NATIONAL LABOR COLLEGE
GEORGE MEANY CAMPUS

Labor Safety and Health Training Project

Facilitator's Guide

Module 8
Pandemic Flu – What Workers and Their Unions Need to Know About H1N1 Influenza

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TABLE OF CONTENTS

How To Facilitate This Curriculum

This curriculum was developed by the Labor Safety and Health Training Project of the National Labor College. The National Labor College is the United State's only accredited higher education institution devoted exclusively to educating union leaders, members and activists. It is located in Silver Spring, Maryland, just outside of Washington, D.C. The mission of the National Labor College is to make higher education available to workers; to prepare union members, leaders and staff for the challenges of a changing global environment; and to serve as a center for progressive thought and union learning.

The Labor Safety and Health Training Project is a project of the National Labor College. The Project educates workers on a union approach to workplace safety and health with the goals of:

- increasing the involvement of workers in union efforts to improve workplace safety and health, and
- increasing the effectiveness of those efforts.

The Project's website is at: http://www.nlc.edu/educational-programs/labor-safety-and-health-training-project.

This curriculum is intended for unionized and other workers. This facilitator's guide is designed to allow you (whether you are a union member, committeeperson, activist, officer, or staff person) to facilitate the curriculum without having to be a health and safety or labor education professional.

It is part of a larger curriculum which consists of eight other facilitator guides, called "modules". These other modules are:

- How to Facilitate This Curriculum,
- Module 1: Introduction to the Program,
- Module 2: Worker and Union Roles in Safety and Health,
- Module 3: Identifying Hazards in the Workplace,
- Module 4: Health and Safety Rights of Workers and Their Unions,
- Module 5: Recordkeeping,
- Module 6: Introduction to Ergonomics, and
- Module 7: Effective Safety and Health Committees.

This curriculum, Module 8: Pandemic Flu – What Workers and Their Unions Need to Know H1N1 Influenza, is intended to promote worker and union activism to ensure that workers are adequately protected from the H1N1 flu virus. The teaching method used, known as "popular education," is participatory and is based on participants' real life experiences. It involves getting participants to think and talk about a subject, rather than having them listen to an "expert" teacher.

The module begins with "what participants will learn" (on page 6). It contains a number of activities (listed in the table of contents). Each activity is structured the same way. Each activity:

- begins with an overview of the activity,
- states how long the activity usually takes (however, each activity may take longer or shorter than its designated time, depending on how many participants are in the training program, the amount of discussion that takes place, and other factors),
- includes a list of materials the facilitator needs to lead the activity,
- contains activity handouts to be used by participants in the activity,
- contains slides to be used in an activity, preferably displayed by an overhead projector or by a LCD projector (the slides are also incorporated into a powerpoint presentation which accompanies this document),
- contains resource handouts that the facilitator and the participants can use to learn more about the subject matter, and
- gives specific instructions for the facilitator on how to lead the activity.

To conduct a training program using this curriculum, you need to know the needs of the participants and how long the training program will be. You will need to be flexible in using this curriculum. You may want to add, change, or replace specific activities. Keep in mind that facilitators often try to teach more than participants can learn in a given time frame. So it is important to make sure you have at least the amount of time noted for each activity.

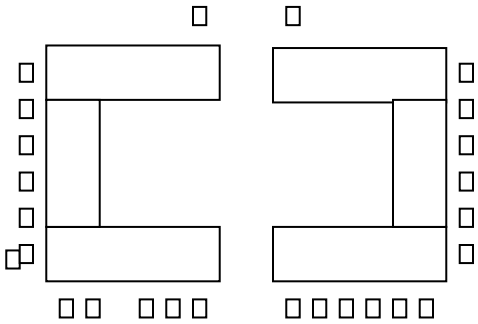
IMPORTANT NOTE: If you have limited time, consider teaching only activities A, B, and C. They are designed so that they can stand alone and provide the basic information needed by workers and their unions.

In order to teach this curriculum effectively, the room should be arranged so participants are seated at tables facing each other. The best room set up is a U-shape. Another alternative is to have round tables with 5 – 7 people at each table. See chart on page 5 on "Room Layouts That Encourage Participation and Improve Learning."

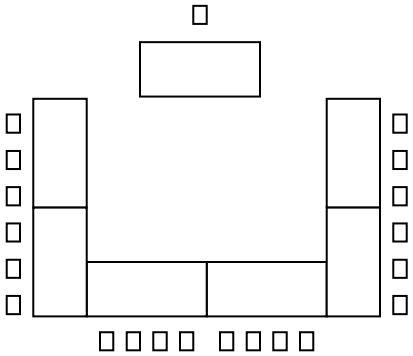
If you have any questions about how to teach this curriculum, please contact: Sharon Simon, Director, Labor Safety and Health Training Project National Labor College, telephone: 301-431-5414, email: ssimon@nlc.edu.

Room Layouts That Encourage Participation and Improve Learning

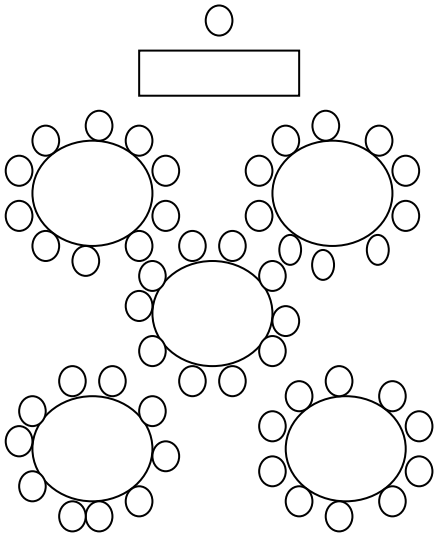
Hollow Square



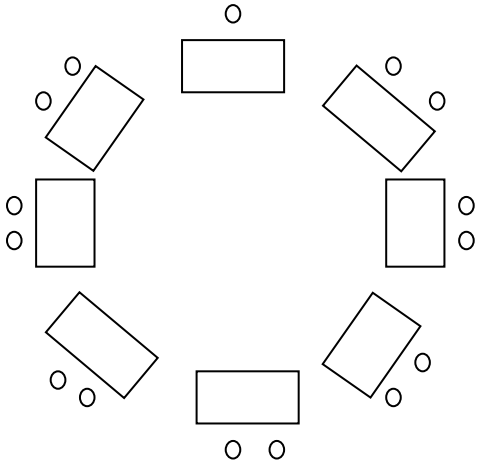
"U" Layout



Buzz Group



Circle



Total Module Time: approximately 5 ½ hours

What Participants Will Learn

- What pandemic influenza is, how it spreads, and how it will affect workers and their workplaces, the public, and the United States,
- Where to find additional information on H1N1,
- How to protect workers during pandemic flu, including infection control programs and the applicability of the hierarchy of controls, and
- The role of the union in dealing with pandemic flu.

A. Introductory Activity: Twelve Statements 30 minutes

Overview of Activity

This activity begins a discussion of basic information on H1N1 influenza. Participants share which of twelve different experiences they have had. Based on the group's answers, the group and facilitator gain an understanding of the participants' knowledge of H1N1 issues.

Items Needed To Lead This Activity

- Activity Handout: "Twelve Statements"
- Flip chart with "Twelve Statements" or "Twelve Statements" projected on a screen
- Flip chart
- Flip chart markers
- Tape

How To Lead This Activity

1. Introduction

- Explain that this is an activity to share some basic information among ourselves that is related to H1N1 influenza.
- Distribute the Activity Handout: "Twelve Statements" and read aloud the statements in the boxes. Review the following instructions with participants:
    - ♦ Write your name on the top of the page.
    - ♦ Get up out of your chair and find people who have or have had any

of the experiences in the boxes.

- ♦ When you find a person who has one of the experiences, ask that person to write his or her initials in the box. Each person can put their initials in as many boxes as apply. Write your own initials in a box on someone else's paper only if that experience has happened to you.

- ♦ Collect as many initials in as many boxes as you can.

- ♦ You have 5 minutes to get as many initials as you can.

2. Report-Back

- At the end of 5 minutes, ask participants to return to their seats. Have a flipchart prepared with each of the 12 statements, or have the 12 statements projected on to a screen. Ask participants to share their results with the group. Find out which boxes had the most initials in them, and which boxes had no initials (or the least number of initials). Use the flipchart or statements projected on a screen to record this information.

- Review statement in each box and how it connects to H1N1 flu. Use the text below as a guide. Explain that during the rest of the workshop there will be in depth discussion of many of these issues.

  - ♦ #1: Got a seasonal flu shot: good thing to do to protect you against seasonal flu; but will not provide protection against H1N1 flu.

  - ♦ #2: Have a lot of contact with the public on my job: means you are probably at some risk of being exposed to the flu virus (through being exposed to people who have the flu, through touching contaminated surfaces).

  - ♦ #3: Work in health care or as a first responder: means you are in a job where you have a high risk of contracting the flu by being exposed to patients/individuals who are infected.

  - ♦ #4: Have received training from my employer on H1N1 policies

and procedures: all employers should have policies and procedures in place to protect employees from H1N1 flu; union should have been involved in development of policies and procedures; all workers should be informed of policies and procedures and receive whatever training is appropriate to protect themselves and others.

- #5: Am the primary caregiver for others (children, parents, etc.): you may have to take time off to care for others who are ill with the H1N1 flu; should have paid time off to do this; should know how to care for ill person and how to protect others in household.

- #6: Tend to touch my face a lot: should avoid doing this; can get the flu virus on your hands and catch it by touching eyes, nose, or mouth.

- #7: Have contract language on workplace safety and health: many union contracts have language saying employer shall provide a safe and health workplace; under this kind of provision, union can insist on appropriate plans, protections, and training regarding H1N1 flu (and grieve if employer does not provide protection training); check your contract to see what it says.

- #8: Always cover my nose/mouth with a tissue when I sneeze/cough: an important thing to do; the virus lives in the respiratory system; covering your nose/mouth can prevent spread of the virus (you can be contagious even before you have symptoms).

- #9: Have a union safety and health committee: this can be an internal union-only committee, or you can have a joint labor-management safety and health committee; either can be a good way for the union to deal with flu issues. The union committee or the union members of the joint committee should always meet separately and independently from management to plan for joint meetings.

- #10: Have been "fit-tested" for a respirator: there are lots of issues around workers wearing respirators; one is that each individual

must be “fit-tested” to make sure the specific respirator they will wear (make, model and size) properly fits their face; usually will be worn by health care workers and first responders.

- ♦ #11: Have been given a surgical mask to wear to wear at work to protect me from the H1N1 flu virus: surgical masks are not respirators and do not protect workers from inhaling the flu virus. Surgical masks are used to put on patients who are infected with the H1N1 flu virus to reduce (not eliminate) the possibility of them infecting others or contaminating surfaces around them when they breathe, sneeze or cough.

- ♦ #12: Have an absenteeism policy at work where you get disciplined after a certain amount of time off (even if it is approved time off): this is a problem; people who have flu-like symptoms should be encouraged to stay home and should not be penalized for doing so.

3. Conclusion

- Tell participants that this workshop will go into much more detail on many of these issues.

- We will focus on what workers’ need to know about H1N1 flu, what employers’ responsibilities are to protect workers, different ways workers should be protected, and what role the union should play.

Activity Handout
TWELVE STATEMENTS

1. Got a seasonal flu shot.	2. Have a lot of contact with the public on my job.	3. Work in health care or as a first responder.
4. Have received training from my employer on H1N1 policies and procedures.	5. Am the primary caregiver for others (children, parents, etc.)	6. Tend to touch my face a lot.
7. Have contract language on workplace safety and health.	8. Always cover my nose/mouth with a tissue when I sneeze/cough.	9. Have a union safety and health committee.
10. Have been "fit-tested" for a respirator.	11. Have been given a surgical mask to wear to wear at work to protect me from the flu virus.	12. Have an absenteeism policy at work where you get disciplined after a certain amount of time off (even if it is approved time off).

B. Basic Facts About Pandemic Flu and the H1N1 Virus

60 – 120 minutes

Overview Of Activity

In this activity, participants learn and discuss what a flu pandemic is, specific information about the H1N1 flu, how the flu spreads, protections against the flu, and employer and union responsibilities. In small groups or in pairs, participants complete a questionnaire, and then in a large group, participants report back on their answers and the facilitator leads a discussion which goes into more depth on the issues raised in each question. Following the discussion, participants sum up what they have learned and discuss what they will do differently now that they have this information.

IMPORTANT NOTE: This activity is designed so that it can be taught with only activities A and C if there is not sufficient time to teach the entire curriculum. If you are going to teach activities other than A, B and C, then you can do less discussion and provide less information than noted in Facilitator's Guide to Activity Handout: "What Do You Know About the H1N1 Flu?", since this information will be provided in the additional activities. If more time is available, then facilitator should continue with the additional activities which promote more hands-on involvement in the learning process.

Items Needed To Lead This Activity

- Activity Handouts:
  - "What Do You Know About the H1N1 Flu?"
  - "Three Things I Will Do"

- Facilitator's Guide to Activity Handout: "What Do You Know About the H1N1 Flu?" (for facilitator only – not to be distributed)

- Resource Handouts:

  - "How Seasonal Flu Differs From Pandemic Flu"

- "Basic Facts About Pandemic Flu and the H1N1 Flu" (Fact Sheet #1 of series: What Workers Need to Know About Pandemic Flu)

- "Protecting Workers During Pandemic Flu" (Fact Sheet #2 of series: What Workers Need to Know About Pandemic Flu) and, if participants are healthcare workers, "Protecting Healthcare Workers During Pandemic Flu" (Fact Sheet #4 of series: What Workers Need to Know About Pandemic Flu)

- "Respirators – One Way to Protect Workers Against Pandemic Flu" (Fact Sheet #3 of series: What Workers Need to Know About Pandemic Flu)

- "What the Union Can Do: Preparing the Workplace for Pandemic Flu" (Fact Sheet #5 of series: What Workers Need to Know About Pandemic Flu)

- "Pandemic Influenza Challenges and Preparations for Individuals and Families"

- "Home Healthcare for H1N1 Flu"

- Slides (these slides can be used on an overhead projector or in a powerpoint; a powerpoint accompanies this curriculum):
  - "Who is Most Susceptible to (More Likely to Catch) the H1NI Flu?"
  - "The H1N1 Vaccine"
  - "Who Should Get the H1N1 Vaccine"
  - "The Two Kinds of H1N1 Vaccine"
  - "Symptoms of H1N1 Flu"
  - "What You Should Do If You Think You Have the H1N1 Flu"
  - "Routes of Transmission: How the H1N1 Flu is Spread"
  - "How Can Influenza Spread?"
  - "Which Workers are Most at Risk of Being Exposed to H1N1 Flu on the Job"
  - "Some Ways to Protect Yourself from Catching the H1N1 Flu"
  - "What Surgical Masks Look Like"
  - "What Respirators Look Like"
  - "Components of a Workplace Exposure Control Program for

Pandemic Flu"
    - "Hierarchy of Controls for Pandemic Flu"
    - "Pandemic Flu Workplace Programs and Policies That Should Be In Place"

- Flip chart

- Flip chart markers

- Tape

How To Lead This Activity

1. Introduction and Small Groups or Pairs Activity

- Explain that before we can look at how to protect workers from the H1N1 flu, we first have to understand the basics about the flu.

- This activity provides an overview of H1N1 flu basic facts.

- Distribute the Activity Handout: "What Do You Know About the H1N1 Flu?" Tell participants this is not a test and will not be collected – it is an exercise to help discuss the facts.

- Option for facilitator – tell participants either:

    - to work with the person sitting next to them, or

    - divide participants into small groups of 5 – 6 participants per group.

- Tell participants to answer the questions as best they can.

- If you divide people into small groups, tell each group to choose a reporter to report back their answers to the whole group.

- Tell them they have 10 minutes to answer the questions.

2. Discussion

- After participants complete the Activity Handout, lead a presentation/discussion. Use the Facilitator's Guide for Activity Handout (which has the answers and additional information) as your guide (do not read the text word for word!). Tell participants you will discuss the questions they answered as you go through the presentation/discussion.

- When you get to a question, read it aloud, ask for a volunteer to answer, and give the class a chance to discuss the question and answer. Then continue with the presentation/discussion.

- Explain to participants that they will be receiving handouts with most of the information covered in this session (some during the session and some at the end of the session).

3. Conclusion

- Explain that doing this questionnaire provides a lot of important information about H1N1 and how it affects us all as individuals, workers, union members and union leaders.

- Ask each person to take out a sheet of paper and list the 5 most important things they learned from the questionnaire and discussion.

- Then go around the room and ask each person to read one of the things they listed. Write these on a flip chart with the title on it: "What We Learned". Then review the list and sum up what participants thought was most important.

- Distribute the rest of the Resource Handouts that were not distributed during the discussion.

- <u>If you are not going to teach additional sections from this curriculum</u>, distribute Activity Handout: "Three Things I Will Do".

    - ♦ Read handout aloud and have participants individually complete the handout.

- ♦ Give participants 5 – 10 minutes to complete the handout.

- ♦ Have 3 flip charts prepared entitled “workplace and union,” “community,” and “home and family”.

- ♦ Lead a report back. Ask for volunteers to give one idea each (how many people report back and how many ideas they report back depends on the size of the group and your time limitations). List the ideas on the appropriate flip chart.

- ♦ Lead a discussion evaluating and summing up the ideas.

- ♦ Tell participants that there is a lot to be done, and the best place to start is by working through their union.

- If you are going to teach additional sections from this curriculum, explain that the rest of the training will go into more detail about a number of the subjects we covered in this activity and give participants tools the union can use to ensure that workers receive protection from H1N1 in the workplace.

Activity Handout
WHAT DO YOU KNOW ABOUT THE H1N1 FLU?

Read and answer each question. This is not a test! It is an exercise to help us discuss these issues.

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1. The H1N1 flu is just a more severe form of the seasonal flu.

