Healthcare: Breakout Session #1

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National Personal Protective Technology Laboratory
Pittsburgh, PA

Personal Protective Technology Stakeholder Meeting
March 20, 2012
Breakout #1
Agenda

• Background
• Where We Started
• Where We Are
• Overview of Session
# Healthcare Sector Posters

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<th>Poster #</th>
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<td>HC1</td>
<td>Relationship between safety climate, demographics and respiratory protection policies and practices in acute care hospitals</td>
<td>Cline, Kari</td>
<td>University of Minnesota</td>
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<td>HC2</td>
<td>Know It’s NIOSH Approved</td>
<td>Coyne, Judi</td>
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<td>HC3</td>
<td>Developing the Nonrespiratory Personal Protective Equipment Conformity Assessment Framework for the Nation</td>
<td>D'Alessandro, Maryann</td>
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<td>HC4</td>
<td>Respiratory Protection and Influenza-laden Cough Aerosols in a Simulated Medical Examination Room</td>
<td>Lindsley, Bill</td>
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<td>HC5</td>
<td>Scoring hospitals using written respiratory protection programs and survey responses based on the OSHA respiratory protection standard</td>
<td>Sietsema, Margaret</td>
<td>University of Illinois at Chicago</td>
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<td>HC6</td>
<td>Occupational Health Nurses and Respiratory Protection Competency</td>
<td>Taormina, Deborah</td>
<td>University of California San Francisco School of Nursing</td>
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<td>HC7</td>
<td>Development and Characterization of a New Test System to Challenge Personal Protective Equipment with Virus-Containing Particles</td>
<td>Vo, Evanly</td>
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<td>6-Year Trends in Healthcare Personnel Exposures to Respiratory Infectious Hazards</td>
<td>Yarbrough, Mary</td>
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<td>HC9</td>
<td>Metrics for Use in Evaluation of Hospital Respirator Programs</td>
<td>Yarbrough, Mary</td>
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<td>HC10</td>
<td>Laboratory Study to Assess Causative Factors Affecting Temporal Changes in Filtering-Facepiece Respirator Fit: Part III – Two Year Assessment of Fit Changes</td>
<td>Zhuang, Ziqing</td>
<td>NPPTL TRB</td>
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Healthcare Workforce

- Fastest growing industry sector
- About 17 million workers (11% of the U.S. workforce)
- Includes 12 of top 20 fastest growing occupations
  - Highly diverse workforce
  - Highest percentage and number of females
  - Highest percentage of African-Americans
  - Highest in total number of Asians
- 2\textsuperscript{nd} with over 30% of all lost-time nonfatal occupational illness and injuries
  - Nursing aides, orderlies and attendants, and registered nurses
National Academies Evaluations provided high level scientific input to PPT Program

- Understanding influenza transmission
- Commit to worker safety and use of PPE
- Innovate and strengthen PPE design
- Personal Protective Equipment (PPE) for Healthcare Workers Action Plan, NIOSH Docket Number 0129
  - [http://www.cdc.gov/niosh/docket/archive/docket129.html](http://www.cdc.gov/niosh/docket/archive/docket129.html)

- Support original recommendations
  - Effective interventions
  - Culture of safety
  - Improve fit
  - [http://www.cdc.gov/niosh/npptl/nationalacad.html](http://www.cdc.gov/niosh/npptl/nationalacad.html)
Objective: Describe extent to which hospitals in California have implemented required elements of RPPs for H1N1 Influenza

• Assess Healthcare worker:
  ➢ Barriers to proper respirator use
  ➢ Knowledge, attitudes, and beliefs regarding N95 respirators
  ➢ Workplace safety climate

• Study includes surveys, observations and feedback from hospitals

• Pilot completed in December 2009

• Final report received April 2011

• 16 acute care hospitals evaluated
Objective: Provide CA hospitals with useful tools to improve their respiratory protection programs.

- Identify the specific program components that are the weakest
- Develop useful tools that could be implemented by hospital respiratory protection program administrators
- Evaluate the usefulness of the tools
- Adapt the tools for widespread distribution
Demonstration and Sentinel Surveillance System of PPE Usage in US Healthcare Workers

Objectives: Determine the feasibility to identify, describe, develop, pilot, monitor and evaluate PPE surveillance systems used in a medical center setting.

• Develop data collection points at VUMC (PPE usage, types, selection, fit-test, clearance, compliance, resources, recalls, outcomes etc.)

• Pilot System at VUMC in 2011

• Use data to Establish “Best Practices”

• Develop a National PPE Usage Surveillance System
Expansion of Respirator Use Assessment

Five Region Influenza Studies

- **West**
  - California Dept. Public Health
- **Midwest**
  - University of Minnesota
  - Michigan Public Health Institute
- **Northeast**
  - New York State Department of Health
- **Southeast**
  - University of North Carolina
- **Contracts awarded:** September 2010
- **Kickoff meetings:** October 2010
- **Challenges:** New Guidance (CDC guidance Sept 2010 – N95 to facemask)
Respirator Studies

REACH II
REACH I&E
REACH I

CA
CA
CA
NY
MN
MI
NC

* Respirator Evaluation for Acute Care Hospitals
**Healthcare Breakout Session 1**

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<th>9:00 - 10:30 am</th>
<th>Breakout session 1: Yeager</th>
<th>Respirator Evaluation in Acute Care Hospital (Reach II) Regional Results</th>
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**Presenting Panel:** Dr. Lisa Brosseau (MN), Dr. Eileen Franko(NY), Dr. Barbara Materna(CA), Dr. Edie Alfano-Sobsey(NC), Lauren Joe (CDPH), Li Richie (MI)

**Topics:**
- Discuss the Findings of the Reach II Studies
  - Responsible respirator program administration
  - Selection of appropriate respirators for various tasks
  - Medical evaluation and clearance for respirator use
  - Fit testing
  - Training of wearers
  - Length of use and maintenance/storage
Quality Partnerships Enhance Worker Safety & Health

Visit Us at: http://www.cdc.gov/niosh/npptl

Disclaimer:

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