

Date: May 13, 2009

To: Our Valued Clients
From: Levitt Training & Consulting

Subject: H1N1 Update #1

In order to keep our client's informed and up to date we share the following information:

In response to the outbreak, the Centers for Disease Control and Prevention (CDC), have issued the latest recommendation:

"Respiratory Protection: All healthcare personnel who enter the rooms of patients in isolation for swine influenza should wear a fit-tested disposable N95 respirator or equivalent (e.g., powered air purifying respirator). Respiratory protection should be donned upon room entry.¹"

Respiratory protection for hospital staff is one of the most critical issues. Surgical masks were at one time considered sufficient, but new evidence² from CDC/NIOSH clearly shows that they do almost nothing to protect the individual wearer. N95 respirators have emerged as the preferred and required method of respiratory protection for most hospital staff. When respirators are required, so is respirator training and fit testing as part of an overall written respiratory protection program³.

The European Centre of Disease Prevention and Control (ECDC) has issued a similar recommendation.

There are several methods of respirator fit-testing: quantitative and qualitative. The most accurate method is quantitative fit-testing. The TSI PortaCount® Pro+ Respirator Fit Tester is the only quantitative fit tester, capable of fit testing all respirators, including N95's. It performs fit test measurements under conditions approximating actual use and is compliant with all respiratory protection standards, regulations and guidelines including:

- OSHA 29 CFR 1910.134
- OSHA/CDC/WHO Pandemic/Terrorism Preparedness Guidelines
- Joint Commission (LD.1.30)
- CDC Tuberculosis Guidelines
- ANSI Z88.10
- CSA Z94.4-2 (Canada)
- EN529:2005 (Europe)
- HSE 282/28 (United Kingdom)
- BGR 190 (Germany)
- AS/NZS 1715 (Australia/New Zealand)

A respiratory protection program that includes quantitative fit-testing is the key to giving healthcare staff a higher level of confidence in their respirators making them more likely to report to work in a pandemic."

References:

- 1- Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting. http://www.cdc.gov/swineflu/guidelines_infection_control.htm
- 2- Lawrence RB, Duling MG, Calvert CA, Coffey CC. (2006). Comparison of Performance of Three Different Types of Respiratory Protection Devices, J Occup Environ Hyg. 3: 465-474 (Sep. 2006).
- 3- Commission to Investigate the Introduction and Spread of SARS in Ontario (2006). The SARS Commission Final Report – Spring of Fear – Vol. 3, p.1047 (Dec. 2006). <http://www.sarscommission.ca/>