   ____ True ____ False

2. What is a flu pandemic?

   _____ a new type of flu virus that spreads between people quickly and easily around the world

   _____ an outbreak of a new type of flu that usually results in death

   _____ an outbreak of a flu virus that will eventually infect everyone in the world

3. Advance planning is essential to minimize a pandemic's impact.

   ____ True ____ False

4. Older people and children are most susceptible to (more likely to catch) the H1NI flu.

   ____ True ____ False

5. The most serious flu pandemic of the last century was in:

____ 1918

____ 1957

____ 1968

6. There is a vaccine available now for the H1N1 flu.

____ True ____False

7. The symptoms of H1N1 flu include: (you can check more than one)

____ fever
____ runny nose, sore throat, cough
___ body aches
___ headache
___ chills, fatigue
___ nausea, diarrhea, vomiting

8. If you become ill with flu-like symptoms, you should stay home from work.

____ True ____ False

9. The only way the flu virus spreads is if someone who is infected with the virus coughs or sneezes on someone else.

____ True ____ False

10. Depending on the kind of work you do, you may have more or less risk of being exposed to H1N1 flu on the job.

____ True ____ False

11. Which of the following everyday actions can you take to protect yourself and others from getting infected with the flu? (you can check more than one)

____ Cover your nose and mouth with a tissue when you sneeze

____ Wash your hands often

____ Avoid touching your eyes, nose, or mouth

____ All of the above

12. Wearing a surgical mask is one of the best ways to protect yourself from breathing in the H1N1 influenza virus.

____ True ____ False

13. Which of the following laws might provide some legal rights if you or others at work or in your family become ill with the flu? (you can check more than one)

____ Family Medical Leave Act

____ Workers' Compensation

____ OSHA

14. In order to protect workers on the job, the main thing employers should do is make sure workers wash their hands and cover their mouth and nose when they cough or sneeze.

____ True ____ False

15. Every workplace should have an emergency preparedness plan for the H1N1 flu in effect now.

____ True ____ False

16. Workers and their unions should be involved in developing and implementing any emergency preparedness plan, including a plan for H1N1 flu.

____ True ____False

Activity Handout
THREE THINGS I WILL DO

Now that you have some basic knowledge about the H1N1 flu, make a list of three things you will do (or do differently), or actions you will take in your "workplace and union," "community," and/or in your "home and family".

Also explain in writing why you will do these things.

1.

2.

3.

Facilitator's Guide for Activity Handout
WHAT DO YOU KNOW ABOUT THE H1N1 FLU?

The correct answer is noted for each question, and following each question are notes (in bold) for the facilitator to use in discussing the question and answer. Do not read the notes word for word – use them as a guide. This guide is for the facilitator only – it is not to be distributed to participants. Remind participants that most of the information you will cover is in handouts they will be given.

Read and answer each question. This is not a test! It is an exercise to help us discuss these issues.

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1. The H1N1 flu is just a more severe form of the seasonal flu.

____ True __x__ False

The H1N1 flu is very different from the seasonal flu.

All kinds of influenza, or flu, are contagious infections caused by a virus. The flu usually affects the respiratory system, including the nose throat and lungs.

So what is the seasonal flu? Seasonal flu is a common sickness every winter. It can usually be prevented by a vaccine. Scientists have a good idea of the type of flu expected each year and prepare vaccines to protect against it. Also, many people can fight off the flu because over time, they build up some immunity that protects them. And there are some anti-viral medicines that can help treat the seasonal flu.

Seasonal influenza generally occurs most frequently during the winter months when the humidity and outdoor temperatures are low.

The people most at risk from seasonal flu are young children, older people, and people with any health condition that weakens the immune system. Each year, over 200,000 people in the United States end up in the hospital and about 36,000 people die from problems related to seasonal flu.

2. What is a flu pandemic?

__x__ a new type of flu virus that spreads between people quickly and easily around the world

_____ an outbreak of a new type of flu that usually results in death

_____ an outbreak of a flu virus that will eventually infect everyone the world

We are now in the midst of a pandemic of the H1N1 (swine) flu.

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new flu virus emerges, causes illness, and spreads easily person-to-person worldwide. The second two answers are incorrect because H1N1 does not usually result in death and not everyone in the world will become infected with it.

The H1N1 flu is much more serious than the seasonal flu because it comes from a new strain of virus to which people have no immunity. While not all people become infected during a pandemic, nearly all people are susceptible to infection.

Even if you get a seasonal flu shot this year, it will provide no protection against the H1N1 flu (however, a seasonal flu shot should protect you against seasonal flu and it is likely that there will be both H1N1 and seasonal flu circulating at the same time).

Healthy individuals appear to be as much at risk of contracting the H1N1 flu as anyone else (in comparison to the seasonal flu for which those at most risk are young children, older people, and people with any health condition that weakens the immune system). And younger people appear to be more at risk of contracting H1N1.

Pandemic influenza infects far greater numbers of people than a seasonal flu. The H1N1 (swine) flu has now infected people in every state in the United States and in most other countries around the world.

Distribute and review Resource Handout: "How Seasonal Flu Differs

From Pandemic Flu".

On June 11, 2009, the World Health Organization (WHO) declared a Phase 6 H1N1 influenza pandemic, the highest level in the WHO's scale of pandemic alerts. A WHO declaration of Phase 6 pandemic means:

- **the virus is being passed freely between people without easily traced chains of infection – this is known as "community level transmission," and**

- **there is human-to-human spread of the virus in two or more countries in one WHO region and in at least one other country in another WHO region.**

The WHO declaration of Phase 6 does not have anything to do with the severity of the flu.

We do not yet know how serious ("virulent") the H1N1 flu will be. Most cases in the U.S. have been relatively mild. However, there have been deaths caused by the H1N1 flu, including deaths of young, healthy people and deaths of people with underlying medical conditions.

It is possible that the virus will change (mutate) over time and become more severe and possibly deadly. We do not know how much this virus will spread, how fast it will spread, or how mild or severe cases of the flu will be. A pandemic can take months or years to run its course.

A flu pandemic is an extended event. Flu pandemics typically come in waves. Waves could last for over a year or more. One to three waves may occur.

3. Advance planning is essential to minimize a pandemic's impact.

__x__ True ____ False

Planning for pandemic influenza by the different government agencies, different levels of government (federal, state and local), business and industry, employers, and the health care sector is essential to minimize a

pandemic's impact. And all of this planning should be coordinated and consistent (with everyone on the same page) for maximum effectiveness.

A worldwide influenza pandemic can have a major effect on the global economy, including travel, trade, tourism, food, consumption and eventually, investment and financial markets.

During a pandemic, the flu can spread in workplaces, from patient to workers in health care settings, and in the community (schools, places of worship, retail stores, etc). A pandemic can cause high levels of illness, death, social disruption, and economic loss. Everyday life could be disrupted because so many people in so many places become seriously ill at the same time. Impacts could range from school and business closings to the interruption of basic services such as public transportation and food delivery.

There is planning and preparation taking place now, but there needs to be much more.

4. Older people and children are most susceptible to (more likely to catch) the H1NI flu.

____ True __x__ False

Show slide: "Who is Most Susceptible to (More Likely to Catch) the H1NI Flu?".

As of October 2009, the flu disproportionately attacks children and young adults. People 65 and older seem to have a low risk of H1N1 infection.

And some people have increased risk of complications if they catch the flu. These include pregnant women and people who have medical conditions that increase the risk of seasonal influenza-related complications, like asthma and diabetes.

5. The most serious flu pandemic of the last century was in:

__x__ 1918

____ 1957

____ 1968

During the twentieth century, pandemics occurred in 1918, 1957, and 1968. Of these three pandemics, the 1918 pandemic was by far the worst.

In contrast to regular seasonal influenza, flu pandemics occur irregularly. Influenza pandemics happen when a new strain of the influenza virus is transmitted to humans from another animal species.

There have been about three influenza pandemics in each century for the last 300 years. All of these followed similar patterns. Initially, they seemed to spread sporadically, with local instances of high numbers of people infected – just as H1N1 has behaved so far – followed four to eight months later by waves of widespread illness with 20 to 40 percent of the population sickened. (In a normal influenza season about 10 percent of the population gets sick.) Subsequent waves followed as well. In all three pandemics, the death rate changed from wave to wave – sometimes increasing, sometimes decreasing.

The 1918 "Spanish" flu resulted in the highest number of pandemic flu deaths in the twentieth century, causing an estimated 675,000 deaths in the United States and a total of 50 million to 100 million deaths worldwide. It is estimated that at least 1% of the world's population was killed. As many as 25 million may have been killed in the first 25 weeks; in contrast, HIV/AIDS killed 25 million in its first 25 years.

The flu circulated until early 1920, with virtually everyone on earth exposed to the virus.

This unusually severe disease killed between 2 and 20% of those infected, as opposed to the more usual seasonal flu mortality rate of 0.1%. Another unusual feature of this pandemic was that it mostly killed young adults. More than half of the influenza-related deaths in

the 1918 pandemic occurred in persons aged 20-40 years, with 99% of pandemic influenza deaths occurring in people under 65. This is unusual since seasonal influenza is normally most deadly to the very young (under age 2) and the very old (over age 70).

This huge death toll was caused by an extremely high infection rate of up to 50% of the population and the extreme severity of the symptoms. The majority of deaths were from bacterial pneumonia, a secondary infection caused by influenza, but the virus also killed people directly.

6. There is a vaccine available now for the H1N1 flu.

__x__ True ____ False

<u>Availability of the vaccine</u>:

Show slide: "The H1N1 Vaccine".

A vaccine for H1N1 flu is being distributed. There is a limited amount available now (October 2009), but more doses will be available weekly.

The vaccine for H1N1 is different from the seasonal flu vaccine. People will have to get both vaccines to get protection against these two different kinds of flu.

The U.S. government contracted with five pharmaceutical companies in June 2009 to develop and produce an H1N1 vaccine. The vaccine is being purchased by the federal government from these companies. The plan is to buy at least 250 million doses of vaccine. The vaccine is being distributed through the states based on population. It is being distributed through four regional warehouses around the country.

States are responsible for designating public and private providers to whom the vaccine will go (like hospitals, clinics, public health departments, schools, doctors' offices and pharmacies). Plans may differ from state to state. Providers are not allowed to charge for the vaccine itself, but they can charge an administration fee for giving the vaccine.

Clinical trials have been and continue to be held to make sure the vaccine is safe and effective. The H1N1 vaccine is made the same way the seasonal flu vaccine is made every year. It has gone through the same testing process as the seasonal flu vaccine and the seasonal vaccine has a very good safety record. The H1N1 vaccine is made by the same companies, in the same production facilities, with the same procedures and with the same safety safeguards as the seasonal flu vaccine.

<u>Who should get the vaccine</u>:

In July 2009, the top U.S. advisory committee on immunizations (Advisory Committee on Immunization Practices), which advises the CDC (Centers for Disease Control) suggested five target groups to receive the first vaccine available because of their increased risk of H1N1 infection or complications, or their contact with vulnerable people. They are (show slide: Who Should Get the H1N1 Vaccine"):

- **Pregnant women,**
- **People who live with or care for infants younger than 6 months of age (because younger infants are at higher risk of influenza-related complications and cannot be vaccinated),**
- **Healthcare and emergency medical personnel,**
- **Children and young people aged 6 months through 24 years, and**
- **People between 25 and 64 years who have chronic medical conditions.**

As more vaccine becomes available, the rest of the population should be vaccinated. This would be healthy adults ages 25 – 64, and adults 65 years and older. People 65 and older seem to have a lower risk of H1N1 infection than younger people so it was suggested that they be vaccinated as supplies permit after other groups are vaccinated.

<u>The kinds of vaccine available</u>:

Show slide: "The Two Kinds of H1N1 Vaccine".

There are two kinds of vaccine. They are the nasal spray ("live, attenuated") and the flu shot ("inactivated). With both vaccines, children up to nine years old should get two doses of vaccine, about a month apart. Older children and adults need only one dose.

The nasal spray is a "live, attenuated" vaccine that is sprayed into the nose. It is "attenuated", meaning it is weakened, so it will not cause illness. It is approved only for healthy people (people with no history of major health problems), between the ages of 2 and 49.

The flu shot (which is an inactivated vaccine, meaning it has killed virus in it), is approved for:

- **Pregnant women**
- **People who live with or care for infants younger than six months of age,**
- **Health care and emergency medical personnel,**
- **Anyone from 6 months through 24 years of age,**
- **Anyone from 25 – 64 years of age with certain chronic medical conditions or a weakened immune system.**

And as more vaccine becomes available, also for:

- **Health adults 25 through 64 years old,**
- **Adults 65 years or older.**

The only people who should not get the vaccine are those who have a severe (life-threatening) allergy to eggs, or to any other substance in the vaccine.

<u>Can an employer or a state or local government require certain workers to get the H1N1 vaccine?</u>

As of October 2009, New York State is the only government body in the country requiring mandatory flu vaccination for healthcare workers. It is required for all persons employed or affiliated with a healthcare facility, whether paid or unpaid. There are also some hospitals around the country that are requiring their employees to get vaccinated. Labor unions are opposed to requiring the vaccine as a condition of work (meaning you get fired if you do not get the vaccine). Unions are not opposed to flu vaccines. They believe there are more appropriate ways to prevent the spread of the H1N1 flu, including appropriate work practices and controls (which we will discuss in this or a later session), personal protective equipment, education and voluntary flu vaccinations.

7. The symptoms of H1N1 flu include: (you can check more than one)

__x__ fever
__x__ runny nose, sore throat, cough
__x__ body aches
__x__ headache
__x__ chills, fatigue
__x__ nausea, diarrhea, vomiting

All of the above. Show slide: "Symptoms of H1N1 Flu".

The symptoms of H1N1 flu are similar to the symptoms of regular flu and include fever, runny nose, sore throat, cough, body aches, headache, chills and fatigue. Symptoms can also include nausea, diarrhea and vomiting, which are <u>not</u> typical symptoms of seasonal flu. Nearly all persons with flu will have at least two of these symptoms. Not everyone who has H1N1 will have a fever. Like seasonal flu, H1N1 flu may cause a worsening of underlying chronic medical conditions.

8. If you become ill with flu-like symptoms, you should stay home from work.

__x__ True ____ False

Show slide: "What You Should Do If You Think You Have the H1N1 Flu".

If you are sick and it is possible that you have the flu, you should stay home from work or school until at least 24 hours after your fever has ended; if you do not have a fever, then 24 hours after your symptoms end. You should avoid contact with other people as much as possible to keep from spreading your illness to others.

People infected with H1N1 influenza are potentially contagious from the day before the start of symptoms until they are no longer symptomatic, and possibly for up to 7 days following the start of symptoms. Children, especially younger children, might be contagious for longer periods.

You should contact your health care provider who may prescribe an

anti-viral medication. These drugs work best if given within 2 days of becoming ill, but may be given later if illness is severe or for those at a high risk for complications.

You should check your union contract so that you understand the provisions for sick leave and pay when you are ill.

Also tell participants that at the end of discussing this questionnaire, you will distribute a handout on home health care for the flu (called Resource Handout: "Home Health Care for H1N1 Flu").

9. The only way the flu virus spreads is if someone who is infected with the virus coughs or sneezes on someone else.

____ True __x__ False

This is one way, but there are a number of ways the flu virus spreads. The H1N1 virus is contagious and spreads from human to human.

At this time, we do not know which way or ways the flu spreads <u>most easily</u>. The reason we do not know is that most of the research on influenza "transmission" (which means how the flu spreads) was done before the 1970s. There has only recently been a renewed focus on research on transmission, mainly because of the H1N1 pandemic.

Show slide: "Routes of Transmission of the Flu – How the Flu is Spread".

The three most likely ways the flu is spread (inside and outside of the workplace) are:

- **<u>Droplet transmission</u>: A person can catch the virus when an infected individual near them (usually within six feet) coughs, sneezes or even talks. Large droplets containing the virus can infect a person when the droplets come into direct contact with the person's nose, mouth and eyes.**

- **<u>Airborne transmission</u>: A person can catch the virus when an infected individual coughs or sneezes and small droplets/particles**

containing the virus remain suspended in the air. These droplets/particles are small enough to be breathed in by a person. We do not know how far these small droplets can travel or how long they can last suspended in the air. So someone could get infected by breathing in the small droplets/particles even though they are not near an infected individual.

- **<u>Contact transmission</u>: A person can catch the virus when they touch an infected individual or an object or surface that is contaminated with the virus and then touch their own mouth, eyes, or nose. It is not known exactly how long the flu virus can live on nonporous surfaces like handrails, doorknobs, tables, and desks – some sources say 24 to 48 hours.**

Show slide: "How Can Influenza Spread?". This is a good picture of what happens when someone sneezes or coughs. If the person sneezing or coughing has the flu, large droplets are expelled (which can expose others by droplet transmission) as well as small droplets/particles (which can expose others by airborne transmission).

10. Depending on the kind of work you do, you may have more or less risk of being exposed to H1N1 flu on the job.

    __x__ True ____ False

Risk of exposure on the job to H1N1 influenza can vary from very high to high, medium, or low risk.

Show slide: "Which Workers are Most at Risk of Being Exposed to H1N1 Flu on the Job".

The level of risk depends in part on whether or not your job requires you to work <u>near or around</u> people who may have the virus, or whether you are required to have either <u>repeated or extended contact</u> with people who have or are suspected to have the virus such as coworkers, the general public, outpatients, or school children.

The higher the risk, the more protection employers should provide for workers.

- ***Very high exposure risk*** **jobs are those with high potential exposure to high concentrations of known or suspected sources of H1N1 flu during specific medical or laboratory procedures. This includes:**
  - ♦ Healthcare employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, some dental procedures, or invasive specimen collection).
  - ♦ Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).

- ***High exposure risk*** **jobs are those with high potential for exposure to known or suspected sources of pandemic influenza virus. This includes:**
  - ♦ Healthcare delivery and support staff exposed to known or suspected H1N1 patients (for example, doctors, nurses, and other hospital staff who must enter patients' rooms).
  - ♦ Medical transport of known or suspected H1N1 patients in enclosed vehicles (for example, emergency medical technicians).
  - ♦ Personnel who perform autopsies on known or suspected H1N1 patients (for example, morgue and mortuary employees).

- ***Medium exposure risk*** **jobs include jobs that require frequent contact with known or suspected sources of H1N1 virus such as coworkers, the general public, outpatients, school children or other such individuals or groups. This includes:**
  - ♦ Employees with high-frequency contact with the general population (such as employees who work in schools, correctional institutions, airplanes, high population density work environments, and high volume retail).

- ***Lower exposure risk*** **jobs are those that do not require contact with people known to be infected with the H1N1 virus, nor frequent contact with the public. This includes:**
  - ♦ Employees who have minimal occupational contact with the general public and other coworkers (for example, office

employees).

Also, critical infrastructure and key resource employees (such as law enforcement, emergency response, and public utility employees) could be considered high risk because the services they provide are necessary for the functioning of society, and because of the potential difficulties in replacing them during a pandemic (for example, due to extensive training or licensing requirements).

11. Which of the following everyday actions can you take to protect yourself and others from getting infected with the flu? (you can check more than one)

    ____ Cover your nose and mouth with a tissue when you sneeze

    ____ Wash your hands often

    ____ Avoid touching your eyes, nose, or mouth

    __x__All of the above

These are everyday actions you can take to protect your health and the health of others (show slide: "Some Ways to Protect Yourself from Catching the H1N1 Flu"):

- **Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If you do not have a tissue, cover your cough or sneeze with your hand. Then, clean your hands as noted below. If you do not have a tissue, you can also sneeze into your upper sleeve**.

