



8515 GEORGIA AVENUE, SUITE 400
SILVER SPRING, MARYLAND 20910-3492
301 628-5000 • FAX 301 628-5001
www.NursingWorld.org

KAREN A. DALEY, PhD, MPH, RN, FAAN
PRESIDENT

MARLA J. WESTON, PhD, RN
CHIEF EXECUTIVE OFFICER

July 21, 2010

Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention
U.S. Department of Health and Human
Services
1600 Clifton Road, NE.
MS A-20
Atlanta, GA 30333

RE: Prevention Strategies for Seasonal Influenza in Healthcare
Settings

Attn: Influenza Coordination Unit

Submitted electronically to: ICUpubliccomments@cdc.gov.

**Re: Updating Guidance: Prevention Strategies for Seasonal Influenza
In Healthcare Settings**

Number: 2010-15015

Dear Dr. Frieden:

The American Nurses Association (ANA) welcomes the opportunity to offer comments on "Updating Guidance: Prevention Strategies for Seasonal Influenza In Healthcare Settings" in preparation for proposed new guidance which will update and replace previous seasonal influenza guidance and the *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings*.

The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), the single largest group of healthcare professionals in the United States. ANA represents RNs in all roles and practice settings, through our state and constituent member nurses associations, and organizational affiliates. ANA is actively involved in forming public policy that affects human health and patient advocacy, and has long recognized that a clean, safe environment is a fundamental requirement for ensuring and maintaining the health of our patients, our families, and our community.

ANA has been greatly concerned with the unacceptably low influenza vaccination rates of healthcare personnel as well as with the occupational risk to registered nurses due to personal protective equipment confusion during times of seasonal influenza as well as the recent H1N1 pandemic.

ANA believes the revision of the Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, dated October 14, 2009, is essential as new information became available following the emergence of influenza H1N1 in 2009. The revised guidance document is based on new knowledge, is concise, and timely.

ANA offers comments on the following sections:

Definition of Healthcare Personnel

ANA is pleased to see that the section “Definition of Healthcare Personnel” has been expanded to delineate healthcare personnel such as nurses, physicians and others who are potentially exposed to infectious agents that can be transmitted to and from healthcare personnel to vulnerable patients. The definition provides guidance to those administering the vaccine as well as in determining the vaccination rates to enable improvement in rates to be quantified. The definition provided in the revision enhances clarity of this important categorization.

Definition of Healthcare Settings

ANA agrees with clarifying the settings this document is intended to address, as well as other settings not included in the intent of the document.

Influenza Modes of Transmission

The explanations provided in this section are very helpful in identifying possible transmission mode, including diarrheal stools, and also mentions the lack of clarity of the role of airborne transmission via small particle aerosols.

Fundamental Elements to Prevent Influenza Transmission

The core prevention strategies are very helpful in developing successful influenza programs. If possible, based on scientific evidence, the list of core elements should be ranked in order. The inclusion of the administrative measures must be emphasized since successful programs are dependent on support of the administration and are part of a safety culture that includes infection control measures in seasonal influenza. ANA suggests that the explanation of the hierarchy of controls remain within this document to guide the importance of ranking interventions and their effectiveness with exposure control.

Specific Recommendations

1. Promote and Administer Seasonal Influenza Vaccine

ANA recognizes and supports the need for achieving high influenza vaccine rates

among healthcare personnel as a critical step in preventing the spread of the illness among patients, other healthcare personnel and communities. ANA policy strongly urges all registered nurses to be vaccinated annually against seasonal influenza. ANA agrees with the suggested strategies for influenza vaccine success in healthcare facilities, including offering free vaccine, improving access, and offering declination forms. ANA suggests inclusion of a reference offering vaccine at different shifts (e.g. nights and weekends) under the strategy “improving access” in order to reach all healthcare personnel effectively. ANA appreciates the notation surrounding the controversy of facilities mandating seasonal influenza vaccination. ANA supports the reiteration of the importance of strong organizational leadership and the infrastructure necessary for clear and timely communication and education for program implementation of successful programs

3. Monitor and Manage Ill Healthcare Personnel

ANA is in full agreement that “facilities and organizations providing health care services develop sick leave policies for healthcare personnel that are non-punitive, flexible, and consistent with public health guidance...” ANA suggests the inclusion “whenever possible, paid” after the word “develop”, so that the sentence reads “facilities and organizations providing health care services develop, whenever possible, paid sick leave policies for healthcare personnel...” Policy must be non-punitive so nurses are not given a disincentive to come to work even while ill. The inclusion of non-punitive language is especially important for nurses employed in shift work. ANA received reports of nurses forced to work extra shifts if they called out sick, and in extreme cases, disciplined. ANA encourages the CDC to work with the Department of Labor to strengthen policies requiring employers to provide non-punitive sick leave to employees, whether they are ill, or need to care for a sick child or family member.

