the absence of these factors, the recommendations here do not apply. If the new Influenza A H1N1 virus becomes widespread in the community, and the history of exposure to a person travelling in Mexico is removed as part of the case definition, the decision to continue requiring special precautions described here may be removed. This would depend on the assessment that the new virus behaves clinically no differently than regular seasonal influenza.

It should also be recognized that the benefits of reducing infection of Health Care workers extends to reducing their role as potential vectors of disease to other patients with whom they contact, and to ensure they are not absent from work at a time of high demand.

Presently, the new virus' spread is limited, its disease course no greater than usual seasonal influenza, and over use of protective measures undesirable in terms of increasing anxiety among patients in particular.

With those caveats, the document states that any worker, who is assigned to interact (e.g., transferring, providing care or otherwise within 2 metres) with a known or suspect "Influenza A H1N1" infected person, who has a cough and is not able or willing to wear a surgical mask, should wear respiratory protection when performing those tasks. The Occupational Health and Safety Regulation defines this as occupational exposure.

Each employer, with workers who face the risk of occupational exposure to the new Influenza A H1N1 virus is required to develop an Exposure Control Plan (ECP).

An effective ECP will identify tasks and locations where such exposure can occur. It also identifies the engineering and/or administrative controls to minimize the number of workers who will have occupational exposure through airborne or contact routes of transmission. This reduces the number of workers who will have contact with known or suspected persons and who would need to wear respirators.

In terms of matching the risk to an aerosol and the protection to be used, the following should be considered:

- Surgical-style mask is adequate when the patient has a weak or no cough, such as the frail elderly and pediatric patients.
- Surgical mask for the worker is adequate when the patient is wearing a surgical mask.
- An N95 respirator should be used when there is a higher risk of an aerosol being present, such as nasal or naso-pharyngeal swabbing or lavage/aspiration or when the patient is coughing forcefully **and** is unable or unwilling to wear a surgical mask and the worker is working within two metres of the patient.
- If there is a risk of significant exposure to an aerosol, the number of persons so exposed in the room should be minimized, and all present should wear respiratory protection.
- Whenever a surgical mask or respirator is required, the HCW should also wear eye or face protection. Eye or face protection should be removed after leaving the case's room and disposed of in either a hands-free waste receptacle (if disposable) or in a separate receptacle to go for reprocessing (if reusable).
- The surgical mask or N95 respirator should be removed by the straps, being careful not to touch the mask or respirator itself, after leaving the case's room and disposed of in a hands-free waste receptacle.
- HCWs should perform hand hygiene after removing the respiratory protection and after leaving the case's room.
- There is no indication for use of powered air-purifying respirators (PAPRs) in the care of a suspect ILI case.

In a simplistic overview, with respect to Influenza A H1N1, areas of concern include:

1. Reception/Triage Area: If the health care facility limits the number of entrances to the facility during a pandemic or serious outbreak and has appropriate engineering/administrative controls (e.g., barriers, ventilation, and surgical mask of suspected/confirmed infected person) respirators may not be needed in triage or at least very few Health Care Workers (HCW) would need to wear respiratory protection.
2. Transport: Transporting suspected/confirmed infected persons to/from isolation areas only requires respiratory protection for those HCWs who are required to assist in the transport and will be within 2 metres of an infected person who is not able or willing to wear a surgical mask.
3. Isolation: All HCWs entering the isolation area should wear respiratory protection.
4. Medical procedures: Depending on the type of medical procedure performed on the infected person, or associated biological samples, respiratory protection may be required.

WorkSafeBC expects that given the ability for Health Care facilities to control exposure in these four primary areas of potential exposure, each facility/Health

Authority ought to be able to minimize the number of health care workers (HCWs) required to wear respiratory protection and need to be fit-tested.

### **When is fit-testing required?**

Fit-testing is a regulatory requirement that states “a respirator which requires an effective seal with the face for proper functioning must not be issued to a worker unless a fit test demonstrates that the face piece forms an effective seal with the wearer’s face”.

The fit-test must occur before a worker is assigned work that exposes him/her to a known or suspected case of the virus. Fit testing can occur just prior to the worker being dispatched to higher risk working environments as defined earlier, in line with the PHAC guideline and the respirator that has been used for the successful fit test can continue to be worn in the work setting.

If the worker:

1. has been fit-tested within the past twelve months for that same make, model and size of respirator, and
2. there has been no physical facial changes (e.g., weight loss/gain) to the wearer,

then fit-testing is not required at this time.

Fit testing is required at least once per year for workers whose duties regularly expose them to dangerous infectious diseases requiring them to wear such respirators regularly.

The respirators in question are single use, disposable products. They are removed before eating or drinking, and when no longer dealing with infectious patients. If the employer has minimized the number of workers required to wear respirators (e.g., through an effective exposure control plan), then their supply of respirators should not be significantly depleted by the fit-testing requirement, if at all.

### **Why are fit tests required?**

Fit testing is the only method to ensure that the respirator can protect the worker from the airborne hazards. Fit tests are also an opportunity to ensure that workers know how to perform an adequate seal check and to supplement training on proper use and disposal techniques. For more information see the WorkSafeBC publication “[Breathe Safer](#)”.

### **More information**

See [Influenza prevention – what you need to know](#) for more information about employers’ regulatory requirements.