- **Wash your hands often. Wash with soap and warm water for 20 seconds. When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel does not need water to work.**

- **Avoid touching your eyes, nose or mouth.**

Some additional actions you can take to protect yourself are:

- **Avoid shaking hands (and always wash your hands after physical contact with others).**

- **Try to avoid close contact with sick people.**

The best strategy to reduce the risk of catching pandemic flu is to avoid crowded settings and other situations that increase your risk of exposure to someone who may be infected. If you must be in a crowded setting, minimize your time there.

Also tell participants that at the end of discussing this questionnaire, you will distribute a handout with a pandemic flu planning checklist for individuals and families which contains recommendations to help you and your family cope during a pandemic (called Resource Handout: "Pandemic Influenza Challenges and Preparations for Individuals and Families").

12. Wearing a surgical mask is one of best ways to protect yourself from breathing in the H1N1 influenza virus.

____ True __x__ False

A surgical mask will not protect you from breathing in the flu virus (from airborne transmission). These masks do not have a tight seal around the nose, mouth and face. Particles that contain the flu virus can easily get through the gaps between the mask and face and enter the lungs. Also, the material used in surgical masks is not made to filter small particles.

However, there is some evidence that surgical masks may provide <u>limited</u> protection from another way infection can happen – from droplet transmission, when a close-by infected person coughs or sneezes on you and large droplets containing the flu virus come into direct contact with your nose or mouth. A surgical mask may prevent this from happening.

There are a number of different types of surgical masks. They can usually be purchased by an individual at a pharmacy. Show slide: "What Surgical Masks Look Like".

The only personal protective equipment that may protect you from breathing in the virus – from airborne transmission – is a respirator. <u>Surgical masks are not respirators</u> (although they may look similar to some respirators).

To protect workers and others from the flu, a "particulate filtering respirator" rated "N95" or higher is needed.

There are a number of different types of particulate filtering respirators. Some are disposable and can be used once and then must be thrown away (they cannot be cleaned and reused). These can be purchased in some stores (like drugstores) or on the internet. However, in order for a respirator to be an effective protection, it must be "fit-tested" on you to make sure the respirator fits and seals tightly around the face.

OSHA requires that any time employers require workers to wear respirators, employers must follow OSHA's Respiratory Protection Standard 1910.134. This standard includes requirements for fit-testing and worker training. OSHA also requires that any time employees have to use a respirator, the respirator must be certified by NIOSH (National Institute for Occupational Safety and Health).

Show slide: "What Respirators Look Like".

- **<u>Disposable respirators</u>: You can see that disposable respirators can look like surgical masks. However, they are made of different material than surgical masks and must seal on the wearer's face. This type of respirator is available with and without an exhalation valve. An exhalation valve makes it easier for the wearer to breathe. These are respirators that are meant to be used once and then thrown away. [However, if supplies of respirators become *extremely limited*, some reuse may be allowable. In the workplace, procedures would have to be followed to make sure that the reuse is proper (including that respirators are properly decontaminated) and that a respirator is discarded when it**

becomes unsuitable for further use due to excessive breathing resistance (like particulate clogging the filter), unacceptable contamination/soiling, or physical damage.]

- **<u>Reusable elastomeric respirators</u>: An elastomeric respirator's face piece is normally made of a rubber-like material. The appropriate filter (in a cartridge) is attached to the face piece and can be removed and replaced. These respirators can be used again after cleaning, disinfecting and replacing the used filters.**

- **<u>Powered air purifying respirators (PAPRs):</u> These respirators run off of a battery that pulls the contaminated air through a filter. They can be used again after cleaning, disinfecting and replacing used filters. Some PAPRS have loose-fitting hoods and some are tight-fitting on the face of the wearer.**

Note: If you are not going to teach Activity E, Respirators and OSHA's Respiratory Protection Program, and if participants in the training session are healthcare workers, emergency medical personnel, or other workers who may wear respirators, distribute and discuss Resource Handout: "Respirators – One Way to Protect Workers Against Pandemic Flu" (Fact Sheet #3 of series: What Workers Need to Know About Pandemic Flu).

13. Which of the following laws might provide some legal rights if you or others at work or in your family become ill with the flu? (you can check more than one)

__x__Family Medical Leave Act

__x__Workers' Compensation

__x__OSHA

All of these three laws may provide some legal rights for workers who become ill with the flu or who have family members who become ill with the flu.

- **<u>Family Medical Leave Act</u> (FMLA): If a worker gets the flu, he or she *may* be covered under the protections of the Family and Medical Leave Act, which gives workers the right to time off from work (unpaid), with continuation of health insurance. And the law prohibits an employer from discriminating against workers for absenteeism for the time off. A worker *may* also be entitled to time off from work (unpaid) to care for his or her spouse, child or parent who gets the flu. And, in addition, there *may* be a state law which gives workers similar or better protections.**

- **<u>State Workers Compensation laws</u>: If a worker catches the flu while at work, he or she *may* be eligible for workers' compensation benefits (which include paid time off and paid medical care). Benefits and eligibility differ from state to state.**

- **<u>Right to refuse unsafe work under OSHA</u>: Under Section 11(c) of the OSH Act, workers have *limited rights* to refuse to do a job if they believe in good faith that they are exposed to an "imminent danger" (danger of death or serious injury). This *may* apply to workers who are required to have close contact with people with suspected or confirmed cases of H1N1 flu when appropriate protections are not in place.**

14. In order to protect workers on the job, the main thing employers should do is make sure workers wash their hands and cover their mouth and nose when they cough or sneeze.

    ____ True __x__ False

Employers should advise workers to wash their hands and to cover their mouth and nose when they cough or sneeze. But this is only one aspect of a comprehensive "infection control program" which employers should develop and implement. An infection control program helps prevent the spread of the virus.

(Note to facilitator: If you are going to teach Activity D, Protecting Workers from Pandemic Flu, then you can skip the following, as it is covered in detail in D.)

An employer should do the following (show slide: "Components of a Workplace Exposure Control Program for Pandemic Flu":

1. **Develop an exposure control plan**

2. **Decide on the best ways to control the spread of the virus (using the "hierarchy of controls")**

3. **Monitor workers' health**

4. **Train workers**

5. **Post warning signs and labels**

6. **Keep the workplace clean**

7. **Keep good employee medical records**

Distribute Resource Handout: "Protecting Workers During Pandemic Flu" and discuss the text related to the above under the heading in the handout titled "How do employers set up an infection control program?".

Note: when discussing hierarchy of controls, show slide: "Hierarchy of Controls for Pandemic Flu".

Note: if participants are primarily healthcare workers, then also distribute Resource Handout: "Protecting Healthcare Workers During Pandemic Flu" and discuss the text under the heading in the handout titled "How can employers protect health care workers during a pandemic flu?".

15. Every workplace should have an emergency preparedness plan for the H1N1 flu in effect now.

    __x__ True ____False

Since the H1N1 flu is currently spreading around the U.S., now is the time for employers to have infection control measures and emergency

plans in place so that workers are protected. Under the law (OSHA), it is the employer's responsibility to provide a safe and healthy workplace (although there is no specific federal OSHA standard on infectious disease that covers pandemic flu). The time to have a plan in place is before there is H1N1 flu at a workplace, not after.

Unfortunately, most of our workplaces are not adequately prepared. For example, a survey of over 1,000 workers done in September 2009 revealed that most workers had not been given any direction from their employers about the H1N1 flu. 69% of the workers had received no communication from their employers about H1N1 in the workplace – not even information related to hand washing or sick leave. And 84% of the workers said that they felt pressure to show up for work when sick.

16. Workers and their unions should be involved in developing and implementing any emergency preparedness plan, including a plan for H1N1 flu.

__x__ True ____False

The best practice is for unions to be involved in developing and implementing any emergency preparedness plan, including a plan to protect workers from the H1N1 flu.

Unions need to review the employer's safety and health program to see whether it adequately deals with pandemic flu. The plan should have a comprehensive infection control program (discussed above in the answer to question #14).

Unions should ask the employer:

- **What kind of "risk assessment" has been done to determine which workers are at risk of being exposed to H1N1 and the level of risk (high, medium or low), and**
- **What is the employer's plan to protect workers.**

Policies in addition to infection control that should be in place include (show slide: "Pandemic Flu Workplace Programs and Policies That Should Be In Place"):

- **Paid sick leave (so workers can stay home when they have or may have the flu),**
- **Paid family leave (so workers can stay home to take care of sick family members who have or may have the flu),**
- **No punishment of workers for staying home because of their own illness or the illness of a family member,**
- **Work from home when possible,**
- **Work shift flexibility and work shifts that start at different times (if fewer workers are at work at the same time, the risk of being exposed to the virus goes down), and**
- **Elimination of all travel that is not necessary.**

Under the OSHA law, it is the employer's responsibility to provide a safe and healthy workplace, which includes protecting workers from H1N1. The union's role is to make sure the employer does this.

(Note: There is presently no federal OSHA standard specifically for pandemic flu, although there are standards on respirators and on personal protective equipment. There are voluntary guidelines/recommendations for employers from OSHA and CDC (Centers for Disease Control). There is a new standard under the California OSHA law on airborne transmissible disease which does cover H1N1 flu.)

Unions have a legal right to bargain over safety and health (under the National Labor Relations Act for private sector workers, the Federal Labor Relations Act for federal sector workers, and state bargaining laws for some state, county and municipal workers). Unions should use this right and request that the employer bargain over protecting workers from H1N1 (an infection control program) and the kinds of policies noted above.

<u>Note</u>: If you are not going to teach Activity F, What the Union Can Do, distribute and discuss Resource Handout: "What the Union Can Do" (Fact Sheet #5 of series: What Workers Need to Know About Pandemic Flu).

<u>Note to facilitator</u>: Go back to page 15 of this section for facilitator notes on how to lead the "Conclusion" of this activity.

Resource Handout
HOW SEASONAL FLU DIFFERS FROM PANDEMIC FLU

Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates	Occurs rarely (four times since 1918)
Usually some immunity built up from previous exposure	No previous exposure; little or no pre-existing immunity
Healthy adults usually not at risk for serious complications; the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications	Healthy people may be at increased risk for serious complications
Health systems can usually meet public and patient needs	Health systems may be overwhelmed
Vaccine developed based on known flu strains and available for annual flu season	Vaccine not available in the early stages of a pandemic
Adequate supplies of antiviral drugs are usually available	Effective antiviral drugs may be in limited supply
Average U.S. deaths approximately 36,000 a year	Number of deaths could be quite high (U.S. 1918 pandemic death toll approximately 675,000)
Symptoms: fever, cough, runny nose, muscle pain; deaths often caused by complications, such as pneumonia	Symptoms may be more severe and complications and deaths more frequent
Generally causes modest impact on society (like some school closings, encouragement of people who are sick to stay home)	May cause major impact on society (like widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)
Manageable impact on domestic and world economy	Potential for severe impact on domestic and world economy

What Workers Need to Know About Pandemic Flu – Fact Sheet #1

Resource Handout
BASIC FACTS ABOUT PANDEMIC FLU AND THE H1N1 FLU

What is pandemic flu?

Pandemic flu is a new type of flu virus that spreads quickly and easily around the world. We have no way to fight off this new type of virus, because we have not built up any resistance (immunity) to it. Because no one has any immunity to this new flu virus, everyone is at risk of becoming infected and suffering serious illness or death.

Pandemic flu may have a huge impact on our nation and workplaces. Our hospitals may be too busy to treat everyone who needs help. The number of people who miss work will go up. Our economy may slow down.

Our normal way of life may change because we may have to limit contact between people to keep the virus from spreading. For example, schools and businesses could close, public events could be cancelled, and there could be limits put on travel.

The H1N1 (swine) flu has now infected people in the United States and in many other countries. The World Health Organization has declared it a full blown pandemic.

This fact sheet provides basic information on the H1N1 flu and suggests what individuals can do to best protect themselves.

At workplaces, it is the employer's responsibility to protect their employees. Employers need to put infection control measures and emergency plans into place at work NOW, so that workers are fully protected.

What is the difference between the seasonal flu and H1N1 flu?

Seasonal (Common) Flu

Seasonal flu spreads from person to person and is a common sickness every winter. Seasonal flu causes fever, runny nose, sore throat, muscle pain and

coughing. The people most at risk are young children, older people, and people with any health condition that weakens the immune system.

Seasonal flu can usually be prevented by a vaccine (flu shot) that you can get each year. Many people can fight off the common flu because over time, you can build up some immunity to help protect you. There are some medicines (called anti-virals) that can help treat people with seasonal flu.

Each year, over 200,000 people in the United States end up in the hospital and about 36,000 people die from problems related to seasonal flu.

H1N1 Flu

In spring 2009, an H1N1 flu outbreak began in Mexico. This flu spreads easily from person to person. All states in the U.S. have now reported cases of the H1N1 flu and this flu has infected people in most countries around the world. An updated case count of confirmed infections in the United States is kept at http://www.cdc.gov/h1n1flu.

The H1N1 flu is a new type of flu virus, so no one has any complete immunity (although is appears that older people may have some limited immunity). Even if you get a seasonal flu shot this year, it will provide no protection against the H1N1 flu. And healthy individuals appear to be as much at risk, or more, of contracting the H1N1 flu as anyone else (in comparison to the seasonal flu). Younger people are also at greater risk of catching the H1N1 flu. As of mid-October 2009, a vaccine is available.

We do not yet know how serious the H1N1 infection will be. Some cases have been mild; some have been more severe. It is possible that the virus will change (mutate) over time and become more deadly. It is too soon to tell how much this virus will spread, how fast it will spread, or how mild or severe cases of the flu will be. A pandemic can take months or years to run its course.

What are the symptoms of H1N1 flu?

The symptoms of H1N1 flu are similar to the symptoms of regular flu and include fever, cough, sore throat, runny nose, body aches, headache, chills and fatigue. Symptoms can also include nausea, diarrhea and vomiting.

Nearly all persons with flu will have at least two of these symptoms. Like seasonal flu, H1N1 flu may cause a worsening of underlying chronic medical conditions.

How does H1N1 flu spread?

There are a number of ways the flu virus spreads. The three most likely are:

- Droplet transmission: A person can catch the virus when an infected individual near them (usually within six feet) coughs, sneezes or even talks. Large droplets containing the virus can infect a person when the droplets come into direct contact with the person's nose, mouth and eyes.

- Airborne transmission: A person can catch the virus when an infected individual coughs or sneezes and small droplets/particles containing the virus remain suspended in the air. These droplets/particles are small enough to be breathed in by a person. We do not know how far these small droplets can travel or how long they can last suspended in the air. So someone could get infected by breathing in the small droplets/particles even though they are not close to an infected individual.

- Contact transmission: A person can catch the virus when they touch an infected individual or an object or surface that is contaminated with the virus and then touch their own mouth, eyes, or nose. It is not known exactly how long the flu virus can live on nonporous surfaces like handrails, doorknobs, tables, and desks – some sources say 24 to 48 hours.

During what time period can an infected person spread H1N1 flu to others?

People with H1N1 influenza virus infection are potentially contagious from the day before the start of symptoms until they are no longer symptomatic, and possibly for up to 7 days following the start of symptoms. Children, especially younger children, might be contagious for longer periods.

What can you, as an individual, do to protect yourself from getting the H1N1 flu?

Getting vaccinated will give you protection against becoming infected with the flu.

There are also some everyday actions you can take to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If you do not have a tissue, cover your cough or sneeze with your hand. Then, clean your hands as noted below. If you do not have a tissue, you can also sneeze into your upper sleeve.

- Wash your hands often. Wash with soap and warm water for 20 seconds. When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel does not need water to work.

- Avoid touching your eyes, nose or mouth.

- Try to avoid close contact with sick people.

The only "personal protective equipment" that may protect you from breathing in the virus is a "particulate filtering respirator" rated "N95" or higher. There are a number of different types of respirators. Some are disposable and can be used once and then must be thrown away (they cannot be cleaned and reused). These can be purchased in some stores (like drugstores) or on the internet. However, in order for a respirator to be an effective protection, it must be "fit-tested" on you to make sure the respirator fits and seals tightly around the face. OSHA requires that any time employees have to use a respirator, their employer must first do fit-testing (and provide training).

Note: **Surgical masks are not respirators** (although they may look similar to some respirators). **They will not protect you from breathing in the small flu droplets/particles.** However, there is some evidence that surgical masks may provide limited protection from another way infection can

happen – from large droplets that come from a close-by infected person who coughs or sneezes on you.

What should you do if you get sick?

If you are sick and it is possible that it is influenza, you should stay home from work or school until at least 24 hours after your fever has ended.

You should avoid contact with other people as much as possible to keep from spreading your illness to others.

Note: If you get the flu, you may be covered under the protections of the Family and Medical Leave Act, which gives you the right to time off from work (unpaid) and prohibits an employer from discriminating against you for your absenteeism. There may also be a state law which gives you similar or better protections. If you catch the flu at work, you may be eligible for workers' compensation benefits (which include paid time off and paid medical care). Also, check your union contract for provisions for workers who are ill.

Should you get medical attention if you get sick?

If you become ill with flu-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea, you should contact your health care provider. You should contact your healthcare provider by telephone or other remote means before seeking care at a clinic, physician's office, or hospital. Persons who have difficulty breathing or shortness of breath or are severely ill should seek immediate medical attention.

Your health care provider will determine whether influenza testing and treatment is needed. Some prescription antiviral medications (such as oseltemivir [Tamiflu] or zanamivir [Relenza]) have been shown to be effective in treating this flu. These drugs work best if given within 2 days of becoming ill, but may be given later if illness is severe or for those at a high risk for complications.

Don't forget – if you leave the house to seek medical care, cover your coughs and sneezes with a tissue.

What should you do if a member of your household becomes ill with the flu?

First, call your health care provider for advice and possible testing and treatment.

Anyone who develops fever with either cough or sore throat should stay home until at least 24 hours after they no longer have a fever.

It is important that you keep sick children home from child care, school, or public places like libraries or malls.

The ill person should be kept away from others in the home as much as possible (for example, in a separate bedroom with a separate bathroom). In addition, if possible, only one adult in the home should take care of the ill person (pregnant women should not care for ill persons). Do not have any visitors to your home.

Caregivers who must have close contact with a person who is infected should spend the least amount of time possible in close contact.

If possible, maintain good ventilation in shared household areas.

