



North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section

1902 Mail Service Center • Raleigh, North Carolina 27699-1902
Tel 919-733-3419 • Fax 919-733-0490

Beverly Eaves Perdue, Governor
Lanier Cansler, Secretary

Jeffrey Engel, Health Director

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From: Megan Davies, MD, State Epidemiologist
Re: Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings

On October 14, CDC issued [interim guidance on infection control measures for 2009 H1N1 influenza in healthcare settings](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm). This guidance reiterated earlier CDC recommendations for the use of **respiratory protection that is at least as protective as a fit-tested disposable N95 respirator for healthcare personnel who are in close contact with patients with suspected or confirmed 2009 H1N1 influenza**. The US [Occupational Safety and Health Administration \(OSHA\)](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=16602) (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=16602) and the North Carolina Department of Labor Occupational Safety and Health (OSH) Division have both indicated that they will use CDC guidance on respiratory protection for H1N1 as the regulatory standard when determining whether to issue citations. Where respirators are required to be used, the OSHA Respiratory Protection standard must be followed, including worker training and fit testing.

Given these developments, the **NC Division of Public Health is rescinding the “Interim Infection Control Guidelines for Healthcare Workers” document** that was posted on May 22 and revised on September 4.

CDC and OSHA have acknowledged that shortages of N95 respirators are anticipated. The revised CDC guidance emphasizes the importance of source control, engineering, and administrative measures to reduce the numbers of workers who come in contact with patients who have influenza-like illness in order to reduce the consumption of respiratory protection equipment. The guidance also recommends prioritization of respiratory protection during respirator shortages. When in prioritized respirator use mode, use of facemasks may be considered for “employees at lower risk of exposure to 2009 H1N1 influenza or lower risk of complicated infection”. Although no specific criteria are given for defining a respirator shortage, the CDC guidance recommends that facilities should “maintain a reserve sufficient to meet the estimated needs for performing aerosol-generating procedures and for managing patients with diseases other than influenza that require respiratory protection until supplies are expected to be replenished”. OSHA has indicated that employers will be considered to be in compliance if they can show that a good faith effort has been made to acquire respirators.

All healthcare facilities in North Carolina are encouraged to familiarize themselves with the revised CDC guidance and take measures to ensure that they are in compliance with all aspects of the guidance. This guidance applies to healthcare personnel working in acute care hospitals, nursing homes, skilled nursing facilities, physician’s offices, urgent care centers, outpatient clinics, and home healthcare agencies. It also includes those working in clinical settings within non-healthcare institutions. Facilities are also encouraged to determine what additional respiratory protection equipment they need, and to define appropriate plans and triggers for shifting to a prioritized respirator use mode. The Division of Public Health will work with the Office of Emergency Medical Services and hospitals to monitor respirator supplies and provide resources should shortages be identified. Additional information about state resources will be forthcoming.

