

This presentation should not be considered a final statement of NIOSH policy or of any agency or individual who was involved. This information is intended for use in advancing knowledge needed to protect workers. Comments regarding this presentation may be submitted to the NIOSH Docket Office

Respiratory Protection in Health Care: Opportunities for Risk Reduction

Don Wright, MD, MPH
Director: Office of Occupational Medicine
Occupational Safety and Health

United States Department of Labor

Presentation Overview

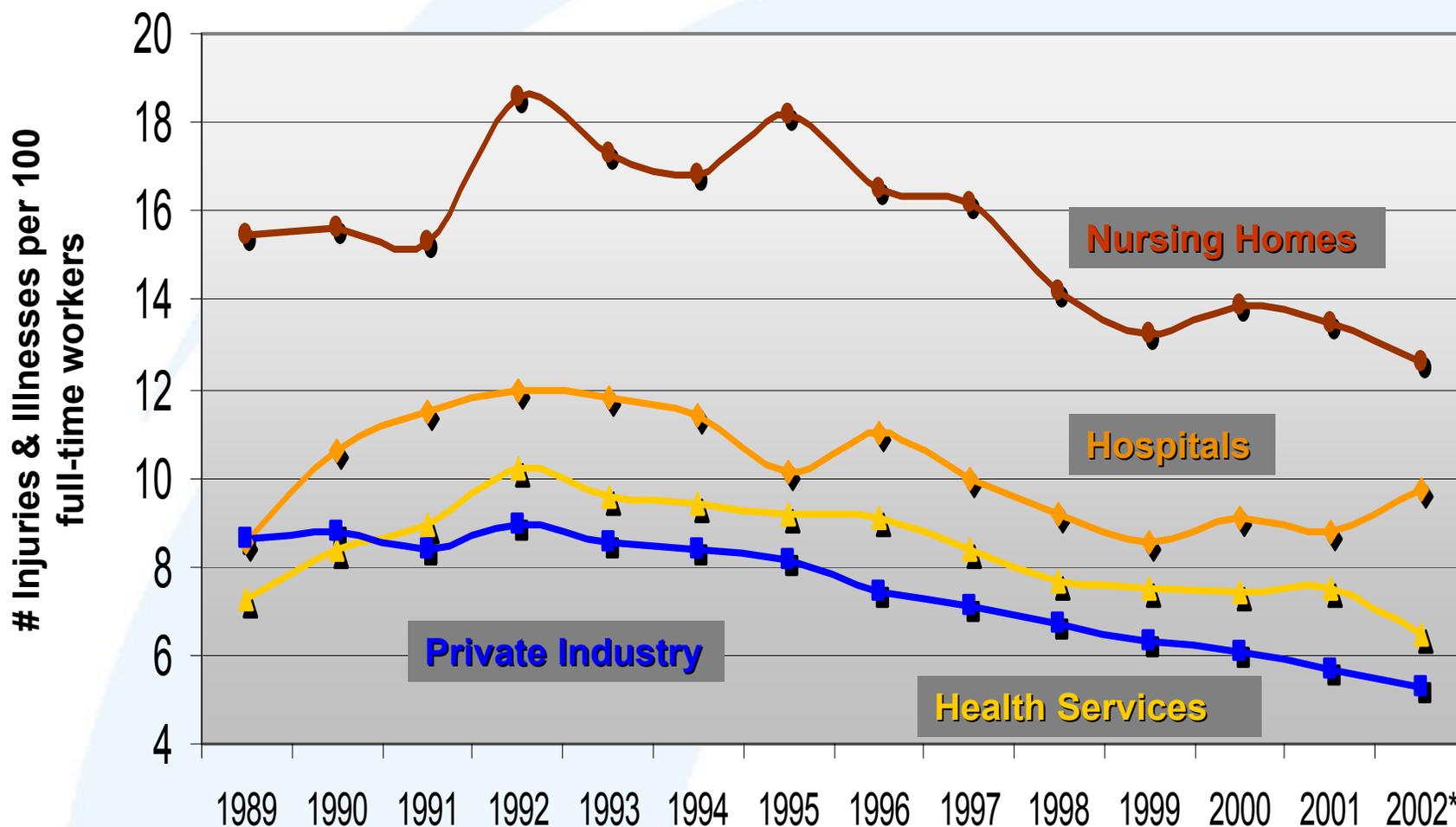
- **Report on the State of Occupational Safety and Health in the Healthcare Industry**
- **Respiratory Hazards in Healthcare**
- **Case Study: Model Practice in Hospital Respiratory Protection**