Everyone in the household should be told and follow the information noted above about good personal hygiene (frequent hand washing, covering nose and mouth with tissue when sneeze or cough).

Note: If your spouse, child or parent gets the flu, you may be covered under the protections of the Family and Medical Leave Act, which gives you the right to time off (unpaid) to care for them and prohibits an employer from discriminating against for your absenteeism. There may also be a state law which gives you similar or better protections. And check your union contract for family leave benefits.

How will our workplaces be affected by pandemic flu?

Workers who have close and frequent contact with the public are more likely to get the H1N1 virus. Health care workers and those who respond to an emergency are in the most danger of getting the virus.

The number of people missing work could reach as high as 40% to 60%. Workers could be absent from work because they are sick, caring for a family member who is sick, or taking care of children when schools are closed.

It is very important that employers plan and prepare for pandemic flu NOW by putting infection control measures and emergency plans into place at work. Every employer should have a plan to prevent the spread of the flu and teach workers about the plan.

Unions should be involved in the planning and implementation of infection control plans, including the content and delivery of worker training.

Unions have a legal right to bargain with employers over safety and health (under the National Labor Relations Act for private sector workers, the Federal Labor Relations Act for federal sector workers, and state bargaining laws for some state, county and municipal workers). Unions should use this right and that request the employers bargain over protecting workers from H1N1.

Additional resource handouts include specific information about these measures and what unions can do to ensure employers implement them.

What Workers Need to Know About Pandemic Flu – Fact Sheet #2

Resource Handout
PROTECTING WORKERS DURING PANDEMIC FLU

How will pandemic flu affect workers?

Pandemic flu will may a huge impact on workers in the United States. During the worst part of the pandemic flu, 40% to 60% of workers may have to stay home. Some workers are more likely to get sick, like health care workers and those who respond to an emergency. Workers who have a lot of close contact with the public are also in danger. Whenever workers are at risk of getting the virus, employers must take steps to prevent it from spreading. This is called infection control.

The Occupational Safety and Health Administration (OSHA) is a federal (national) government agency. OSHA's main purpose is to protect the health and safety of workers in the United States. One way OSHA does this is by making and enforcing health and safety rules (standards). Unfortunately, there is no OSHA standard for pandemic flu. However, employers still have to take action to protect workers.

In order to protect workers, **employers should plan and prepare an infection control program**. **Unions should be involved in every step of this process.** Since the H1N1 flu is now spreading around the U.S. and since the World Health Organization had declared it a full blown pandemic, **NOW** is the time.

This fact sheet tells how to set up an infection control program that will make workplaces safer during a pandemic flu.

How does the flu virus spread?

It is important to know how the flu virus spreads in order to give workers the best protection during a flu pandemic. There are a number of ways the flu virus spreads. The three most likely are:

- Droplet transmission: A person can catch the virus when an infected individual near them (usually within six feet) coughs, sneezes or even

talks. Large droplets containing the virus can infect a person when the droplets come into direct contact with the person's nose, mouth and eyes.

- Airborne transmission: A person can catch the virus when an infected individual coughs or sneezes and small droplets/particles containing the virus remain suspended in the air. These droplets/particles are small enough to be breathed in by a person. We do not know how far these small droplets can travel or how long they can last suspended in the air. So someone could get infected by breathing in the small droplets/particles even though they are not near an infected individual.

- Contact transmission: A person can catch the virus when they touch an infected individual or an object or surface that is contaminated with the virus and then touch their own mouth, eyes, or nose. It is not known exactly how long the flu virus can live for on nonporous surfaces like handrails, doorknobs, tables, and desks – some sources say 24 to 48 hours.

Employers need to protect workers from all ways that the flu virus can spread.

How do employers set up an infection control program?

An infection control program helps prevent the spread of the virus. The following steps will help employers set up a basic infection control program.

1. **Develop an exposure control plan**

   An exposure control plan is a written plan that identifies:
   - Workers who are more likely to be exposed to the virus,
   - Activities and locations in a workplace that could expose workers to the virus,
   - Ways for finding out if a worker has come into contact with the virus, and
   - Guidelines for deciding how to put the infection control plan into action.

2. Decide on the best ways to control the spread of the virus

An employer should come up with a list of ways to control the spread of the virus – from the most effective to the least effective. Because some ways are better than others, this is called the "hierarchy of controls."

The best way to control a hazard is to eliminate it. Unfortunately, there is no way to eliminate the H1N1 flu virus. Although a vaccine is available, a vaccine does not eliminate the hazard of the H1N1 virus – it protects a person who is exposed to H1N1 from becoming infected (and we do not know how effective the H1N1 vaccine will be; most flu vaccines are less than 100% effective).

Since the virus can not be eliminated, using engineering controls is the best option to control the spread of the virus. This is followed by safe work practices, administrative controls, and personal protective equipment. These methods for controlling a hazard are explained below.

Engineering Controls

Engineering controls keep workers from coming into contact with the flu virus. This is done by designing safer workplaces. For example:

- Portable (moveable) ventilation systems,
- Plexiglass or other partitions separating workers from the public (like you see in some banks), and
- Special isolation rooms for infected workers.

Work Practices

Safe work practices can be a very good way to protect workers from getting the flu virus. Examples include:

- Regular cleaning of surfaces that are frequently touched and could be contaminated, like telephones and computers,
- Keeping all eating, drinking, or smoking away from areas where workers might come into contact with the virus,
- Stopping or reducing the practice of sharing desks or other office equipment,

- Avoiding close contact or shaking hands with co-workers, customers and clients,
- Covering the nose and mouth for all coughs and sneezes with disposable tissues and throwing them away in "no-touch" containers, and
- Frequent hand washing with soap and water or using alcohol-based disposable hand wipes or gel sanitizer.

Administrative Controls

Administrative controls are changes the employer makes to the work schedule or job tasks in order to reduce exposure. Examples include:

- Reducing contact between workers by using email, phone calls, and teleconferences,
- Setting up flexible work hours to reduce the number of workers at the workplace at the same time,
- Allowing workers to work from their homes, if possible,
- Decreasing work-related travel so that workers are not exposed to other high risk workplaces, and
- Having a policy that allows workers to stay home when they or a family member are sick, with no loss in pay or discipline.

Personal Protective Equipment (PPE)

Personal protective equipment is the least effective way to protect workers from a hazard. However, the use of PPE is important during a flu pandemic. The type of PPE chosen must follow the guidelines found in OSHA Standard 1910.132. Examples of PPE that can be used include:

- Gloves,
- Disposable clothing,
- Face shields,
- Aprons,
- Goggles,
- Disposable shoe covers, and
- Respirators (which are covered by a separate OSHA Standard 1910.134).

Respirators

"Particulate filtering respirators" should be used to protect workers from pandemic flu. This is because the pandemic flu virus is a "particle" (very small pieces of matter). Particulate filtering respirators are the only respirators that can filter out particles to protect workers from breathing in the virus. **Surgical masks are not respirators and will not protect workers from breathing in these particles.**

OSHA has the following recommendations about respirators and pandemic flu:

- Use N95 or higher-rated filter respirators for "high-risk" workers like health care workers or emergency responders.

- Use a powered air purifying respirator (PAPR) if health care workers have to insert an instrument into the patient's airway (for example, to do a bronchoscopy or intubation).

- Consider using respirators for workers who have a lot of contact with people on the job (like schools, crowded work places, and busy stores) and who have close contact with people who might have pandemic flu.

Any time workers are required to wear respirators, employers must follow OSHA's Respiratory Protection Standard 1910.134. Among other things, this standard requires employers to give workers a medical evaluation to make sure they are able to wear a respirator and it requires employers to "fit-test" workers to make sure that the respirator fits right.

NOTE that the AFL-CIO recommends using more protective respirators for high risk workers (like health care workers and emergency responders). The AFL-CIO recommends a P100 respirator with an elastomeric (rubber-like) facepiece seal or a powered air purifying respirator (PAPR) with a high efficiency filter.

3. Monitor workers' health

Employers should monitor workers' health by setting up a medical surveillance program. This program should include the following:

- How to recognize symptoms of pandemic flu virus,
- How to identify workers who may be sick with the flu,
- Steps to take with infected workers, like sending them home until they are well with no loss of pay, benefits, or other rights while they are sick,
- Rules for giving out available medicines (like the pandemic flu vaccine or other medicines that can fight the virus).

4. Train workers

Employers need to train workers about pandemic flu in the workplace. The training should include information on:

- Ways to catch the virus at work,
- Symptoms of pandemic flu,
- Methods to prevent the flu virus from spreading,
- Medical surveillance program to monitor workers' health, and
- OSHA's Respiratory Protection Standard.

5. Post warning signs and labels

Employers need to post warning signs and labels that tell workers where they can come into contact with the virus. Signs and labels should also explain how workers can protect themselves from exposure.

6. Keep the workplace clean

Employers should develop a program for cleaning and disinfecting equipment and surfaces that could be contaminated. The program should also have guidelines for handling and throwing away contaminated waste.

7. Keep good medical records

Employers should keep records of how they have followed workers' health (medical surveillance). Detailed records should be kept on each

worker who becomes infected with the pandemic flu virus – how they got it and where. Employers must allow workers and their unions to see and have copies of these records under OSHA's Standard 1910.1020.

Unions should be involved in the above – in establishing and implementing all aspects of an infection control program.

Is your workplace prepared for a pandemic flu?

H1N1 flu is spreading around the U.S. It has been declared a pandemic by the World Health Organization. Employers have to be prepared. If not, they will not be able to stop the rapid spread of the virus in workplaces. It is very important that employers have health and safety programs and policies in place **NOW**.

These are the key points:

- A person can catch the pandemic flu virus when an infected individual near them coughs, sneezes or talks. A person can also breathe it in when small flu particles are in the air. And a person can get the virus when they touch an infected person or an object that is contaminated and then touch their own mouth, eyes or nose.

- Every employer should develop and implement an infection control plan **NOW** to limit the spread of the virus.

- Employers should train workers on the signs and symptoms of pandemic flu and on the infection control plan.

- Unions should be involved in the planning and implementation of infection control plans, including worker training.

What Workers Need to Know About Pandemic Flu – Fact Sheet #3

Resource Handout
RESPIRATORS: ONE WAY TO PROTECT WORKERS AGAINST PANDEMIC FLU

How does the pandemic flu virus spread in the workplace?

One way workers can catch the pandemic flu virus is by breathing in small particles (very small pieces of matter) that contain the virus. These particles are spread through the air when a person who has the virus coughs, sneezes, or talks. Workers can breathe these particles into their lungs and become infected with the virus.

Employers need to set up "infection control programs' to make sure this does not happen. One part of an infection control program is for certain workers to wear particulate respirators. This fact sheet explains what respirators are and how they are supposed to be used.

What are "particulate respirators"?

Workers can wear respirators to make sure they do not breathe in these particles and become infected with the virus. The type of respirator workers need to wear is called a *particulate respirator*. Employers must follow all of the rules in OSHA's Respiratory Protection Standard before giving workers a respirator. These rules are explained below.

How do particulate respirators work?

A particulate respirator protects workers by filtering out particles that are in the air. These particles may contain the flu virus. Respirators must seal tightly around the nose, mouth and face in order for them to work properly. This way, when a worker breathes, the air is pulled through the filters before it goes into the worker's lungs.

Can any respirator be used in the workplace?

The National Institute for Occupational Safety and Health (NIOSH) is a

federal government agency. NIOSH is responsible for testing and certifying all respirators used in workplaces in the United States. Under OSHA's respirator standard, only NIOSH certified respirators can be worn by workers.

Surgical masks are not respirators. A surgical mask does not give workers any protection from breathing in particles. These masks do not have a tight seal around the nose, mouth and face. Particles that contain the flu virus can easily get through the gaps between the mask and face and enter the lungs. Also, the material used in surgical masks is not made to filter small particles. Surgical masks are not certified by NIOSH as respirators. OSHA does not allow them to be used in the workplace to protect workers from breathing in chemicals or particles. **Surgical masks must never be used to prevent workers from breathing in pandemic flu virus particles!**

Are there different types of particulate respirators?

Three types of particulate respirators will work to protect workers from breathing in the pandemic flu virus:

- **Disposable filtering facepieces**: These are respirators that are meant to be used once and then thrown away. Disposable respirators can look like surgical masks. However, they are made of different material than surgical masks and must seal on the wearer's face. This type of respirator is available with and without an exhalation valve. An exhalation valve makes it easier for the wearer to breathe.

- **Reuseable elastomeric respirators**: An elastomeric respirator's face piece is normally made of a rubber-like material. The appropriate filter (in a cartridge) is attached to the face piece and can be removed and replaced. These respirators can be used again after cleaning, disinfecting and replacing the used filters.

- **Powered air purifying respirators** (PAPRs). These respirators run off of a battery that pulls the contaminated air through the filter. They can be used again after cleaning, disinfecting and replacing used filters. Some PAPRS have loose-fitting hoods and some are tight-fitting on the face of the wearer.

Each of these particulate filtering respirators is rated by their ability to filter

out small particles: 95%, 99%, and 100%. The filters are also rated for their resistance to oil: "N" (not resistant), "R" (somewhat resistant), and "P" (oil proof).

Does OSHA have any guidelines for choosing a particulate respirator to protect workers from the pandemic flu virus?

OSHA has the following recommendations for choosing a particulate respirator:

- Use N95 or higher-rated filter respirators for "high-risk" workers like health care workers and workers who respond to emergencies.

- Wear a powered air purifying respirator (PAPR) if health care workers have to insert an instrument into the patient's airway (for example, to do a bronchoscop*y* or intubation).

- Consider using a respirator if workers have a lot of contact with people on the job (like schools, crowded workplaces, and busy stores). This is especially important if there is close contact with people who might have pandemic flu.

NOTE that the AFL-CIO recommends using a more protective particulate respirator for high risk workers (like health care workers and emergency responders). The AFL-CIO recommends a P100 respirator with an elastomeric (rubber-like) facepiece seal or a PAPR with filters that have a high rating for filtering out small particles.

What does OSHA's Respiratory Protection Program require?

In a flu pandemic, workers may be required to wear a respirator to protect them from breathing in the flu virus particles. But an employer should not just give a worker a respirator and tell him or her to wear it. Instead, any time workers have to wear a respirator, OSHA requires employers to have a complete respiratory protection program under OSHA's Respirator Standard 1910.134. For employers who are not covered by OSHA (which is mainly some state and local government employers), the standard is a good model to follow in order to protect workers.

OSHA's Respirator Standard 1910.134 requires employers to:

- Use "feasible **engineering controls**" (like portable ventilation systems, plastic sneeze guards, and special rooms for infected workers) **before using respirators**. Engineering controls are the most effective way to keep workers from breathing in the virus. (Respirators – which are "personal protective equipment," not engineering controls – should be used to protect workers from pandemic flu only when effective engineering controls are not feasible, or while engineering controls are being installed).

- Develop a **written respiratory protection program** and identify a person who will be in charge of the program.

- Give all workers a **medical evaluation** to make sure they are able to wear a respirator. Workers must be given a **written recommendation** from the doctor or nurse saying they are able to use the respirator.

- Give workers **free** respirators.

- Only give workers respirators that are certified by **NIOSH**. Surgical masks cannot be used because they will not keep workers from breathing in the pandemic flu virus.

- Choose respirators that will protect workers from the kind of hazard they are facing. In the case of the pandemic flu virus, this would be a **particulate filtering respirator**.

- Do a **fit test** on each worker to make sure the respirator fits and seals tightly around the face. Fit testing is required when first giving the respirator and **every year** after that.

- Make sure workers do not have beards or facial hair or any other condition that might not give the respirator a tight seal.

- Give workers **training** and information **before** using a respirator and **every year** after that. This training includes:
  - uses and limitations of respirators,

- how to inspect a respirator,
- how to put on and take off the respirator, and
- how to do a user seal check to make sure the respirator seals tightly.

- Do a **program evaluation** to make sure the written respiratory protection program is working well. This evaluation includes worker interviews to make sure they are using the respirator in the right way.

- **Keep records** like medical evaluations, fit test results, and a copy of the current written respiratory protection program. These records must be available to workers when they ask for them.

These are the key points:

- Workers can get the pandemic flu virus by breathing in small particles that contain the virus.

- Particulate respirators are the only kind of respirators that can protect workers from the pandemic flu virus – surgical masks are not respirators and will not protect workers from breathing in the flu virus particles.

- OSHA requires all employers to follow the rules in its Respiratory Protection Standard if workers use respirators.

What Workers Need to Know About Pandemic Flu – Fact Sheet #4

Resource Handout
PROTECTING HEALTH CARE WORKERS DURING PANDEMIC FLU

Why should health care workers get special health and safety protections during a pandemic flu virus?

Health care workers are more likely to get sick with the pandemic flu virus because they treat patients who have or may have the virus. If health care workers are not protected, they could get sick and possibly die. Sick health care workers could also spread the virus to other patients, family members, and the community. The fear of getting sick could keep health care workers from going to work. This could seriously hurt our ability to care for sick patients.

Health care workers need to be protected so that they do not get the flu. There are effective ways to protect them and it is the employer's responsibility to put these protections into place. And unions need to be involved in developing and putting into place all programs to protect health care workers.

There is a vaccine to protect workers from the current outbreak of H1N1 [swine] flu. And some antiviral medications, like oseltemivir (Tamiflu) and zanamivir (Relenza) can be used to treat those workers who get the H1N1 flu.

How can employers protect health care workers during a pandemic flu?

Employers are responsible for protecting health care workers during a flu pandemic. There is an outbreak of H1N1 (swine) flu and protections for health care workers need to be in place **NOW –** otherwise it will be too late. This fact sheet outlines health and safety actions that employers should take to protect health care workers as well as their patients.

Most of these actions are recommended by Occupational Safety and Health

Administration (OSHA) and the Centers for Disease Control (CDC).

Employers should do the following to protect the health and safety of health care workers and unions should be involved in all aspects of developing and implementing these plans:

1. Set up an infection control program

Employers should develop an **infection control program** for workers in their clinics and hospitals. The goal of this program is to help prevent the spread of the pandemic flu virus. The key parts of the program should include:

- A written plan explaining how to control exposure to the virus,
- A program to monitor workers' health (medical surveillance),
- Worker training,
- Warning signs and labels,
- Regular cleaning and disinfecting, and
- A system to keep records on workers' health.

See Resource Handout: "Protecting Workers During Pandemic Flu" for details on setting up a program.

