

Community Preparedness Breakout Session

Working Together: Successes & Barriers

AMA/CDC
2nd National Congress on
Health System Readiness



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Service Employees International Union (SEIU)

- the fastest-growing union in North America, representing workers in three sectors to improve their lives and the services they provide
- the largest health care union, representing one million members, including:
 - 40,000 physicians
 - 110,000 nurses
 - 275,000 other hospital workers
 - 150,000 long-term care workers
 - 375,000 home care workers
- the largest property services union, including



SEIU members and their families affected by large scale disasters

WTC, Pentagon and anthrax attacks

- Sixty-two SEIU members died
- 6,000 lost their jobs and faced uncertain financial futures for months

SARS, Toronto hospitals

- At least 10 SEIU members were diagnosed with and treated for SARS
- Hundreds of others were in quarantine

Hurricanes Katrina and Rita

- Displaced 2,500 SEIU members in the region who worked for schools, local governments, nursing homes, and in commercial buildings

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Katrina healthcare volunteer effort

- More than 100 SEIU nurse members volunteered for one to four weeks to provide care in Louisiana and Texas
- SEIU organized the deployment coordinating with the Red Cross and other agencies
- SEIU also attempted to register and deploy almost 100 additional healthcare workers through the HHS Credentialed Volunteer Health Professionals Program. None were deployed before the program was suspended



SEIU members respond

Toronto SARS

- SEIU healthcare members were on the front lines during the SARS outbreak
- They courageously accepted the very real and heightened risks associated with doing their jobs during the SARS outbreak
- Many of our members were worried by the risks and uncertainties of having to work in a SARS environment
- Particularly worrying was the fear that they would expose and infect members of their families,



SEIU members respond

SEIU Haz Mat Training Project

- Labor/management partnerships at more than 25 hospitals in New York and California using a peer trainer model
- All hazards approach, including pandemic flu
- Focus on employee health and safety, including proper use of PPE
- Primary classes are OSHA Hazwoper:
 - ER Awareness-level (8-hour)
 - ER Operations-level - “First Receivers” (16-24 hour)



SEIU members respond

Long Island College Hospital (LICH) Haz Mat Awareness Training Success

- Team of 12 peer trainers from LICH trained and supported by our Haz Mat staff
- Customized existing modules to include LICH policies (Included airborne infectious disease)
- N95 training and practice
- N95 fit testing (integrated into class and done by peer trainers)
- Classes conducted on all shifts



SEIU members respond

LICH success story

with much credit to the partnership of
Lewis Kohl, DO, Chairman,
Emergency Medicine, LICH

Trained 1500 employees in less than one year

- Fit tested 1200 employees
- Worker trainers role expanded to include:
PPE donning and doffing
inspection during drills

Training preparedness
to the community



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SEIU members respond

Other efforts

- Emergency plan and policy review by worker trainers, union health and safety committee members and union leaders at some hospitals
- Identifying and negotiating the resolution of health and safety issues related to airborne infectious diseases and emergency response
- Encouraging positive voluntary seasonal flu vaccination programs (education, free and ready access)
- Identifying and negotiating issues of fair and equal treatment of employees

Barriers

Mask Confusion:

- Airborne transmission or not (droplets and droplet nuclei)?
- Surgical/procedure mask or N95 respirator ?
- Is an N95 adequate ?
- Filter efficiency ?
- Fit testing ?
- Just in time training ?
- Reuse and for how long ?
- Run out ? Then use a surgical mask ?

In general, the healthcare sector lacks expertise with respiratory protection



SEIU recommended research needs presented to the IOM Workshop on Personal Protective Equipment for Healthcare Workers in the Event of Pandemic Influenza

- 1) Identify/ better characterize barriers to overcome to create a “safety culture” in healthcare that will lead to the adoption of better PPE training, better PPE equipment, and practices
- 2) Validate the efficacy of N95 respirators vs. more protective respirators for poorly characterized airborne biological threats
- 3) Characterize how flu is transmitted in the air and the size of particles and the infective dose

Recommended research needs (continued)

- 4) Seek improved forms of respiratory protection that better overcome discomfort issues
- 5) Seek improved forms of respiratory protection so that more respirator models provide better fit characteristics right out of the box
- 6) Better characterize how the extended use of N95s and other negative pressure forms of respiratory protection may negatively impact wearer's health and the ability for wearers to do their jobs (including measuring any reduction in blood oxygen saturation levels).

“There is no longer any excuse for governments or hospitals to be caught off guard, no longer any excuse for health workers not to have available the maximum reasonable level of protection through appropriate equipment and training, and no longer any excuse for patients and visitors not to be protected by effective infection control practices.”



SARS Commission Final Report 2007