Healthcare Workers: Workforce at Risk

- **US Healthcare industry employs approximately 10 million workers**
- **Healthcare workers compose 8% of workforce**
- **Healthcare industry illness and injury statistics are high**



Work injury and illness rates in health services and all private industries, 1989-2002



Source: BLS survey of Occupational Injuries & Illnesses

2002* - There is a break in series due to definitional changes to the injury and illness recordkeeping requirements

Occupational Hazards in Healthcare

- **Chemical – Solvents, Antineoplastic drugs, etc.**
- **Biologic – TB, HIV, SARS, HBV**
- **Physical – Ionizing Radiation, Noise**
- **Musculoskeletal – Patient handling**
- **Work Organization – Shift work, Stress, Workplace violence**

Respiratory Hazards in Healthcare

- **Patient – Biologic**
 - **Tuberculosis**
 - **SARS**
 - **Pertussis**
 - **Varicella**
 - **Anthrax**
 - **Plague**
 - **Smallpox**



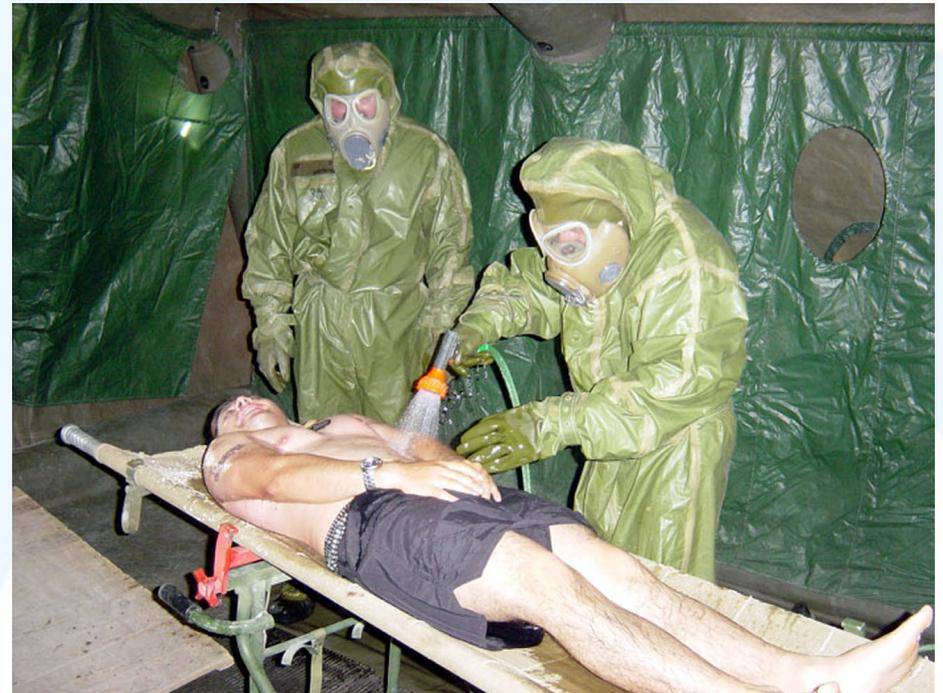
Respiratory Hazards in Healthcare

- **Diagnosis - Treatment**
 - **Radiation**
 - **Pharmaceuticals**
 - **Disinfectants**
 - **Chemical Reagents**
 - **Anesthetic Gases**
 - **Formalin**



Emerging Respiratory Hazards in Healthcare: Terrorism

- **Chemical Agents**
 - Nerve Agents – Sarin
 - Blister Agents - Mustard
- **Biologic Agents**
 - Anthrax
 - Smallpox
 - Plague
- **Radioactive Agents**
 - “Dirty Bomb”



Respiratory Protection in Healthcare: A Critical Need

- **Hospital employees are potentially exposed to a wide variety of air contaminants**
 - **Chemical agents**
 - **Infectious agents**
 - **Terrorism agents**
- **Engineering controls may not be adequate or feasible**

Model Practice: Hospital Respiratory Protection

Dartmouth-Hitchcock
Medical Center (DHMC)



Dartmouth-Hitchcock Medical Center



DHMC

Mary Hitchcock Hospital

- 396 Inpatient beds
- Tertiary Care Center,
New Hampshire

Dartmouth Hitchcock Clinic

- Physicians
throughout
NH & VT

Dartmouth Medical School

- 600 Students
- 16 Departments

Total Employees = 6300
4300 Direct Patient Care

DHMC Respiratory Protection Program

**Program Administrator
Safety and Environmental Program Manager**

Industrial RPP



Clinical RPP



- **Written RPP**
- **Hazard Assessment**
- **Select Respirator**
- **Maintain Records**
- **Evaluate Program**
- **Fit Test – Champions**
- **Training – Champions**
- **Medical Certify – OM**