2. Plan and prepare in advance

Health care employers can prepare for a pandemic flu virus by doing the following:

- Identify ways to control exposure to the flu virus in the workplace.
- Have enough personal protective equipment (PPE), respirators, cleaning supplies, and other safety equipment for workers.
- Give workers safety and health training.
- Keep supplies of vaccines and other medicines that can fight the virus (if they are available).
- Identify which health care workers will provide care for patients with the pandemic flu.
- Have a respiratory protection program in place that complies with OSHA's 1910.34 standard.
- Identify workers who will be required to wear respirators.

- Give workers who will be required to wear respirators a medical evaluation to make sure they are able to wear a respirator.
- Fit-test workers who will be required to wear respirators to make sure that the respirator they will use fits properly and seals tightly on their face (except for one kind of respirator called a PAPR when it is used with a loose fitting hood).

See Resource Handout: "Respirators: One Way to Protect Workers Against Pandemic Flu" for more details on respirators.

3. Give training to health care workers

Health care employers should give workers safety and health training on pandemic flu in the language and at the literacy level they understand. The following topics should be covered:

- Pandemic flu and its symptoms,
- How the flu virus spreads to workers,
- Risks of coming into contact with the pandemic flu virus in the workplace,
- The employer's infection control plan,
- Ways to control the spread of infection – from most to least effective,
- Uses and limitations of personal protective equipment (PPE),
- How to safely put on and take off PPE,
- Types of respirators required under OSHA's Standard 1910.134,
- The employer's program to monitor workers' health (medical surveillance), and
- Personal hygiene, like washing hands often and covering the nose and mouth with a tissue when coughing or sneezing.

4. Identify and isolate patients with the pandemic flu virus

To stop the spread of the virus, it is very important to limit contact between people who have and do not have the pandemic flu virus. Employers should set up a way to identify patients early on who may be infected. These patients should be kept away from other patients by moving them to isolated areas of the clinic or hospital. This is called isolation precautions.

To set up the isolation precautions, clinics and hospitals should do the following:

- Separate persons with flu symptoms and other persons by allowing enough space between them in waiting rooms and common areas.

- For persons with flu symptoms in waiting rooms, ask them to wear a surgical mask (if possible), or to cover their nose and mouth with a tissue when coughing or sneezing (and to throw away the tissue in the trash).

- Move patients who have or might have pandemic flu to single patient rooms (negative pressure isolation rooms are best) or isolated areas in the hospital or clinic.

- Assign specific health care workers to treat patients with pandemic flu. Only allow those workers to enter rooms or areas where pandemic flu patients are located.

- Use a negative pressure isolation room if giving care to the patient's airway (like bronchoscopy and intubation).

- Make separate entrances and passageways at the hospital or clinic for pandemic flu patients, if possible.

5. Teach patients how they can prevent the spread of the virus

Teach all patients who have or may have pandemic flu how they can prevent the spread of the virus. Since the virus lives in the respiratory system (mouth, throat, lungs), patients need to be taught respiratory hygiene.

Respiratory hygiene includes:

- Reporting symptoms of respiratory problems to a health care worker,
- Covering nose and mouth with tissue when coughing or sneezing,
- Throwing away used tissues right away in nearest trash can,
- Placing a surgical mask on a coughing patient, if possible, and
- Washing hands after touching the nose or mouth.

6. Stress the importance of frequent hand washing

Washing hands is one of the most important ways to control the spread of the virus. It can include washing with soap and water or using alcohol-based disposable hand wipes or gel sanitizers.

Health care workers should wash hands:

- Before and after touching a patient,
- After removing gloves, and
- After removing any personal protective equipment (like respirators).

Health care workers should not touch their eyes, nose, mouth, or skin with contaminated hands. They should also remove contaminated gloves before touching any surface.

7. Identify health care workers who may have the pandemic flu virus

Employers should identify health care workers with flu-like symptoms. They should remove these workers from the workplace before they spread their infection to other people who are not sick.

Steps to identify sick workers include:

- Have health care workers report their flu-like symptoms,
- Screen all health care workers for flu-like symptoms before they begin their shift, and
- Send home workers with flu symptoms or pandemic flu. Allow them to return to work 24 hours after their symptoms/illness is gone. Note: in order for this to be effective, if workers are out sick, they must not be penalized or disciplined, and they should have continue to receive pay and benefits.

8. Get the right kind of personal protective equipment (PPE)

PPE is especially important in controlling the spread of infection. Respirators are the most important type of PPE during a pandemic flu. See Resource Handout: "Respirators: One Way to Protect Workers Against Pandemic Flu," for more detailed information.

Health care workers who give **direct care** to patients or who have close

contact with patients should wear the following PPE:

- Gloves (disposable nitrile or vinyl gloves, not latex),
- Gowns (disposable and resistant to fluids),
- Eye protection (face shield or goggles),
- Respirator (at least an N95 respirator; a P100 elastomeric respirator is better), and
- Headcover and shoe covers (optional).

Health care workers who have to **work directly in a patient's airway,** for example to do a bronchoscopy, intubation or resuscitation of patients **(**best if done in negative pressure isolation rooms), should wear the following PPE:

- Gloves,
- Gowns,
- Eye protection,
- Headcover and shoe covers,
- Respirator (a powered air purifying respirator or PAPR, with P-100 cartridges).

Other workers who **do not give direct care**, like janitors, but still have to enter rooms with patients who have or may have pandemic flu should wear the following PPE:

- Gloves,
- Gowns,
- Eye protection, and
- Respirator (at least an N95 respirator; a P100 elastomeric respirator is better).

Is your hospital or clinic prepared for a pandemic flu?

By taking action **NOW**, it is possible to protect the health and safety of health care workers. Being ready is the only way to protect the health of workers and their patients.

These are the key points:

- Health care workers are at a very high risk of getting the pandemic flu virus because of their role in caring for sick patients.

- An infection control plan can protect the health of workers and their patients. This plan, including worker training and patient education, should be in place NOW.

- The right kind of personal protective equipment is especially important during a pandemic flu.

- Unions representing health care workers should be involved in developing and implementing infection control plans, including worker training and selecting the proper personal protective equipment.

What Workers Need to Know About Pandemic Flu – Fact Sheet #5

Resource Handout
WHAT THE UNION CAN DO - PREPARING THE WORKPLACE FOR PANDEMIC FLU

What is the union's role during a pandemic flu?

Pandemic flu can spread quickly and easily in the workplace. The lives and health of workers depend on employers being prepared. Under the law, it is the employer's responsibility to provide a safe and healthy workplace.

The union's role is to make sure the employer is prepared for a pandemic flu and takes action to protect workers.

What can a union do to make sure an employer is ready for the pandemic flu?

The following tasks can be done by the union's safety and health committee or by the union leadership:

1. Understand the level of risk faced by workers

The union should figure out the most likely ways workers can catch the H1N1 flu at work (called "routes of transmission") and identify which workers are most at risk (those whose jobs require frequent contact with known or suspected sources of H1N1 are at greater risk).

2. Determine the most effective ways to protect workers from the H1N1 flu

The union should determine the best methods and policies to protect workers. What the best methods of protection are depend on the type of work employees perform, the way(s) the H1N1 flu is most likely to be transmitted at work, and the level of risk faced by workers.

3. Review the union contract

The union should review the collective bargaining agreement to see if it says anything related to protecting workers from H1N1 flu. Some contract sections to review are "safety and health" and "sick leave". If there are contract provisions that are relevant, then the union should investigate to make sure the employer is complying with the language. For many unions, it is likely there is no relevant contract language, or that the existing language is inadequate.

4. Review the employer's safety and health programs

The union needs to look at the employer's current programs, plans, and policies to see whether they provide adequate protection for workers from pandemic flu. These include:

- General safety and health program for the workplace,
- An overall plan to help prevent the spread of the flu virus (infection control program),
- Ways to identify workers most likely to be exposed to the flu, or activities that are likely to expose workers to the flu,
- Methods to control the spread of the virus,
- A plan to monitor workers' health to identify sick workers (medical surveillance),
- Training on pandemic flu in the workplace and how workers will be told about risks, and
- A plan to keep equipment and surfaces clean.

Certain types of personnel provisions are also critical during a flu pandemic. These may or may not be present in the union contract. They are:

- Paid sick leave (so workers can stay home when they have or may have the flu),
- Paid family leave (so workers can stay home to take care of sick family members who have or may have the flu),
- No punishment of workers for staying home because of their own illness or the illness of a family member,
- Work from home when possible,
- Work shift flexibility and work shifts that start at different times (if

fewer workers are at work at the same time, the risk of being exposed to the virus goes down), and
- Elimination of all travel that is not necessary.

The union should ask the employer for copies of all of the above programs, plans and policies. The union has a legal right to this information under federal and state bargaining law.

The union should also investigate to determine if the written plans and polices are actually in effect.

In evaluating programs, plans, and policies, some questions to ask are:
- Are the current plans/policies strong enough to deal with the issues related to pandemic flu?
- Can the plans/policies be adapted with small changes in order to deal with pandemic flu?
- Do the plans/policies need major changes?
- Do the plans/policies need to be rewritten to include pandemic flu?

Can a union bargain with an employer over protections from pandemic flu?

Yes! If there are not plans and policies, or if the plans or policies are inadequate, then the union should negotiate with the employer. If the employer's plan/policies can be adapted with small changes, then the Union can suggest those changes. However, if the plan/policies need major changes, need to be rewritten, or if there are not any plan/policies to protect workers, then the union needs to propose plans/policies tailored to the specific workplace and exposures of workers.

Some employers may refuse to meet with the union to talk about protecting workers during a pandemic flu. If that happens, the union needs to assert its legal right to bargain with the employer on health and safety. This is a right under the National Labor Relations Act (NLRA) for workers in the private sector. This is also a right under other bargaining laws that cover federal, state, county, and municipal workers. It is against the law for employers to refuse to bargain over safety and health conditions, including exposure to pandemic flu.

What legal rights might give workers some protections during a pandemic flu?

There are a number of legal rights that a union and workers should be aware of. The union will most likely have to help workers enforce these laws when they apply.

- Right to refuse unsafe work under OSHA: Under Section 11© of the OSH Act, workers have limited rights to refuse to do a job if they believe in good faith that they are exposed to an "imminent danger" (danger of death or serious injury). This *may* apply to workers who are required to have close contact with people with suspected or confirmed cases of H1N1 flu.

- State Workers Compensation laws: If a worker catches the flu while at work, he or she *may* be eligible for workers' compensation benefits (which include paid time off and paid medical care).

- Family Medical Leave Act (FMLA): If a worker gets the flu, he or she *may* be covered under the protections of the Family and Medical Leave Act, which gives workers the right to time off from work (unpaid) and prohibits an employer from discriminating against them for absenteeism for the time off. A worker *may* also be entitled to time off from work (unpaid) to care for his or her spouse, child or parent who gets the flu. And, in addition, there *may* be a state law which gives workers similar or better protections.

These are the key points:

- The union's role is to make sure the employer takes action to protect workers against pandemic flu.

- Unions need to review the employer's safety and health programs to see whether it has a strong plan to deal with pandemic flu.

- Unions need to use their right to bargain to make sure that issues involving pandemic flu are covered by the employer's safety and health program.

Resource Handout
PANDEMIC INFLUENZA – CHALLENGES AND PREPARATION FOR INDIVIDUALS AND FAMILIES

As you and your family plan for the influenza pandemic, think about the challenges you might face, particularly if the pandemic is severe.

You can start to prepare now to be able to respond to these challenges. If a pandemic becomes severe, the following are some challenges you or your family may face and recommendations to help you cope.

Essential Services You Depend on May Be Disrupted

- Plan for the possibility that usual services may be disrupted. These could include services provided by hospitals and other healthcare facilities, banks, restaurants, government offices, telephone and cell phone companies, and post offices.

- Stores may close or have limited supplies. Planning checklists can help you determine what items you should stockpile to help you manage without these services.

- Transportation services may be disrupted and you may not be able to rely on public transportation. Plan to take fewer trips and store essential supplies.

- Public gatherings, such as volunteer meetings and worship services, may be canceled. Prepare contact lists including conference calls, telephone chains, and email distribution lists, to access or distribute necessary information.

- Consider that the ability to travel, even by car if there are fuel shortages, may be limited.

- You should also talk to your family about where family members and loved ones will go in an emergency and how they will receive care, in case you cannot communicate with them.

- In a pandemic, there may be widespread illness that could result in the shut down of local ATMs and banks. Keep a small amount of cash or

traveler's checks in small denominations for easy use.

Food and Water Supplies May Be Interrupted and Limited

Food and water supplies may be interrupted so temporary shortages could occur. You may also be unable to get to a store. To prepare for this possibility you should store at least one to two weeks supply of non-perishable food and fresh water for emergencies.

Food:

- Store two weeks of nonperishable food.
- Select foods that do not require refrigeration, preparation (including the use of water), or cooking.
- Insure that formula for infants and any child's or older person's special nutritional needs are a part of your planning.

Water:

- Store two weeks of water, 1 gallon of water per person per day (2 quarts for drinking, 2 quarts for food preparation/sanitation), in clean plastic containers.
- Avoid using containers that will decompose or break, such as milk cartons or glass bottles.

Being Able to Work May Be Difficult or Impossible

- Ask your employer how business will continue during a pandemic.
- Discuss staggered shifts or working at home with your employer.
- Discuss telecommuting possibilities and needs, accessing remote networks, and using portable computers.
- Discuss possible flexibility in leave policies. Discuss with your employer how much leave you can take to care for yourself or a family member.
- Plan for the possibility that you will be unable to work or that your place of work will temporarily close

Schools and Daycare Centers May Be Closed for an Extended Period of Time

Schools, preschools, childcare, and colleges and universities may be closed to limit the spread of flu in the community and to help prevent children and adults from becoming sick. Other school-related activities and services could also be disrupted or cancelled including: clubs, sports/sporting events, music activities, and school meals. School closings would likely happen very early in a pandemic and could occur on short notice.

- Talk to your teachers, administrators, and parent-teacher organizations about your school's pandemic plan.

- Plan now for children staying at home for extended periods of time, as school closings may occur along with restrictions on public gatherings, such as at malls, movie theaters.

- Plan home learning activities and exercises that your children can do at home. Have learning materials, such as books, school supplies, and educational computer activities and movies on hand.

- Talk to teachers, administrators, and parent-teacher organizations about possible activities, lesson plans, and exercises that children can do at home if schools are closed. This could include continuing courses by TV or the internet.

- Plan entertainment and recreational activities that your children can do at home. Have materials, such as reading books, coloring books, and games, on hand for your children to use.

Medical Care for People with Chronic Illness Could be Disrupted

In a severe pandemic, hospitals and doctors' offices may be overwhelmed.

- If you have a chronic disease, such as heart disease, high blood pressure, diabetes, asthma, or depression, you should continue taking medication as prescribed by your doctor.

- Make sure you have necessary medical supplies such as glucose and blood-pressure monitoring equipment.

- Talk to your healthcare provider to ensure adequate access to your medications.

- If you receive ongoing medical care such as dialysis, chemotherapy, or other therapies, talk with your health care provider about plans to continue care during a pandemic.

Resource Handout
HOME HEALTHCARE FOR H1N1 FLU

General Guidelines for Home Healthcare

People with H1N1 flu who are cared for at home should:

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema.

- Check with their health care provider about whether they should take antiviral medications.

- Stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer, except to seek medical care or for other necessities.

- Get plenty of rest.

- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.

- Cover coughs and sneezes with tissues.

- Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.

- Avoid close contact with others – keep away from others in the home as much as possible (for example, in a separate bedroom with a separate bathroom). In addition, if possible, only one adult in the home should take care of the ill person (pregnant women should not care for ill persons). Do not have any visitors to the home.

- Wear a surgical mask – if available and tolerable – when sharing common spaces with other household members to help prevent spreading the virus to others. This is especially important if other household members are at high risk for complications from

influenza. (Note that a surgical mask will only prevent someone from spreading the flu through droplet transmission; it will not prevent airborne or contact transmission).

- Be watchful for emergency warning signs (see below) that might indicate you need to seek medical attention.

Emergency Warning Signs

Get medical care right away if a sick person at home:

- has difficulty breathing (short of breath or breathing rapidly at rest)or chest pain,
- has purple or blue discoloration of the lips,
- is vomiting and unable to keep liquids down,
- has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry,
- has seizures (for example, uncontrolled convulsions),
- is less responsive than normal or is disoriented (becomes confused).

Caring for a Person with Influenza

Some actions to consider when caring for a person with the flu:

- Comfort measures
    - Have the person rest in bed.
    - Allow the sick person to judge the amount of bed covers needed; when fever is high the person may feel very cold and want several blankets.
    - Give acetaminophen or ibuprofen according to the package label or a health care provider's direction to reduce fever, headache, and muscle, joint or eye pain.

- Fluids – Give frequently, extremely important to replace body fluids that are lost as a result of fever.
- Feeding – Give light foods as the person wants. Fluids are more important than food, especially in the first days when the fever may be highest.

Supplies to Have on Hand

Make sure you have the following supplies in the home:

- Thermometer
- Acetaminophen and/or ibuprofen
- Cough suppressants/cough syrup
- Drinks – fruit juices, sports drinks
- Light foods – clear soups, crackers, applesauce
- Blankets; warm covers

Slides

Who is Most Susceptible to (More Likely to Catch) the H1NI Flu?

- The flu disproportionately attacks children and young adults

- People 65 and older seem to have a low risk of H1N1 infection

- Some people have increased risk of complications if they catch the flu - these include pregnant women and people who have certain medical conditions

The H1N1 Vaccine

- A vaccine for H1N1 flu is available.

- The vaccine for H1N1 is different from the seasonal flu vaccine. People have to get both vaccines to get protection against these two different kinds of flu.

- The vaccine is distributed through the states based on population. States are responsible for designating public and private providers to whom the vaccine goes.

Who Should Get the H1N1 Vaccine

- Pregnant women
- People who live with or care for infants younger than 6 months of age (because younger infants are at higher risk of influenza-related complications and cannot be vaccinated)
- Healthcare and emergency medical personnel
- Children and young people aged 6 months through 24 years
- People between 25 and 64 years who have chronic medical conditions
- As more vaccine becomes available, the rest of the population

The Two Kinds of H1N1 Vaccine

- The nasal spray ("live, attenuated") which is approved only for healthy people (people with no history of major health problems), between the ages of 2 and 49, and

- The flu shot ("inactivated).

- With either vaccine, children up to nine years old should get two doses of vaccine, about a month apart. Older children and adults need only one dose.

Symptoms of H1N1 Flu

- fever
- runny nose
- sore throat
- cough
- body aches
- headache
- chills
- fatigue
- nausea
- diarrhea
- vomiting

What You Should Do If You Think You Have the H1N1 Flu

- Stay home from work or school until at least 24 hours after your fever has ended.

- Avoid contact with other people as much as possible to keep from spreading your illness to others.

