



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

November 5, 2009

Dear Colleague:

On October 14, 2009, the Centers for Disease Control and Prevention (CDC) issued revised guidance on infection control measures for health care settings. The guidance titled, "Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel" can be found at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm. The New York State Department of Health (NYSDOH) and the New York City Department of Health and Mental Hygiene (NYC DOHMH) appreciate the approach taken by the CDC, recognizing the importance of multiple interventions, using a hierarchy of controls that includes basic infection control measures, such as respiratory and hand hygiene, rapid identification and isolation of ill patients, excluding sick employees and visitors, and emphasizing that vaccination of health care workers is the most effective prevention measure.

CDC recommends the use of N95 respirators to protect health care workers against transmission of the 2009 H1N1 influenza. CDC has established a legally-enforceable standard of care with which health care facilities must comply. The Occupational Safety and Health Administration (OSHA) is planning to enforce these CDC recommendations under the General Duty Clause and General Industry Respiratory Protection Standard. The NYSDOH and NYC DOHMH recommend that health care facilities and organizations follow the CDC guidelines, including demonstrating a good faith effort to provide N95 respirators for health care workers caring for patients with suspected or confirmed 2009 H1N1 infection.

At the same time, NYSDOH and NYC DOHMH recognize that N95 supply shortages are already being reported in New York State and could worsen during the influenza season as health care facilities expand their use of N95s. The CDC guidance acknowledges the potential problem of limited supplies and allows facilities to prioritize N95s to the highest risk situations. The recommendations below are intended to help health care providers comply with CDC guidance while ensuring, to the extent possible, that N95 respirators are available to protect workers in situations of highest risk and that all health care workers are provided with effective personal protective equipment while caring for patients with suspected H1N1 infection.

It is important to keep the following points in mind while implementing the CDC guidelines:

1. These interim guidelines apply only to patients with suspected or confirmed 2009 H1N1 influenza during the 2009-2010 season.
2. There is a hierarchy of critical control measures of which use of personal respiratory equipment is merely one component. Health care settings and providers need to implement all components to the extent possible.

3. CDC recommends the use of fit-tested N95 respirators for all contact with patients with suspected or confirmed 2009 H1N1 influenza, but clearly acknowledges that there are insufficient supplies to meet this need. If supplies are insufficient, health care facilities may operate in “prioritized use mode” throughout the 2009-2010 influenza season. The following are suggested items for consideration when in prioritized use mode:
 - a. NYSDOH and NYC DOHMH agree that the health care workers at highest risk are those performing aerosol-generating procedures (including bronchoscopy, sputum induction, endotracheal intubation and extubation, open suctioning of airways and cardiopulmonary resuscitation) on patients with suspected or confirmed 2009 H1N1 influenza, or when providing care to patients with other infections that are known to be transmitted via the airborne route (e.g., *Mycobacterium tuberculosis*).
 - b. Each facility needs to assess its current supply of respirators, project future need (through at least May 2010, when the current influenza season is expected to end), seek additional supplies if warranted, document in writing their good faith efforts to obtain additional supplies and determine how to maximize the use of available respirators. Supplies of respirators for the high- risk use scenarios outlined above should be stockpiled in advance to assure that they are sufficient if additional supplies cannot be obtained for the rest of this influenza season.
 - c. If a facility recognizes that it will not have sufficient supplies of N95 respirators during this influenza season to fully comply with the CDC guidelines, a policy should be developed for how the facility will approach prioritization of available supplies, considering the various options that the CDC provides in its revised guidance, including a prioritized usage scheme (See Table 2 in the CDC guidance) or allowing re-use or extended use of disposable N95 respirators as described by the CDC. The NYSDOH and NYC DOHMH strongly recommend that facilities adopt their prioritization policies early, in order to assure sufficient supplies for high-risk use throughout the influenza season.
 - d. Out of an abundance of caution, the NYSDOH has previously recommended nebulizer treatments be considered aerosol-generating procedures. To be consistent with the CDC guidance, the NYSDOH no longer considers nebulizer treatments to be an aerosol-generating procedure.

Thank you for your attention to this critically important matter. If you have any questions regarding the contents of this letter or the guidance contained therein please contact the NYSDOH at icp@health.state.ny.us.

Sincerely,



Richard F. Daines, M.D.
Commissioner of Health

Cc: County Health Department Commissioners and Public Health Directors