



## Office of Public Health

H1N1 Influenza, September 11, 2009

### Preparing for the 2009–2010 Influenza Season at NPS Units and Offices: Guidance for Managers and Supervisors

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**Background:** The H1N1 influenza virus continues to cause illness worldwide, and transmission is expected to increase this fall/winter in the United States. Businesses, government agencies, and other employers should be prepared for the possible impact of H1N1 transmission in the workplace, particularly with regard to increased employee absenteeism rates and the potential challenges in maintaining normal business operations.

The following guidance is adapted from the Centers for Disease Control and Prevention (CDC) document titled, “CDC Guidance for Businesses and Employers to Plan and Respond to the 2009–2010 Influenza Season” (<http://www.cdc.gov/h1n1flu/business/guidance/>)

#### Key elements of an H1N1 preparedness and response plan for NPS units

1. Flexibility—Be prepared to implement multiple measures to protect workers and ensure business continuity. The response to H1N1 should be flexible and scalable, depending on the severity of disease, extent of transmission, level of absenteeism, and other factors.
2. Collaboration—NPS unit managers should be in close contact with state and local health officials. Disease transmission will likely vary by geographic location, and local public health officials will be issuing guidance specific to their communities.
3. Policies—Managers and supervisors should be familiar with and be prepared to use flexibilities in NPS policies regarding leave, alternative workplaces (e.g. teleworking), staggered work shifts, and other measures to increase social distancing.
4. Continuity of operations plan—Managers should identify essential business functions and mission-critical employees required to maintain business operations. Consider cross-training personnel, and be prepared to decrease services, if needed, to maintain critical operations.
5. Employee communication—Establish a process to communicate information to employees on your H1N1 Influenza response plans.

#### Recommended actions if disease severity is mild

1. Employees with fever and influenza-like symptoms (e.g. cough, sore throat) should be advised to stay home until at least 24 hours after their fever has resolved.
  - a. Expect employees to be out for about 3-5 days in most cases.
  - b. Ensure that your sick leave policies are flexible and non-punitive.
  - c. Do not require a doctor’s note for ill workers returning back to work.
2. Employees who develop influenza-like symptoms at work should be separated from other employees and asked to go home promptly.
  - a. Where possible, ill employees should be given a surgical mask to wear to reduce the spread of respiratory droplets.
  - b. Employees in close contact with the ill employee should be informed about their possible workplace exposure. Confidentiality must be maintained.

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- c. Employees exposed to an ill employee should monitor themselves for symptoms and stay home if they are sick.
3. Practice good cough and hand hygiene
  - a. The following everyday measures should be emphasized among all employees
    - i. Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
    - ii. Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
    - iii. Avoid touching your eyes, nose, or mouth. Germs spread this way.
4. Environmental sanitation
  - a. Routinely clean all commonly touched surfaces in the workplace, such as countertops and doorknobs.
  - b. Use cleaning agents that are usually used in these areas. No additional disinfection beyond routine cleaning is recommended.
5. Encourage employees to get vaccinated
  - a. Most employees should be vaccinated with the seasonal flu vaccine.
    - i. The seasonal flu vaccine will not likely provide protection against H1N1 but will protect against other flu viruses.
  - b. Many employees will also be eligible for priority vaccination with the H1N1 vaccine.
    - i. For additional guidance on the H1N1 vaccine, including target groups recommended for priority vaccination, see <http://www.cdc.gov/h1n1flu/vaccination/> or the document, "H1N1 Influenza Vaccine: Guidance for NPS Employees and Parks".
6. Take measures to protect employees who are at higher-risk for complications of influenza
  - a. Persons at higher risk for complications from influenza include pregnant women, children <5 years of age, persons with chronic medical conditions or who are immunocompromised, and persons ≥65 years of age
  - b. Such employees should be advised to contact their healthcare provider if they become ill and consider early treatment with anti-viral medications.
7. Prepare for increased employee absenteeism
  - a. Elevated absentee rates can be due to sick workers, those who need to stay home and care for others, or from workers who may be worried about coming to work.

**Additional actions to consider if disease is more severe**

1. Consider active screening of employees who report to work.
  - a. At the beginning of each workday or with each new shift, ask all employees about fever and other influenza-like symptoms (e.g. cough, sore throat). Symptomatic employees should be promptly sent home.
2. If the severity of disease increases, CDC recommends a longer period for ill employees to stay home from work
  - a. Ill employees should stay home for 7 days after symptoms begin or for at least 24 hours after symptoms resolve, whichever is longer.
3. Consider alternative work environments for employees at higher risk for complications of influenza.
  - a. These employees could be reassigned to duties that have minimal contact with other employees/visitors or be allowed to work from home (if their duties are capable of being performed from a remote location)
  - b. Grant liberal leave to such employees as requested
4. Consider increasing social distancing in the workplace.
  - a. Additional social distancing measures include canceling face-to-face meetings, canceling non-essential travel, increasing use of teleworking, spacing workers farther apart, and staggering work shifts.
5. Park managers should be in frequent communication with state/local health departments and the NPS Office of Public Health.