- Contact your health care provider.

- People infected with H1N1 influenza are potentially contagious from the day before the start of symptoms until they are no longer symptomatic, and possibly for up to 7 days following the start of symptoms. Children, especially younger children, might be contagious for longer periods.

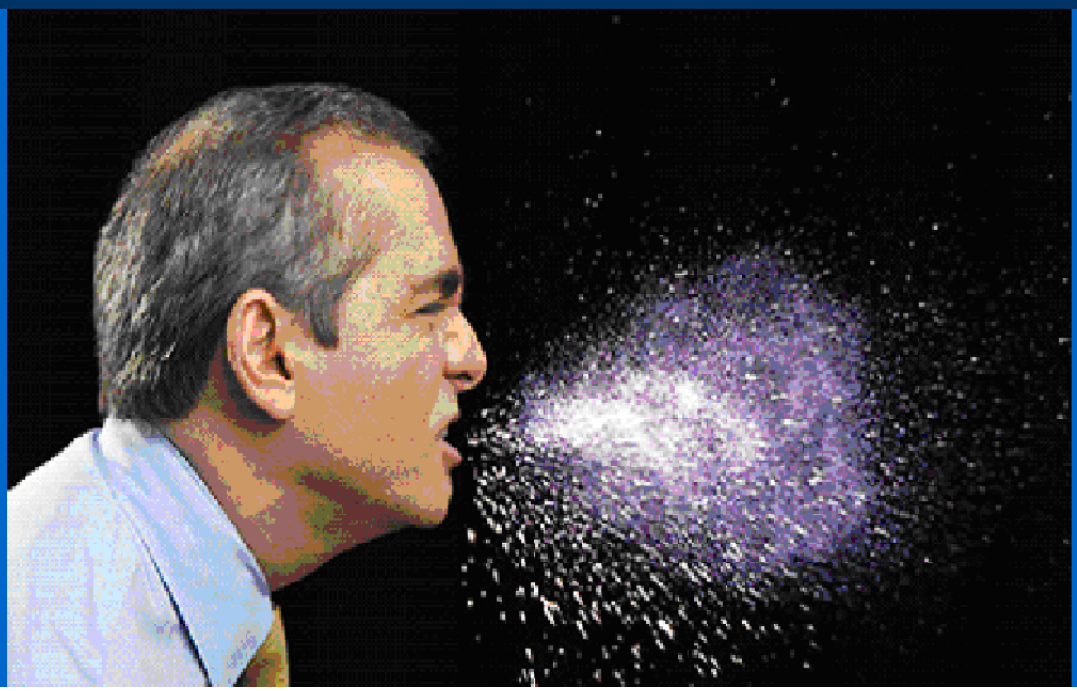
ROUTES OF TRANSMISSION: HOW THE H1N1 FLU IS SPREAD

- Droplet transmission: A person can catch the virus when an infected individual near them (usually within six feet) coughs, sneezes or even talks. Large droplets containing the virus can infect a person when the droplets come into direct contact with the person's nose, mouth and eyes.

- Airborne transmission: A person can catch the virus when an infected individual coughs or sneezes and small droplets/particles containing the virus remain suspended in the air. These droplets/particles are small enough to be breathed in by a person. We do not know how far these small droplets can travel or how long they can last suspended in the air. Someone could get infected by breathing in the small droplets/particles even though they are not near an infected individual.

- Contact transmission: A person can catch the virus when they touch an infected individual or an object or surface that is contaminated with the virus and then touch their own mouth, eyes, or nose. It is not known exactly how long the flu virus can live for on nonporous surfaces like handrails, doorknobs, tables, and desks – some sources say 24 to 48 hours.

How Can Influenza Spread?



Which Workers are Most at Risk of Being Exposed to H1N1 Flu on the Job

- **Level of risk depends on whether or not job requires employee to work near or around people who may have the virus, or whether employee is required to have repeated or extended contact with people who have or are suspected to have the virus (such as coworkers, the general public, outpatients, or school children).**

  - Very high exposure risk jobs and high exposure risk jobs – high potential for exposure to known or suspected sources of pandemic influenza virus; mostly health care and emergency services workers
  - Medium exposure risk jobs – require frequent, contact with known or suspected sources of H1N1 virus; like workers in high population density work environments, schools, correctional institutions, airplanes, high volume retail, the general public, outpatients
  - Lower exposure risk jobs – do not require contact with people known to be infected with the H1N1 virus, nor frequent contact with the public; like office employees

- **The higher the risk, the more protection employers should provide for workers.**

Some Ways to Protect Yourself from Catching the H1N1 Flu

- Cover your nose and mouth with a tissue when you sneeze
- Wash your hands often
- Avoid touching your eyes, nose, or mouth
- Avoid shaking hands (and always wash your hands after physical contact with others)
- Try to avoid close contact with sick people
- Avoid or minimize your time in crowded settings and other situations that increase your risk of being exposed to someone who may be infected

What Surgical Masks Look Like

What Respirators Look Like

Disposable

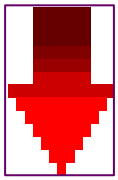
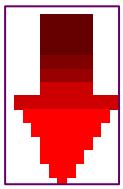
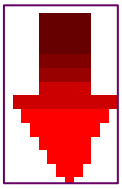
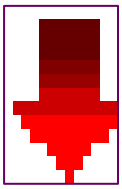
Reusable Elastomeric – Half Face Piece

PAPRS (Powered air purifying respirators)

Components of a Workplace Exposure Control Program for Pandemic Flu

- Develop a written exposure control plan
- Decide on the best ways to control the spread of the virus (using the hierarchy of controls)
- Monitor workers' health
- Train workers
- Post warning signs and labels
- Keep the workplace clean
- Keep good worker medical records

Hierarchy of Controls for Pandemic Flu

	Control Methods	*Description*	*Flu-related examples*
Most effective 	Engineering Controls	Modify the workplace to reduce worker exposure to the hazard	• Ventilation • Sneeze/cough guards • Distance between people
	Work Practices and Administrative Controls	Modify how work is done, workplace policies and procedures	• Infection control • Voluntary Vaccination • Training • Leave policies and scheduling
  *Least effective*	Personal Protective Equipment (PPE)	Protective equipment worn by workers	• Gloves • Disposable clothing • N95 or more protective respirators

Usually a combination of control methods is needed to provide the best protection to workers

Pandemic Flu Workplace Programs and Policies That Should Be In Place

- Comprehensive infection control program
- Paid sick leave
- Paid family leave
- No punishment of workers for staying home because of their own sickness or a family member
- Work from home when possible
- Work shift flexibility and shifts that start at different times (if fewer workers are at work at the same time, the risk of being exposed to the virus goes down)
- Elimination of unnecessary travel

C. Sources Of Information On H1N1 Flu 15 minutes

Overview Of Activity

This is a large group activity where participants list different sources of information for H1N1 influenza.

Items Needed To Lead This Activity

- Two flip charts, standing next to each other. On the first pages of both flip charts, make the following chart (use the two flip charts as if they were one wide chart):

SOURCES OF INFORMATION

Members/Workers	Union	Employer	Government	Other

- Resource Handout: "Websites on H1N1 Influenza"

- Flip chart markers

How To Lead This Activity

1. Introduction

- Tell participants that this is an activity to explore what kinds of information are available about H1N1 influenza.

- Ask participants to think about the kinds of information they have gotten which helped them identify or understand more about a particular hazard or hazards in their workplaces and where they have gotten it from. Lead a

short discussion on this.

- Then ask participants to do the same for H1N1 flu – what information could they get that would help them understand more about H1N1 in their workplace and where could they get it from.

- Turn to the pages of the flip chart that have been prepared, with the chart heading that looks like this:

SOURCES OF INFORMATION

Members/Workers	Union	Employer	Government	Other

- Review the categories on the chart and explain to participants that these are different sources of information about H1N1 influenza.

- As participants volunteer ideas, ask where they would get that information. Write each item in the appropriate category. A completed chart could look something like this:

SOURCES OF INFORMATION

Members/ Workers	Union	Employer	Government	Other
•Personal experience of anyone who has had H1N1	•Health and Safety Committee •Fact sheets •Union-sponsored training	•Employer's infection control program and policies related to pandemic flu •Training on flu prevention and control	•OSHA •CDC (Centers for Disease Control) •NIOSH (National Institute of Occupational Safety and Health) •State Health Departments	•World Health Organization •Health and Safety organizations •Health and Safety journals

- Facilitator should add to the chart any of the above sources of information that have not been suggested by participants.

2. Discussion/Conclusion

- Remind participants that there is a lot of information out there and they need to look for what is helpful in their particular workplace situation.

- Distribute Resource Handout: "Websites on H1N1 Influenza".

- Also remind participants that they may find conflicting information and that if they do, they should check with their international union safety and health department.

- Sum up this activity by emphasizing that gathering information about H1N1 flu is an important task for the union. It is also an opportunity to get workers involved by having them do the job of gathering the information.

Resource Handout
WEBSITES ON H1N1 INFLUENZA

OSHA (Occupational Safety and Health Administration)
http://www.osha.gov/dsg/topics/pandemicflu/index.html

CDC (Centers for Disease Control)
http://www.cdc.gov/h1n1flu

NIOSH (National Institute for Occupational Safety and Health)
http://www.cdc.gov/niosh/topics/H1N1flu

U.S. Department of Health and Human Services
http://www.flu.gov

WHO (World Health Organization)
http://www.who.int/csr/disease/swineflu/en/index.html

State Health Department Websites
http://www.cdc.gov/h1n1flu/states.htm

D. Mapping Your Workplace for H1N1 Risk 60 minutes

Overview Of Activity

In a large group, participants review the different ways H1N1 flu can be transmitted. Then, in small groups, participants map their workplace(s) to identify risk of exposure to H1N1 flu. They do this by drawing a diagram of the workplace and noting the location and level of risk of possible H1N1 exposures by using colored dots. This activity involves workers in identifying the work hazard of H1N1 flu, raises awareness of H1N1 flu risk in the workplace, and helps participants develop priorities for protecting workers from H1N1 flu.

Items Needed To Lead This Activity

- Resource Handout: "Routes of Transmission of the Flu – How the Flu is Spread"
- Resource Handout: "Risk of Exposure to H1N1 Flu on the Job"
- Activity Handout: "H1N1 Risk Mapping"
- One set of ¾ inch "sticky dots" in three different colors for each group (preferably red, blue, green to match the color code on Activity Handout: "H1N1 Risk Mapping") (Note: any three color dots will do; if colors other than the above are used, modify the color scheme used in the Activity Handout: "H1N1 Risk Mapping")
- Flip chart
- Flip chart markers (for facilitator, and one for each small group)
- Black felt tip markers (one for each small group)
- Tape

How To Lead This Activity

1. Introduction

- Explain that in this activity we will look at our own workplaces and determine the most likely ways workers might be exposed to the H1N1 flu.

- Tell participants that we are first going to review some of the basic information about how the flu is spread. Ask who remembers the three "routes of transmission" we discussed earlier. Try to elicit as much of this information from participants as possible and discuss. Then distribute Resource Handout: "Routes of Transmission – How the Flu is Spread," and review any information not covered in the discussion.

- Tell participants that the other important issue concerning the spread of H1N1 has to do with what "level of risk" particular workplaces and workers face. Ask who remembers the different levels of exposure risk. Try to elicit as much of this information from participants as possible and discuss. The distribute Resource Handout: "Risk of Exposure to H1N1 Flu on the Job" and review any information not covered in the discussion.

2. Introduction to Activity Part 1, Mapping Your Workplace

- Tell participants that we are now going to map our workplaces. This is an activity generally referred to as hazard or risk mapping.

- Ask if anyone has ever done risk or hazard mapping. If anyone has, ask them if they can explain what it is.

- Explain that hazard mapping is an activity where we create a "hazard" or "risk" map of a workplace that helps to identify health and safety problems. Hazard or risk mapping is a tool that is used by workers and unions to locate hazards and identify priorities for correction.

- Explain that we are going to do a version of this kind of mapping where we create a risk map to identify potential problems with H1N1 flu.

- Assign people to small groups, and consider the following in assigning people to groups:

    - ♦ If participants are all from the same workplace, group together participants from the same or similar departments or job classifications; or,

    - ♦ If participants are from different workplaces, group together people from the same or similar types of workplaces/industries. For example, if there are several health care workers, they can be a group; if there are several participants from manufacturing workplaces, they can be a group; if there are several participants from office settings, they can be a group.

- Once participants are divided into small groups, have each group gather around a table or a section of a table.

- Distribute the following to each small group:

    - ♦ A flip chart page,
    - ♦ A flip chart marker,
    - ♦ Activity Handout: "H1N1 Risk Mapping", and
    - ♦ A set of "sticky dots" in 3 different colors (matching the colors in the Activity Handout).

- If participants are from more than one workplace, ask each group to choose one of the workplaces represented in the group to map.

- Review the following instructions for mapping a workplace:

    - ♦ A participant from the workplace should draw a floor-plan or map of the workplace or of a department, floor, or section of a workplace. Make sure to include the following (write this on a flip chart):
        - ▪ Different departments or sections (if the map is of an entire workplace),
        - ▪ Machinery and equipment,
        - ▪ Workstations and furniture,
        - ▪ Storage areas,

    - Doors and windows,
    - Where workers are located, and
    - Where other people are located (clients, patients, customers, the public, etc.)

  - Next, participants should note on the map the possible ways workers could be exposed to H1N1 flu (the different types of transmission) by using the sticky dots according to the color code. Read aloud the first page of Activity Handout: "H1N1 Risk Mapping," which is called "Color Codes for Types of Transmission."

  - For example;

    - if workers work within approximately six feet of each other, you could put a red dot next to them to indicate possible droplet transmission, and
    - if workers are in frequent or close contact with the public, you could put a blue dot next to them to indicate possible airborne transmission.

  - Tell participants not to look at the second page of the Activity Handout now. Tell them we will come back to it later.

- If participants are in a mixed group (from different workplaces) and the workplace being mapped is not their own, tell them they can help by asking questions about the workplace being drawn.

- Tell participants that each small group should choose a reporter to present the map to the whole group. That person should be prepared to briefly explain 1) the workplace, 2) what jobs and tasks the workers do, 3) the routes of transmission that are noted by the dots, and 4) why the group put the dots at the particular locations on the map. In addition, facilitator should write these instructions on a flip chart so participants can refer back to them.

- Tell small groups they have 10 minutes to complete the map.

3. Facilitator Role During Small Groups

- While small groups are engaged in their task, facilitator should walk around among the various groups and assist with any questions they may have.

- Give each group a "two minute warning" when they have two more minutes to complete the activity.

4. Report Back

- Have all the groups tape their maps to a wall where everyone can see them.

- Have one group volunteer to go first to present their map. The group reporter should briefly explain 1) the workplace, 2) what jobs and tasks the workers do, 3) the routes of transmission that are noted by the dots, and 4) why the group put the dots at the particular locations on the map.

- Then have another group volunteer to present their map, until all of the groups have presented. (Note: If time is limited, not all groups need to present their maps to the larger group. The main goal of this activity is to give participants a sense of how to construct a map for their own workplace.)

5. Introduction to Activity – Part 2, Mapping Your Workplace for Level of Risk of Exposure to H1N1

- Explain that now we are going to look at our maps one more time and think about the level of risk of exposure to H1N1.

- Tell participants to look at the second page of Activity Handout: "H1N1 Risk Mapping," which is called "Level of Risk of Exposure". Facilitator should read aloud this page.

- Ask if anyone has any questions about what this means.

- Distribute one black felt tip marker to each group and tell each group to:

    - ♦ take the marker and the handout,
    - ♦ go to their map,
    - ♦ discuss how many checks should go on each dot and why,
    - ♦ put on the appropriate number of checks on each dot, and
    - ♦ choose a reporter to present their completed map to the large group and explain it.

- Tell groups they have 5 – 7 minutes to complete this task and that they should return to their seats with their group when they are finished.

6. Report Back

- Have one group volunteer to go first to present their map. The reporter for the group should explain the reasons they decided on the number of checks (level of risk of exposure) for each dot.

- Then have another group volunteer to present their map and reasons for the number of checks for each dot.

- If time is limited, not all groups need to present their maps to the larger group.

7. Discussion and Conclusion

- Ask participants what they learned from this activity. (Answers could include that the activity helped them to think about the different ways H1N1 could be transmitted in their workplaces, and helped them to understand what level of risk could be faced by their co-workers).

- Ask participants if they see similarities in the maps that were presented, and what those similarities are.

- Ask participants how they could use these maps. Answers could include the following (if any of the following ideas or concepts do not come up in the discussion, the facilitator can add them):
    - ♦ Gain an understanding the different ways people could come in

contact with H1N1 at their workplace and where in the workplace they could have these contacts,

- ♦ Gain an understanding of how serious the risk of exposure is for people at their workplace, and
- ♦ Use these maps to help develop a plan to protect workers from H1N1 at work, including setting priorities and appropriate protections.

- Sum up this activity by noting that risk mapping is one of the best visual tools available for identifying hazards, and can be particularly helpful when used to identify H1N1 risks.

- Explain that the map should just be one step in the process of developing a plan and policies to protect workers from H1N1. Gathering the information about exposure risk is an essential step, but it is not a plan – it is part of the information on which a plan and policies should be based.

- The next step should be to consider how best to protect workers from the exposure risks present at the workplace.

Note for facilitator: Activity E, Protecting Workers from H1N1 Flu, should be done following this activity.

Resource Handout
ROUTES OF TRANSMISSION OF THE FLU – HOW THE FLU IS SPREAD

The three most likely ways the flu is spread (inside and outside of the workplace) are:

- Droplet transmission: A person can catch the virus when an infected individual near them (usually within six feet) coughs, sneezes or even talks. Large droplets containing the virus can infect a person when the droplets come into direct contact with the person's nose, mouth and eyes.

- Airborne transmission: A person can catch the virus when an infected individual coughs or sneezes and small droplets/particles containing the virus remain suspended in the air. These droplets/particles are small enough to be breathed in by a person. We do not know how far these small droplets can travel or how long they can last suspended in the air. So someone could get infected by breathing in the small droplets/particles even though they are not near an infected individual.

- Contact transmission: A person can catch the virus when they touch an infected individual or an object or surface that is contaminated with the virus and then touch their own mouth, eyes, or nose. It is not known exactly how long the flu virus can live on nonporous surfaces like handrails, doorknobs, tables, and desks – some sources say 24 to 48 hours.