The information provided around caring for patients in protective environments should be prominent and given a sub-title so the information is prominent and not co-mingled with other information.

ANA recommends there be a systematic monitoring of fever by healthcare personnel. Evidence has shown that healthcare personnel were not aware they had fevers during a past study. Self-monitoring may fall short if fever is a determining factor in time off.

ANA is concerned at the suggestion that recovering healthcare personnel sneezing or coughing wear a facemask during patient-care activities. ANA appreciates that at times, resources are such that a recovering healthcare worker will need to be on duty. However, this might not project a favorable image to the patient or family, and might put the healthcare worker in an awkward position if questioned about their health status.

4. Adherence to Standard Precautions

ANA supports the inclusion of standard precautions, including the information about hand hygiene, gloves and gown use in this document.

5. Adherence to Droplet Precautions

ANA is concerned with CDC recommending that a facemask is sufficient protection for healthcare personnel caring for a patient with confirmed or suspected influenza. The guidance document states, “Based on their local needs, facilities and organizations may opt to provide employees with alternative personal protective equipment as long as it offers the same protection of the nose and mouth from splashes and sprays provided by facemasks (e.g. face shields and N95 respirators)...”

ANA realizes that resources and supply issues hampered the use of N95 respirators during the 2009 pandemic. However ANA does not believe this is an excuse for offering healthcare personnel diminished protection against influenza, particularly 2009 H1N1. ANA does think this revision is an improvement over the current guidance regarding “prioritized respirator use”.

ANA suggests that a fit tested N95 be offered as the first line of protection for healthcare workers caring for a patient with influenza. In the event that the supply of N-95 respirators has been exhausted and regional or national shortages of supplies have been documented, a facemask may then be appropriate for vaccinated HCP who are not at risk for complications of influenza disease. The exception would be in the case of aerosol generating procedures which always requires a higher level of respiratory protection.

The information provided concerning transfer of patients under droplet precautions is very helpful.

6. Use Caution When Performing Aerosol-Generating Procedures

ANA is in full agreement with the information provided In this section. It is important that the words “fit tested” precede the mention of N-95 respirators.

9. Implement Environmental Infection Control

ANA is in agreement with the inclusion of this guidance in this document. ANA recommends that the toxicity of cleaning agents be addressed and safer substitutions be offered as cleaning and disinfection procedures. Cleaning supplies and disinfecting agents have been shown to increase occupational asthma and other exposure injuries such as splashes. It is important to remind healthcare professionals who are engaged in cleaning and disinfection to wear appropriate eye protection in addition to other personal protective equipment.

10. Implement Engineering Controls

ANA is in agreement with engineering controls being included in the document but recommend a more comprehensive explanation of the hierarchy of controls.

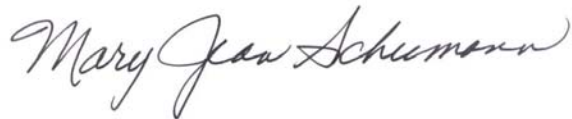
11. Train and Educate Healthcare Personnel

ANA is in agreement with the guidance on training and education of healthcare

personnel. The information provided should include the various policies at the facility such as declination of seasonal vaccination and monitoring policy of healthcare personnel.

ANA appreciates the opportunity to comment on the “Updating Guidance: Prevention Strategies for Seasonal Influenza in Healthcare Settings”. Should you have any questions about the comments or would like to discuss these comments further, please contact Nancy Hughes, MS, RN at 301-628-5021 or by e-mail at nancy.hughes@ana.org or Katie Brewer, MSN, RN, at 301-628-5043 or by e-mail at katie.brewer@ana.org.

Sincerely,

A handwritten signature in cursive script that reads "Mary Jean Schumann".

Mary Jean Schumann, MSN, MBA, RN, CPNP
Chief Programs Officer