

Michigan Department of Community Health (MDCH)
Office of Public Health Preparedness
Implementation of the Recently Issued CDC
**Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in
Healthcare Settings, including Protection of Healthcare Personnel¹**

PRIORITIZED RESPIRATOR USE MODE

This briefing is to highlight key issues associated with implementation strategies, tactics, and approaches that each facility should consider specific to an overall respiratory protection program associated with the current H1N1 Influenza Pandemic and the gap between supply and demand. It is critical that the entire CDC Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings (note: please check the H1N1 web site at CDC for most current version), be implemented using the described hierarchy of controls that include 1) elimination of potential exposure, 2) engineering controls, 3) administrative controls and 4) personal protective equipment.

CDC continues to recommend 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 suspected or confirmed 2009 H1N1 influenza.

Therefore, each facility should demonstrate due diligence in reviewing their facility infection prevention and control policies and procedures as well as respiratory protection plans, documenting all decision-making related to the allocation of resources. Assess their supply of N95 respirators and, if available, other protective devices such as powered air purifying respirators (PAPRs) and implement measures to ensure a supply of respiratory protection to cover situations and procedures that have **the greatest risk of disease transmission** (e.g. aerosol-generating procedures, patients with active pulmonary TB disease). These measures demonstrate the facility's planning and responding to an environment in which a shortage of resources is anticipated.

In the face of shortages, appropriate selection and use of limited respiratory protection is critical. One key strategy is to reduce consumption of respiratory protection equipment by minimizing the number of individuals requiring respiratory protection. Other strategies may include extending the use of N95s in special situations (i.e. triage); give priority to assigning HCWs who have received monovalent H1N1 vaccine to care for patients with suspect or confirmed H1N1 2009, providing a FDA-approved facemask to HCW who are not participating in aerosol-generating procedures but providing routine care according to the prioritization table in the Interim Guidance.

Your facility has received N95 respirators from MDCH and the Strategic National Stockpile (SNS). In the face of N95 shortages your facility should be implementing the **prioritized respirator use mode** as outlined in the CDC Interim Guidance on Infection Control. In this mode, respirator use is prioritized to ensure availability for healthcare

¹ http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

personnel at most risk from 2009 H1N1 influenza exposure, such as aerosol generating procedures. Prioritization should consider intensity and duration of the exposure, personal health risk factors for complications of infection, and vaccination status.

The objective is to *reduce exposure* while conserving supplies recognizing that the flu season will most likely last until *May 2010*. In addition, it is recognized that other potential public health or mass casualty event(s) may further burden the reduced supplies of N95 respirators.

Each facility must continue their “good faith effort” to acquire needed supplies such as N95 respirators from their current or new medical supply chain vendors *throughout the course of this event*. There are limited supplies available at the local, regional, state and national level.

To assist in the equitable distribution of this limited respiratory protection resource each facility must do the following:

- Document your prioritization plan for respiratory protection in an environment of respirator shortages
- Document efforts to obtain additional supplies for respiratory protection
- Utilize these MDCH/SNS resources in a **prioritized respirator use mode** and be prepared to provide documentation if requested
- Plan for a prolonged influenza season

Questions on any of the above noted information should be directed to your Regional Medical Biodefense Network Coordinator.