Resource Handout
RISK OF EXPOSURE TO H1N1 FLU ON THE JOB

The level of risk of being exposed to H1N1 flu on the job depends in part on 1) whether or not a job requires a worker to work near or around people who may have the virus, or 2) whether a worker is required to have either repeated or extended contact with people who may have the virus. The higher the risk, the more protection employers should provide for workers. Most workers in the U.S. are in "medium risk" jobs as described below.

Very high exposure risk jobs:

Jobs with high potential exposure to high concentrations of known or suspected sources of H1N1 flu during specific medical or laboratory procedures. This includes:

- Healthcare employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, some dental procedures, or invasive specimen collection).
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).

High exposure risk jobs:

Jobs with high potential for exposure to known or suspected sources of pandemic influenza virus. This includes:

- Healthcare delivery and support staff exposed to known or suspected H1N1 patients (for example, doctors, nurses, and other hospital staff who must enter patients' rooms).
- Medical transport of known or suspected H1N1 patients in enclosed vehicles (for example, emergency medical technicians).
- Personnel who perform autopsies on known or suspected H1N1 patients (for example, morgue and mortuary employees).

Medium exposure risk jobs:

Jobs that require frequent contact with known or suspected sources of H1N1 virus such as coworkers, the general public, outpatients, school children or other such individuals or groups. This includes:

- Employees with high-frequency contact with the general population (such as employees who work in schools, correctional institutions, airplanes, high population density work environments, and high volume retail).

Lower exposure risk jobs:

Jobs that do not require contact with people known to be infected with the H1N1 virus, nor frequent contact with the public. This includes:

- Employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).

Also, critical infrastructure and key resource employees (such as law enforcement, emergency response, and public utility employees) could be considered high risk because the services they provide are necessary for the functioning of society, and because of the potential difficulties in replacing them during a pandemic (for example, due to extensive training or licensing requirements).

Activity Handout
H1N1 RISK MAPPING

Color Codes for Types of Transmission

Red — **Droplet Transmission** (A worker can catch the virus when an infected individual near the worker [usually within six feet] coughs, sneezes or even talks. Large droplets containing the virus can infect the worker when the droplets come into direct contact with the worker's nose, mouth and eyes.)

Blue — **Airborne transmission** (A worker can catch the virus when an infected individual coughs or sneezes and smalldroplets/particles containing the virus remain suspended in the air. These droplets/particles are small enough to be breathed in by a worker. It is unknown how far these small droplets can travel or how long they can last suspended in the air.)

Green — **Contact transmission** (A worker can catch the virus when he/she touches an infected individual or an object or surface that is contaminated with the virus and then touches his/her own mouth, eyes, or nose. It is not known exactly how long the flu virus can live on nonporous surfaces like handrails, doorknobs, tables, desks, computer keyboards/mouse, and telephones – some sources say 24 to 48 hours.)

Level of Risk of Exposure

On each dot, put either one, two or three checks to represent the level of risk of exposure to workers.

✓ One check = low exposure risk (worker's job does not require contact with people known to be infected with the H1N1 virus, nor frequent contact with the public)

✓ ✓ Two checks = medium exposure risk (worker's job requires frequent contact with the general population)

✓ ✓ ✓ Three checks = high exposure risk (worker's job has high potential for exposure to known or suspected sources of pandemic influenza virus)

E. Protecting Workers from H1N1 Flu 60 minutes

Overview Of Activity

In this activity, participants learn how to use the hierarchy of controls to determine appropriate control methods to best protect workers from H1N1 flu. In a small group activity, participants apply the hierarchy of controls to their particular workplace to determine the most effective controls to protect workers from H1N1.

Items Needed To Lead This Activity

- H1N1 Risk Maps from Activity D, Mapping Your Workplace for H1N1 Risk
- Resource Handout: "Hierarchy of Controls for Pandemic Flu"
- Resource Handout: "Ways to Control the Spread of the H1N1 Virus at Work"
- Resource Handout: "Ways to Control the Spread of the H1N1 Virus at Work – Additional Information for Health Care Settings"
- Activity Handout: "Controlling H1N1 at Your Workplace"
- Flip chart
- Flip chart markers
- Tape

How To Lead This Activity

1. Introduction to Ways to Protect Workers from H1N1 and the Hierarchy of Controls

- Explain that in this activity, we will look at possible ways to protect workers from exposure to H1N1 at work.

- Explain hazard control using the following as a guide:

    - ♦ In general, methods for eliminating or reducing safety and health hazards at work are called "hazard controls". While there are many different types of hazards, there are certain principles guiding hazard control that apply to all hazards.

    - ♦ There is an order or priority when it comes to evaluating controls. This is called the "hierarchy of controls". The best controls are those that work at the source of the problem; the least desirable are those that control the exposure when it gets to the worker. The further from the source, the less desirable or effective is the control.

- Explain that earlier in this training we discussed the "hierarchy of controls," specifically for protecting workers from H1N1 flu.

- Distribute Resource Handout: "Hierarchy of Controls for Pandemic Flu" and tell participants to review. Explain the following:

    - ♦ The best way to control a hazard is to eliminate it and remove the danger. Elimination is not on this chart because with H1N1 it is close to impossible to completely eliminate the flu from the workplace.

    - ♦ The use of hierarchy of controls is a process – as individual control measures are put in place, you need to go back and re-evaluate to see if protection for workers has reached an acceptable level or if additional controls are still needed.

- ♦ For H1N1 (as well as for other workplace hazards), more than one control measure may be needed to address the risk.

- Tell participants that you are going to go into more detail about controls for pandemic flu. Distribute Resource Handout: "Ways to Control the Spread of the H1N1Virus at Work" – review content with participants (one option is to read it aloud using four or five volunteer readers). If there are health care workers present, distribute Resource Handout: "Ways to Control the Spread of the H1N1 Virus at Work – Additional Information for Health Care Settings" to these participants and explain that this supplements the other resource handout.

2. Introduction to Activity

- Explain that we are now going to do an activity using the information we learned from our H1N1 risk maps.

- Distribute Activity Handout: "Controlling H1N1 at Your Workplace". Read aloud.

- Tell participants to go back to their H1N1 risk map with their small group. Each group should pick three risks that have two or three checks and come up with list of 3 controls for each. Use the Resource Handout: "Ways to Control the Spread of the H1N1 Virus at Work" to structure your ideas. Each group should pick a reporter who will report back to the whole group.

- Tell small groups they have 10 minutes to complete the activity.

3. Facilitator Role During Small Groups

- While small groups are engaged in their task, facilitator should walk around among the various groups and assist with any questions they may have.

- Give each group a "two minute warning" when they have two more minutes to complete the activity.

4. Report Back

- Have one group volunteer to go first and report on one risk. The reporter should explain the risk and the controls.

- Ask the rest of the group what they think about the controls. Are they in the correct order? Ask if anyone can think of other more protective controls.

- Also discuss the issue of what participants think is "doable" – are these controls that could actually be implemented at their workplaces if employers were agreeable?

- Then have another group report on one risk, until all of the groups have presented on at least one risk.

- Ask participants if they see any patterns in their responses.

- Ask participants what they learned from doing this activity.

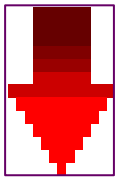
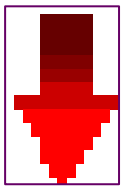
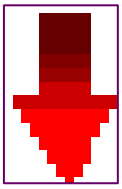
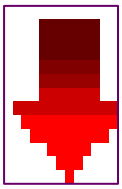
5. Conclusion

- Explain that this is the kind of process that each workplace needs to go through to figure out how to best protect workers from H1N1 flu.

- If participants work primarily in health care settings, explain that we will now move on to look at a very particular kind of control, respirators. Respirators need to be given particular attention in any health care setting because many workers may be at high risk of being exposed to H1N1 flu.

- If participants work primarily in other than health care settings, explain that we will now move on to look at what a comprehensive H1N1 plan and policy should look like and what the role of the union is in developing and monitoring such a plan and policy.

Hierarchy of Controls for Pandemic Flu

	Control Methods	*Description*	*Flu-related examples*
Most effective 	Engineering Controls	Modify the workplace to reduce worker exposure to the hazard	• Ventilation • Sneeze/cough guards • Distance between people
	Work Practices and Administrative Controls	Modify how work is done, workplace policies and procedures	• Infection control • Voluntary vaccination • Training • Leave policies and scheduling
  *Least effective*	Personal Protective Equipment (PPE)	Protective equipment worn by workers	• Gloves • Disposable clothing • N95 or more protective respirators

Usually a combination of control methods is needed to provide the best protection to workers

Resource Handout
WAYS TO CONTROL THE SPREAD OF THE H1N1 VIRUS AT WORK

Examples of Engineering Controls [engineering controls keep workers from coming into contact with the flu virus; this is done by making changes to the work environment to reduce worker exposure to H1N1]

- Permanent or portable (moveable) ventilation systems
- Partitions separating workers from the public (like you see in some banks)
- Drive through service
- Special isolation rooms for infected workers

Examples of Work Practices [work practices are used to reduce the length, frequency or intensity of exposure to a hazard; they rank lower in protecting workers because (1) workers are still exposed to the hazards, and (2) their effectiveness is dependent on consistent implementation by management and workers]

- Provide resources and a work environment that promote respiratory hygiene and cough etiquette; for example, supply tissues, no-touch trash cans, hand soap, hand sanitizer, disposable towels
- Enforce respiratory hygiene and cough etiquette (hand washing/cleaning, covering coughs, sneezes, etc.)
- Establish and implement protocols for cleaning of surfaces that are frequently touched and could be contaminated, like telephones and computers
- Keep eating, drinking, or smoking away from areas where workers might come into contact with the virus
- Stop or reduce the practice of sharing desks or other office equipment
- Avoid close contact with co-workers, customers and clients
- Provide up-to-date education (and training materials) for workers on H1N1 risk factors and methods to prevent exposure (in the appropriate languages and literacy levels for all workers)
- Encourage workers to get the H1N1 vaccine and the seasonal influenza vaccine

Examples of Administrative Controls [administrative controls are changes the employer makes to the work policies, schedules, or job tasks in order to reduce exposure; they rank lower in protecting workers because (1) workers are still exposed to the hazards, and (2) their effectiveness is dependent on consistent implementation by management and workers]

- Allow and encourage workers to stay home when they or a family member are sick, with no loss in pay or discipline
- Reduce contact between workers by using email, phone calls, and teleconferences
- Set up flexible work hours to reduce the number of workers at the workplace at the same time
- Allow workers to work from their homes
- Decrease work-related travel so that workers are not exposed to other high risk workplaces
- Limit unnecessary visitors to the workplace

Examples of Personal Protective Equipment (PPE) [protective equipment worn by workers; generally the least effective way to protect workers from a hazard, however, use of PPE is important during a flu pandemic; type of PPE chosen must follow the guidelines found in OSHA Standard 1910.132]

- Respirators (which are covered by a separate OSHA Standard 1910.134)
- Gloves
- Disposable clothing
- Face shields
- Aprons
- Goggles
- Disposable shoe covers

Resource Handout
WAYS TO CONTROL THE SPREAD OF THE H1N1 VIRUS AT WORK –
ADDITIONAL INFORMATION FOR HEALTH CARE SETTINGS

Elimination of Sources of Infection

- Postpone elective visits and procedures for patients with suspected or confirmed influenza until they are no longer infectious
- Deny healthcare facility entry to those wishing to visit patients if the visitors have suspected or confirmed influenza
- Minimize outpatient and emergency department visits for patients with mild influenza-like illness who do not have risk factors for complications
- Keep personnel at home while they are ill to reduce the risk of spreading influenza

Engineering Controls

- Install partitions (like transparent panels/windows/desk enclosures) in triage areas as physical barriers to shield staff from respiratory droplets
- Use local exhaust ventilation (like hoods, tents, or booths) for aerosol-generating procedures
- Use hoods for the performance of laboratory manipulations that generate infectious aerosols
- Use ventilation controls in ambulances
- Install hands-free soap and water dispensers, and receptacles for garbage and linens to minimize environmental contact
- Use negative pressure isolation rooms (also called airborne infection isolation room – AIIR) for patients with known or suspected H1N1 [note that these rooms have three features: 1) air in the room cannot leak out into the rest of the facility because there is a powerful fan pulling air out of the room, 2) all air that leaves the room goes directly outside the building, 3) there is a sign on the door to keep other people out]
- Use closed suctioning systems for airways suction in intubated

patients
- Use high efficiency particulate filters on mechanical and bag ventilators
- Ensure effective general ventilation and thorough environmental surface hygiene

Work Practices and Administrative Controls

- Vaccinate as much of the healthcare workforce as possible
- Identify and isolate patients with known or suspected influenza infections
- Implement respiratory hygiene/cough etiquette programs
- Set up triage stations, manage patient flow, and assign dedicated staff to minimize the number of healthcare personnel exposed to those with suspected or confirmed influenza
- Screen personnel and visitors for signs and symptoms of infection at clinic or hospital entrances or badging stations and respond appropriately if they are present
- Adhere to appropriate isolation precautions
- Limit the number of persons present in patient rooms and during aerosol-generating procedures
- Arrange seating to allow 6 feet between chairs or between families when possible
- Ensure compliance with hand hygiene, respiratory hygiene, and cough etiquette
- Make tissues, facemasks, and hand sanitizer available in waiting areas and other locations
- Establish protocols for cleaning of frequently touched surfaces throughout the facility (elevator buttons, work surfaces, etc.)
- Locate signs in appropriate language and at the appropriate reading level in areas to alert staff and visitors of the need for specific precautions
- Place facemasks on patients, when tolerated, at facility access points (like emergency rooms) or when patients are outside their rooms (like for diagnostic testing)
- Place facemasks on patients during transport, when tolerated; limit transport to that which is medically necessary; minimize delays and waiting times during transport

Personal Protective Equipment (PPE)

- Wear appropriate gloves, gowns, facemasks, respirators, eye protection, and other PPE (provided by the employer)

Note on PPE: Focusing on engineering controls, work practices and administrative controls will reduce the need to rely on PPE, including respirators. This is especially important during a pandemic, when shortages of respirators are possible.

Activity Handout
CONTROLLING H1N1 AT YOUR WORKPLACE

PURPOSE

To understand ways to reduce exposure to H1N1 flu at your workplace.

TASKS

Look at the H1N1 risk map your group created. As a group, choose three risks that have two or three checks and come up with list of three effective controls for each. List the controls in order from most effective to least effective.

---

1. Describe risk (where located, type of transmission, who is affected, etc.)

Control #1:

Control #2:

Control #3:

2. Describe risk (where located, type of transmission, who is affected, etc.)

Control #1:

Control #2:

Control #3:

3. Describe risk (where located, type of transmission, who is affected, etc.)

Control #1:

Control #2:

Control #3:

F. H1N1 Flu Plans and Policies 45 minutes

Overview Of Activity

In this activity, in a large group, participants discuss the components of a plan for protecting workers from H1N1 flu. In small groups, participants then evaluate an employer policy.

Items Needed To Lead This Activity

- Resource Handout: "Components of a Plan and Policies for Protecting Workers from Pandemic Flu"
- Activity Handout: "Evaluating an H1N1 Policy"
- Flip chart
- Flip chart markers
- Tape

How To Lead This Activity

1. Introduction

- Explain to participants that we will now review what should be contained in a workplace plan or policy for H1N1 flu. (This was covered earlier in Activity B, Basic Facts About Pandemic Flu and the H1N1 Virus).
- Distribute Resource Handout: "Components of a Plan and Policies for Protecting Workers from Pandemic Flu" and read aloud (or ask for some volunteer readers). Stress the importance of having a comprehensive plan to protect workers – plan should cover all of these components.
- Ask if participants have any questions.

2. Discussion of Participants' Experiences

- Ask if anyone has a pandemic flu plan or policy at their workplace. If yes, lead a discussion about participants' experiences. Use the following questions as a guide:
    - ♦ Do they know what the plan says?
    - ♦ How do they know what it says? (for example, policy was distributed, employees were trained in policy, etc.)
    - ♦ Has plan/policy actually been put into effect?
    - ♦ Was the plan/policy negotiated with the union?
    - ♦ Are there things missing from the plan which should be covered? If yes, what are they?

- Sum up participants' experiences. (Note: It is likely that very few or no participants will have a plan/policy at their workplace; and for those who do, the plan/policy may be inadequate.)

3. Introduction to Activity

- Tell participants that we are now going to review an actual employer H1N1 policy.

- Distribute: Activity Handout: "Evaluating an H1N1 Policy" and read aloud first page. Explain that the following pages are the employer policy (but do not read aloud).

- Divide participants into small groups of 5 – 7.

- Tell small groups they have 10 minutes to complete the activity.

4. Facilitator Role During Small Groups

- While small groups are engaged in their task, facilitator should walk around among the various groups and assist with any questions they may have.

- Give each group a "two minute warning" when they have two more

minutes to complete the activity.

5. Facilitator Preparation for Report-Back

- Before beginning report back, prepare two flip charts on which to list participants' responses

- One flip chart with the following:

Yes	*No*	
___	___	*a written plan*
___	___	*an infection control plan which details how workers will be protected from the flu*
___	___	*a medical surveillance program (monitoring worker's health) and keeping good medical records*
___	___	*training for workers and management on H1N1*
___	___	*posting of warning/informational signs*
___	___	*a plan for cleaning the workplace*
___	___	*personnel policies (sick leave, working from home, etc.)*

- Second flip chart with line drawn down the middle; on one side write title "areas covered adequately" – on other side titled "areas not covered adequately".

- Answers to Activity Handout are as follows (use these in leading the report back discussion below):

    - ♦ #1:
        - Areas the employer plan covers: only covers a few of the components – a written plan, medical surveillance, and personnel policies (sick leave, encourage workers to go/stay home when have influenza like symptoms)
        - Areas the plan does not cover: infection control plan, training, warning signs, cleaning

    - ♦ #2: For the areas that the employer plan covers, does it cover them adequately? If yes, why? If not, what's missing (or what's incorrect)?

- Covers some personnel policies adequately:
    - Telling employees who call in sick that if they have flu-like symptoms they should stay home until certain point
    - Telling employees who have flu-like symptoms at work to go home (not just giving them permission to go home)
    - Use of sick leave allowed without a medical verification (doctor's note)
    - Allowing workers with flu-like symptoms to use sick leave, vacation leave and other paid leave; and when paid leave used up or unavailable, to take unpaid leave
    - Allowing workers to make up the time missed as an alternative to taking paid leave
    - Notification of other workers who may have been exposed
    - Name of employee(s) with flu-like symptoms not revealed to others
    - Allowing some employees to work from home from home
    - Doesn't cover adequately: no provision for paid time off if have used up all accrued paid time off

- Covers some provision of information adequately: all employees to be given a document with information on symptoms, staying home, not needed doctor's note, and when to see your doctor.

