

Pandemic Preparedness: Occupational Health Issues

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Delivery of vaccine or antiviral prophylaxis

- Supplies
- Personnel needs
- Training
- Scheduling and organization
- Drills

Prioritization of vaccine/prophylaxis

- Priority levels
 - Frontline intensive patient contact
 - Lower intensity patient contact
 - Unlikely patient contact
 - No patient contact
- Similar to smallpox vaccination schemes.

Detection of symptomatic personnel

■ YNHH approach

- Level 1 (pandemic influenza cases in the U.S. No known local activity.)
- Level 2 (imported pandemic influenza cases cared for at hospital, no local pandemic influenza transmission, no demonstrated in-hospital transmission.)
- Level 3 (Local transmission of pandemic influenza or demonstrated in-hospital transmission.)

Management of symptomatic personnel

- Conditions for furlough
 - Temperature exceeding 99.5, cough, sore throat, diffuse muscle aches, or headache
- Criteria for returning to work
 - At least 5 days from symptom onset
 - AND all symptoms including fever resolved for at least 2 days
 - AND not immunocompromised.

Personal protective equipment

- Stockpiling of supplies
 - Surgical masks
 - N95 respirators
 - PAPRs
 - Gowns
 - Gloves
 - Eye protection
- Retraining, fit testing, emphasis on contact and droplet transmission precautions.

Refusal to work

- High priority issue
- Importance of education pertaining to provision of a safe working environment.
- Reminder to staff of work responsibilities.

High risk staff

- Consider furlough/work site alteration for high risk staff
 - Pregnancy
 - Immunosuppression
 - Severe underlying lung disease

Counseling and support of personnel

- Social work
- Faith-based resources
- Regular communication

Housing healthcare personnel

- Most hospitals' capacities limited
- Consider arrangements with nearby lodging facilities, e.g. hotels, dormitories

Supporting child care/elder care

- Emphasis on development of personal pandemic plans
- Hospital-based provision of such services extremely challenging