Industrial Respiratory Program



- **75 certified for industrial respirator use**
- **Spill Response Team – Chemical Spills**
- **Engineering- Change HEPA filters**
- **Lab Workers– Formalin, Xylene, Biologic Agent**
- **Pharmacy – Antineoplastic Drugs**
- **Safety and Environmental Program Employees**

Chemical Agents

Hazard	Respirator	Filter	Activity
Particulates	N 95	White	Maintenance personnel when sweeping etc.
Acids (Muriatic/HF)	APR	White/ Magenta	Facilities maintenance
Formalin	APR	Olive	Path Lab activities/ spills
Org Vapors	APR/P100	Black	Spray painting application
Antineoplastic Drugs	APR N100	Magenta	Pharmacy – Cleaning of hoods and spills

Clinical Respiratory Protection Program: Patient Portals of Entry



Identified 19 departments with “increased risk” of exposure to infectious aerosol patients

- Emergency Dept.
- IV Team
- Occupational Medicine
- ICU
- Radiology
- Housekeeping
- Transportation
- General Med Clinic
- Fast Track
- Infectious Disease

Infectious Agents

Infectious Agent	Respirator	Activity
TB/ SARS etc Routine Patient Care	N 95 Filtering Face Piece Respirator	Routine Patient Contact
TB/SARS Aerosol Generating Procedures	Powered Air Purifying Respirator	Aerosol Generating Procedures Facial Hair

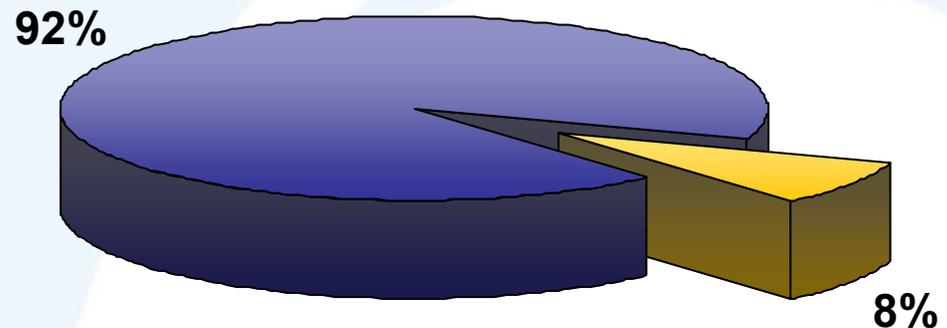
Departmental program champions manage the respiratory protection program.

- **One Champion per shift in “high risk” departments**
- **Champions: manage departments RPP**
- **Receive comprehensive “ Train the Trainer” training**
- **Fit Test and Educate Personnel**
- **Track Departments Respirator Qualified Personnel**
- **Ensure 24/7 coverage of “infectious aerosol” patient**
- **Departments receive periodic audits from SEP**



Departmental program champions are an efficient utilization of resources.

- **Approximately 350 employees certified (8% of staff)**
- **Approximately 4 cases of TB per year**
- **Have treated other airborne infectious diseases, such as Pertussis**



Terrorism and Respiratory Response

- **Trauma Decontamination Team**

- **Supplied Air Respirators (SAR)**
- **Reevaluating use of SAR (tripping hazard)**