- Areas covered but not adequately: What flu-like symptoms consist of (not a complete explanation); medical surveillance (requires reporting to University Health Services, but doesn't require tracking who is infected)

- Have one group volunteer to go first and report on his/her group's answers. Discuss the answers and what the policy says/doesn't say on these issues.

- Facilitator should take notes on two flip charts from each group's report.

- Then have another group volunteer to present their answers, until all of the groups have presented. Discuss after each group reports. (Note: If time is limited, not all groups need to present.)

- Sum up groups' findings. Explain that this is a partial plan – covers some areas but completely ignores others. This is often what you see if employer has any plan at all.

6. Conclusion

- Explain that this is why it is important to have the union is involved in developing and monitoring any pandemic flu plans/policies – so that the plans/policies are 1) comprehensive, 2) adequately protect workers and 3) are actually put into practice.

- Every workplace should have a pandemic flu plan and policies, preferably as an integral part of an overall emergency plan.

- All employees should know what the plan and policies are and be trained in them.

- Note for facilitator: If next section, G. What the Union Can Do – Negotiating a Pandemic Flu Plan and Policies, will be taught, explain that what we're going to do next is to work on how the union can get involved to ensure that workers are adequately protected from pandemic flu.

Resource Handout
COMPONENTS OF A PLAN AND POLICIES FOR PROTECTING WORKERS FROM PANDEMIC FLU

1. Develop and implement a written exposure control plan which identifies:

- Workers who are more likely to be exposed to the virus
- Activities and locations in a workplace that could expose workers to the virus
- Ways for finding out if a worker has come into contact with the virus
- Guidelines for putting plan and policies into action

2. Decide on and implement best, most effective ways to control spread of the virus:

- Follow "hierarchy of controls"
- Use engineering controls which are the best way to control the spread of the virus
- Also important are safe work practices, administrative controls, and personal protective equipment

3. Monitor workers' health:

- Set up a medical surveillance program which includes: identification of workers who may be sick with the flu and steps to take with infected workers
- Keep records of how the employer has followed workers' health:
  - ♦ Detailed records should be kept on each worker who becomes infected with the pandemic flu virus – how they got it and where
  - ♦ Employers must allow workers and their unions to see and have copies of these records under OSHA's Standard 1910.1020

4. Train management and workers on:

- Ways to catch the virus at work
- Symptoms of pandemic flu
- Methods to prevent the flu virus from spreading
- Medical surveillance program to monitor workers' health

- OSHA's Respiratory Protection Standard and Compliance Directive on H1N1 (where applicable)

5. Post warning signs:

- Post warning signs that tell workers and others where they can come into contact with the virus
- Signs should also explain how workers and others can protect themselves from exposure

6. Keep the workplace clean:

- Implement a program for cleaning and disinfecting equipment and surfaces that could be contaminated
- Include guidelines for handling and throwing away contaminated waste

7. Continue or establish personnel policies

- Encourage workers to stay home when they have flu-like symptoms
- Paid sick leave (so workers can stay home when they have or may have the flu)
- Paid family leave (so workers can stay home to take care of sick family members who have or may have the flu)
- No punishment for workers who stay home for own sickness or sickness of family member
- Work from home when possible
- Work shift flexibility (if fewer workers are at work at the same time, the risk of being exposed to the virus goes down)
- Eliminate unnecessary travel

Activity Handout
EVALUATING AN H1N1 POLICY

PURPOSE

To review and evaluate an H1N1 policy to determine whether it covers all the necessary areas and to determine whether information it provides on the flu is adequate and correct.

TASKS

Look at the attached employer policy. First, individually read the policy and answer the questions below. Then, as a group, share your answers and come up with one group answer to each question. Choose a reporter to share your answers with the large group.

---

1. Review Resource Handout: "Components of a Plan and Policies for Protecting Workers from Pandemic Flu". See if the employer policy covers all of these areas noted in the Resource Handout.

Yes	No	
___	___	a written plan
___	___	an infection control plan which details how workers will be protected from the flu
___	___	a medical surveillance program (monitoring worker's health) and keeping good medical records
___	___	training for workers and management on H1N1
___	___	posting of warning/informational signs
___	___	a plan for cleaning the workplace
___	___	personnel policies (sick leave, working from home, etc.)

2. For the areas that the employer plan covers, does it cover them adequately? If yes, why? If not, what's missing (or what's incorrect)?

Policy – Flu Pandemic Planning – HR Guidelines (from a state university)

These HR guidelines will be implemented when **Level 1 (Recognition)** of the Flu Pandemic Plan is reached.

When Employees Call in with Flu-Like Symptoms (Influenza-Like Illness)

When an employee calls in sick, the supervisor or designate should indicate that if the employee has flu-like symptoms (fever > 100^{o} and either sore throat or cough), the employee should stay home until they are fever free for 24 hours (without the use of fever reducing medication). If the employee does indicate they have flu-like symptoms, the supervisor should follow the reporting/notification protocols below and refer the employee to the flu materials that were provided earlier in the year (Appendix A).

When Employees Exhibit Flu-Like Symptoms at Work

Employees at work who have flu-like symptoms or influenza-like illness (fever > 100^{o} and either sore throat or cough) should be told, not just be given permission, to go home.

Supervisors should follow this protocol:

- Provide the employee with a copy of the document found in Appendix A.
- Send the employee home as soon as possible and instruct the employee not to return to work until fever free for 24 hours without the use of fever reducing medication. If the employee is not able to leave immediately, provide a surgical mask if available and have employee wait in an isolated area with limited access to other individuals.
- Inform those with whom employee came in close contact in the 24 hours before the start of the symptoms (don't provide name of ill employee).
- If the employee develops any of the emergency warning signs at work such as difficulty breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, or severe or persistent vomiting, call 911.

Supervisors are not to assess the severity of an employee's illness, take their temperature or evaluate their symptoms.

Duration for Staying Home

If the supervisor is told or knows the employee has flu-like symptoms, the employee must be instructed to stay away from the work place until the employee is fever free for 24 hours (without the aid of fever-reducing medicine). This is critical to prevent passing the flu on to others since people remain contagious even if they are feeling better. If the employee with flu-like symptoms would like to return to work before the prescribed timeframe expires, he/she must provide a physician's statement indicating she/he is no longer ill. Divisions can require an employee to call their supervisor before returning to

work so a status update of their condition can be provided.

Doctor's Notes are Not Required for Flu-like Symptoms

The Board of Regent policy that requires unclassified staff to provide a doctor's statement justifying an absence of greater than five days for illness is waived for flu-like symptoms. Likewise, all University division attendance policies requiring doctor's notes for absence related to illness are waived for flu-like symptoms. The reason is that the University does not want to contribute to unnecessary visits to clinics at a time when they might already be overwhelmed.

Notification of Employer and Co-Workers/Students

Supervisors or chairs should notify co-workers and students that they came in close contact with someone with flu-like symptoms (employee name not provided). This notification should be clear that conduct which harasses, discriminates, or retaliates against employees who may have contracted an influenza-like illness will not be tolerated.

In any case, Divisions need to notify University Health Services of the illness by sending an e-mail to xxx with the division/department name, the date of the flu-like symptoms and number of employees out. Divisions do not need to provide the employee's name. This notification should occur whenever a new case of flu-like symptoms is identified. Divisions can decide how they want this reporting coordinated (e.g., through HR) within their organization.

When an Employee is Exposed to Someone With Flu-Like Symptoms and/or Confirmed or Suspected H1N1 Influenza

Employees who have come in close contact with an individual with flu-like symptoms and/or confirmed or suspected H1N1 influenza do not need to take any special precautions UNLESS they have a chronic illness such as asthma or diabetes, a weakened immune system or are pregnant; these individuals should consult with their health care provider.

Identifying "Essential Personnel"

Under the COOP (Continuity of Operations Plan), each department is supposed to identify their essential employees in case of emergencies. These are the employees that need to come to work (like police, power plant operators, those providing care to patients or animals, etc.) during an emergency. Non-essential employees are those whose services are not critical during an emergency. Essential employees should be notified of their status and back-ups should be identified in case they are unable to come to work.

Provide Advice on Work-From-Home Issues

In the event of a pandemic, the university may institute "social distancing" policies. In other words, employees who are not identified as essential may be directed to stay away from work. Those employees should be directed to work from home when possible. In these emergency circumstances, a Telecommuting Agreement form does not need to be completed.

Paid and Unpaid Leave During a Pandemic

When Employees are Absent Due to Flu-like Symptoms
Employees with accrued leave benefits may request approval for use of sick leave, vacation leave and other paid leave consistent with applicable university and state policies. When paid leave is exhausted or unavailable, employees may be granted unpaid leaves of absence, consistent with applicable policies. The University does not have the authority to grant paid time off, other than through the accrued leave programs. Such a decision would have to be made by the governor.

Employees who are absent from work because flu-like symptoms may use available paid leave (sick leave, annual leave, vacation), etc.) to cover the absence, or must arrange with the supervisor to make up the time. Hourly employees (covered under the FLSA overtime provisions) must account for each hour of scheduled duty. Salaried employees (exempt from the FLSA overtime provisions) may account for their time in a manner consistent with their professional responsibilities, as approved by their supervisors. If classes are postponed, faculty should make every effort to reschedule them at a later date.

Non-Essential Employees Directed to Stay Away from Work
Some services, while critical to the long-term success of the university, are not essential during a short-term crisis. If the university determines that social-distancing measures are necessary, employees performing nonessential services may be directed to work at home, if possible. If the nature of the work does not allow for work to be performed at home, they may be directed to stay away from the worksite and remain prepared to return to work at any time.

Employees directed to work at home will continue to be paid because they are fulfilling their responsibilities.

Employees able to work who are directed to stay away from the worksite and do not have the option to work at home will continue to be paid to the extent allowed by state, federal and regent laws, regulations and policies. These employees may be called upon to perform duties off campus as assigned by the University. Depending on the severity of the measures taken to address the influenza pandemic, temporary and/or permanent layoffs may need to be implemented.

Appendix A – Employee Communication – Template

(Document should be provided to all employees and be referred to when employee has flu-like symptoms)

Information for Employees with Flu-like Symptoms

It is not advantageous for you or the University if you report to work with flu-like symptoms. When dealing with highly contagious diseases like influenza, *employees need to stay home and not infect co-workers and students*.

Below are some basic guideline s for employees regarding the protocol for flu-like symptoms.

1. Employees who have flu-like symptoms must stay home or go home.
Flu-like symptoms are sore throat and a fever of 100 degrees or higher, or a cough and a fever of 100 degrees or higher. This is necessary to limit the spread of influenza – which is very contagious.

2. You must stay away from work until you are fever free for 24 hours without the use of fever reducing medicine.
This is critical to prevent passing the flu on to others since people remain contagious even if they are feeling better. You may return to work prior to being fever free for 24 hours without the use of fever reducing medication if you secure a doctor's indicating you are no longer ill.

3. You do not need to provide a note from your doctor or health care provider to justify your absence for flu-like symptoms.
Normal University requirements to provide doctors' notes to justify absences have been suspended for flu-like symptoms. However, you do need to follow your normal work unit procedures when calling in sick. *(Optional statement: Before returning to work, you need to make contact with your supervisor to provide an update on your status).*

4. You should consult your personal health care provider if you have questions or concerns about your illness.
If you have a chronic illness like asthma or diabetes, a weakened immune system or are pregnant, you should consult with your health care provider to determine if additional actions are needed. If in doubt, contact your health care provider for advice. Emergency warning signs that require immediate medical attention include difficulty breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, or severe or persistent vomiting.

5. Go to xxx for more information (Optional: divisions can print this information out and attach it to the correspondence).

G. What the Union Can Do – Negotiating an H1N1 Plan and Policies 60 minutes

Overview of Activity

In this activity, participants discuss the role of the union in ensuring that workers are adequately protected from pandemic flu. In a small group activity, participants prepare for bargaining over worker protections. They then report back to the large group and share their ideas.

Items Needed To Lead This Activity

- Resource Handout: "What Unions Can Do – Negotiating Over Pandemic Flu Protections for Workers"

- Activity Handout: "Union Preparation for a Joint Labor Management Meeting on Pandemic Flu"

How To Lead This Activity

1. Introduction

- Explain that in this activity we are going to discuss the role of the union in ensuring that a workplace has an adequate pandemic flu program/policy. We are then going to prepare for meeting with management to discuss/negotiate over protecting workers from pandemic flu.

- Distribute and read aloud Resource Handout: "What Unions Can Do – Negotiating Over Pandemic Flu Protections for Workers." Lead a discussion about the information presented and answer any questions from participants.

2. Small Group Activity

- Tell participants that we will now do a small group activity where they will be the union members of a joint safety and health committee.

- Explain that, as we have discussed, if you have a joint health and safety committee, the joint committee can be an effective place to discuss pandemic flu protections and plans. In this activity you will get a "hands-on" feel for what union representatives can do to prepare for meeting with management about protecting workers from pandemic flu.

- Divide participants into small groups of 4-6 participants. If there are participants from the same or similar workplaces, group them together.

- Distribute the Activity Handout: "Union Preparation for Joint Labor Management Meeting on Pandemic Flu" to each participant and read aloud.

- Ask if there are any questions.

- Tell participants that they have 30 minutes to answer the questions on the handout.

3. Facilitator Role During Small Group Activity

- While small groups are engaged in their tasks, facilitator should walk among the various groups and assist with any questions they may have.

- Give groups a 10-minute warning after about 20 minutes have passed, and another 5-minute and/or 2-minute warning as needed.

4. Report-Back

- Take each numbered question on the handout one at a time. Read aloud the question. Then ask for a volunteer group to give its response to the question (groups should have already chosen a reporter). Discuss response and ask other groups to share any different responses they came

up with.

- Do the same for the rest of the numbered questions on the handout.

- Discussion during report-back should emphasize the need for union representatives to meet prior to joint committee meetings and engage in research, gathering information (from management, the workforce and other sources as needed), establishing priorities, communicating with members, anticipating management responses, and formulating plans to accomplish goals.

5. Conclusion

- Sum up by emphasizing that unions have a critical role to play in the event of a flu pandemic.

- It is essential that unions do their homework and educate themselves about all the issues we have discussed related to pandemic flu.

- Unions need to work jointly with employers in shaping and carrying out pandemic flu plans, including protections for workers, in order to keep workers safe during a pandemic.

Resource Handout
WHAT UNIONS CAN DO – NEGOTIATING OVER PANDEMIC FLU PROTECTIONS FOR WORKERS

Union Representation and Negotiation

The union should play an active role in making sure workers are protected from pandemic flu. The union needs to investigate how the employer is currently protecting workers. There are several steps the union should take. If there is an active union safety and health committee, then the committee can undertake these tasks. Otherwise, these tasks should be done by the union leadership.

1. Review the level of risk faced by workers: Determine the most likely ways workers can catch pandemic flu at work (called "routes of transmission") and identify which workers at most at risk (those whose jobs require frequent contact with known or suspected sources of pandemic flu are at greater risk).

2. Determine the most effective ways to protect workers from the H1N1 flu: Based on the way pandemic flu is most likely to be transmitted at work and based on the level of risk faced by workers, determine the best methods and policies to protect workers.

3. Review the union contract: Review the collective bargaining agreement to see what if it says anything related to protecting workers from pandemic flu. Some contract sections to review are "safety and health" and "sick leave". If there are provisions that are relevant, then the union should investigate to make sure the employer is complying with the language. For many unions, it is likely there is no relevant contract language, or that the existing language is inadequate.

4. Review employer's current safety and health programs, plans, and policies: The next step is review employer's current programs, plans, and policies to see whether they provide adequate protection for workers from pandemic flu. Union representatives need to ask the employer for copies of these plans and policies (union representatives have a legal right to copies under federal and state bargaining law). The union should also investigate to determine if the written plans and polices are actually in effect. Some

questions to ask are:

- Are the current plans/policies strong enough to deal with the issues related to pandemic flu?
- Can the plans/policies be adapted with small changes in order to deal with pandemic flu?
- Do the plans/policies need major changes?
- Do the plans/policies need to be rewritten to include pandemic flu?

5. Negotiate with the employer: If there are not current plans and policies, or if the current plans or policies are inadequate, then the union should negotiate with the employer. This can be done during the term of the collective bargaining agreement – bargaining over pandemic flu does not mean you have to open the contract. If the employer's plan/policies can be adapted with small changes, then suggest those changes. However, if the plan/policies need major changes, need to be rewritten, or there are not any plan/policies to protect workers, then the union needs to propose plans/policies tailored to the specific workplace and exposures of workers.

6. If the employer refuses or fails to negotiate: If the employer will not negotiate with the union, then the union can file (or threaten to file) a "failure to bargain" unfair labor practice charge with the National Labor Relations Board (or for government workers, whatever agency administers and enforces bargaining law).

Note on Legal Protections

There are only limited provisions under the law which require employers to protect workers from pandemic flu:

- In November 2009, federal OSHA issued a "compliance directive" which applies to H1N1 exposure in healthcare settings. The purpose of the compliance directive is to make sure health care employers use proper methods to protect workers. OSHA will cite healthcare employers (under general duty clause of OSHA law) who violate the provisions of the directive. It is not clear whether OSHA will cite employers in other types of work settings who do not adequately protect their workers.

- California, which has its own state OSHA plan (26 states and territories have state OSHA plans), has enacted a standard on

"Aerosol Transmissible Diseases".

- CDC (Centers for Disease Control) has issued various "guidances" on H1N1 for a number of different workplace settings. These are guidelines for employers to follow to minimize transmission of the H1N1 flu. However, these guidances are not enforceable.

Activity Handout
UNION PREPARATION FOR A JOINT LABOR MANAGEMENT MEETING ON PANDEMIC FLU

Your small group includes the union representatives to a joint labor-management committee in your workplace. You are meeting to prepare for the next joint labor-management meeting which will focus on preparedness for pandemic influenza.

There have been one or two employees who most likely have had pandemic flu and there have been a number of cases of pandemic flu in the neighborhoods where employees live. Your members are understandably concerned.

This will be the union's first discussion with management about pandemic flu.

As a group, begin preparing for this meeting by answering the questions below. Pick a reporter who will report back to the larger group on your responses to these questions.

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1. What information do you need to know before the meeting?

2. From where and how will you get this information?

3. What questions will you ask management?

4. Based on your analysis of your workplace and the risk of exposure for workers (which will vary depending on the jobs they do), what would you propose to management?

5. How do you think management will respond? What do you think management would say? Write the main points of what the management responses could be.

6. If management refuses to work with the union to develop and implement an adequate H1N1 plan and policies, what will the union do?