- **Ambulatory Decontamination Team**
 - **PAPR with Protective Clothing**

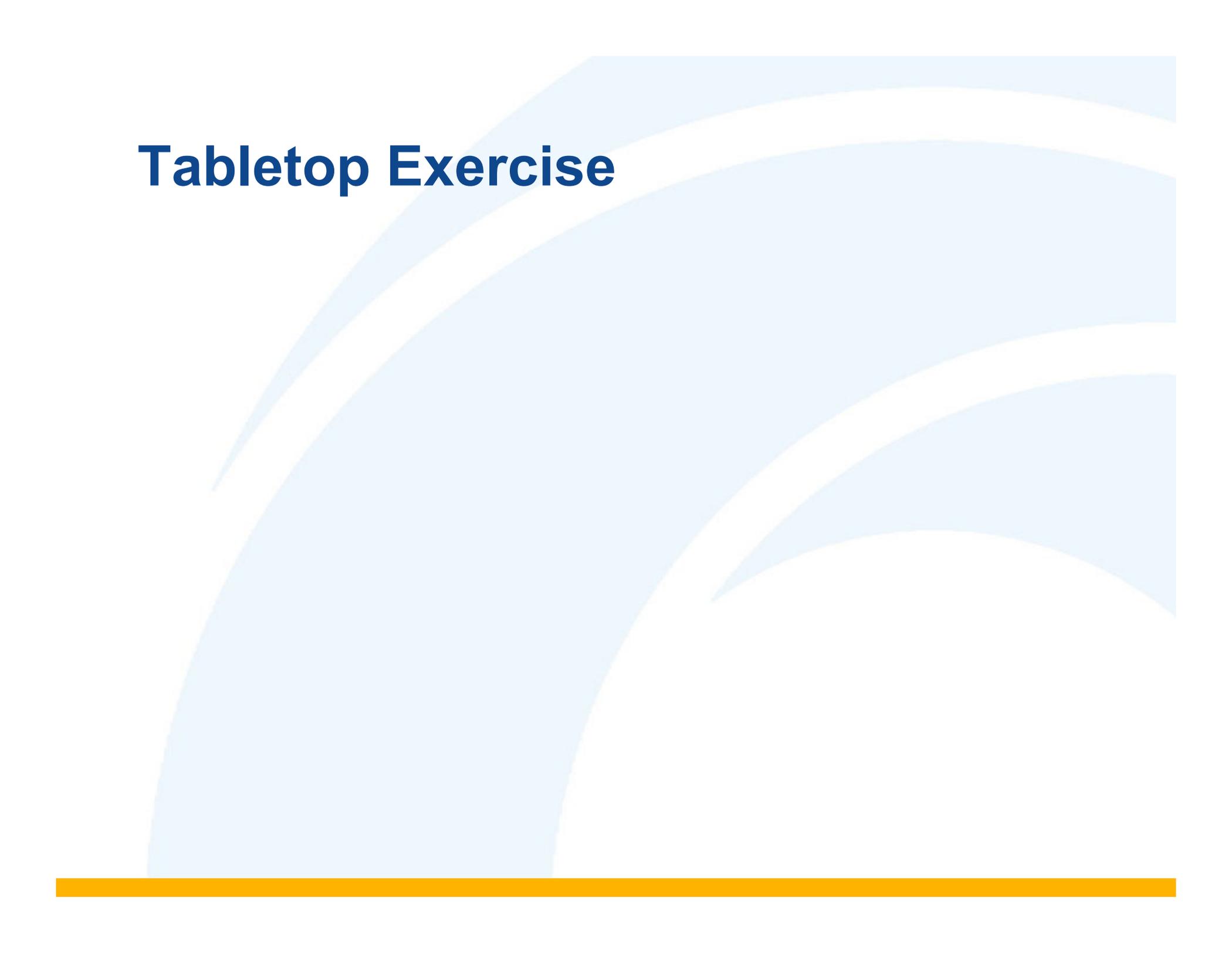
DHMC: Preparing for the Infectious Crisis

- **Program Champions can rapidly certify additional users if situation demands**
- **ID Readiness Committee (SARS group)**
- **Contingency Plan to convert wing to Respiratory Isolation if demand requires**
- **Field Hospital – Off-Site Location Identified**
- **Testing the Plan: Table Top Exercise**

“Protective” Code Blue

- **Response to “real time” incident**
- **Large numbers of staff respond to Code Blue**
- **“Protective” Code Blue limit responders**
- **Six responders– MD, Nurse, RT, CPR Team**
- **Pre-positioned Respiratory Response Cart**
 - **2 PAPR on top**
 - **6 Tag Locked PAPR in drawer**
 - **All CPR supplies**

Tabletop Exercise



Lessons Learned

- **Form ID Disaster Work Group**
- **General audit system (supplies/training)**
- **Proactive work by Public Affairs**
- **Improve method of staff notification**
- **Clarify facilities covered by lockdown**
- **Adopt color system for restricting access**
- **Drill operations and decision making**

Program Challenges

- **Employee Turnover**
- **Communication and Education with Units**
- **Availability of Clinical Staff**
- **Management “Buy In”**
- **Decontamination of PAPR**
- **Audit Process**



Take Home Message

- **Injury/Illness rates in healthcare are high**
- **Hospitals have numerous and varied respiratory hazards**
- **Hospital need a comprehensive RPP**
- **Respiratory protection programs can be both comprehensive and preserve valuable financial resources.**