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**INTERIM GUIDANCE ON DISTRIBUTION OF
STATE AND FEDERAL STOCKPILES OF N95 RESPIRATORS FOR H1N1 (2009) PANDEMIC**

PURPOSE

This guidance is issued in conjunction with the October 22, 2009 version of the *Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199 (Aerosol Transmissible Diseases)* and advises local health departments, local Hospital Preparedness Program (HPP) entities, healthcare facilities, state institutions, emergency medical services providers, Tribal entities, and other public health and medical stakeholders on the distribution of N95 respirators from the State stockpile.

To ensure an adequate supply of N95 respirators is available to healthcare facilities, the California Department of Public Health (CDPH) will release to local health departments up to 50 percent of each jurisdiction's pre-allocated supply of N95 respirators maintained in the State stockpile.

The State stockpile of N95 respirators will assist hospitals and other healthcare facilities to comply with State standards issued by Cal/OSHA for use of N95 respirators in treating patients suspected or confirmed as having aerosol transmissible diseases (ATD). However, the State stockpile is a limited resource and it is essential that the State, local health departments, healthcare facilities and health care workers adopt N95 conservation measures while ensuring that healthcare workers are appropriately protected with N95 respirators. This guidance has two objectives: 1) to ensure that California's healthcare workers have access to N95 respirators in order to meet the Cal/OSHA ATD standard; and 2) to ensure prudent and responsible use of this limited resource.

CDPH will monitor availability of N95 respirators closely and will update this guidance as new information on N95 respirator availability and usage becomes available.

BACKGROUND

CDPH N95 Respirator Stockpile

Currently, CDPH maintains a stockpile of 52.5 million State and federally-supplied N95 respirators for use during public health emergencies when local and regional supplies have been or are likely to be exhausted. The stockpile is maintained for healthcare workers and is pre-allocated to local health departments on a population basis.

Interim Guidance on Distribution of State and Federal N95 Respirators

Page 2

October 22, 2009

In addition to the State stockpile, the U.S. Centers for Disease Control and Prevention (CDC) maintains a stockpile of respirators to further support State and local needs.

CDC Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza

On October 14, 2009, CDC released updated interim guidance on infection control measures to prevent transmission of H1N1 (2009) influenza in healthcare facilities. The updated guidance applies to the special circumstances of the current H1N1 (2009) pandemic. It describes a hierarchy of controls for preventing infection, listing elimination of potential exposures, engineering and administrative controls as priorities before use of personal protective equipment in preventing influenza transmission. The CDC guidance recommends a fit-tested disposable N95 respirator to provide respiratory protection for healthcare personnel who are in close contact with patients with suspected or confirmed H1N1 (2009) influenza. For the complete guidance, go to http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

Revised Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199

The Aerosol Transmissible Diseases (ATD) standard, passed by the California Occupational Safety and Health Standards Board on May 21, 2009, became effective August 5, 2009, and applies to California workplaces such as hospitals, skilled nursing facilities, prisons, homeless shelters, clinics, medical offices, drug treatment programs, and laboratories. Today, October 22, 2009, CalOSHA is withdrawing its Interim Guidance dated September 8, 2009, and is issuing revised guidance titled *Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199*. This updated *Interim Enforcement Policy* provides guidance for health care facilities on use of N95 respirators with the availability of the respirators from the State stockpile. The Cal-OSHA guidance includes information on respirator conserving strategies such as minimizing the number of exposed employees and implementing extended use or re-donning of N95 respirators. For the complete document, go to http://www.dir.ca.gov/dosh/SwineFlu/Interim_enforcement_H1N1.pdf.

ASSUMPTIONS

- The State stockpile is a one-time supply. CDPH will be subject to the same N95 respirator supply chain constraints as the broader marketplace.
- Healthcare facilities will show “good faith” efforts and take all reasonable steps available to implement the hierarchy of infection controls outlined in the CDC guidance as well as procure through the commercial market an adequate supply of N95 respirators or other respirators that provide equivalent or better protection.
- The State stockpile is to be used as a last resort when the healthcare facility is unable to obtain supplies in a timely manner and local government caches are exhausted.
- Healthcare facilities will conserve N95 respirators and take other actions as described in the October 21, 2009 *Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199* and the *CDC Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza*.

Interim Guidance on Distribution of State and Federal N95 Respirators

Page 3

October 22, 2009

- Local health departments are responsible for addressing the needs of all healthcare workers in their jurisdiction including those working in hospitals, community clinics, and skilled nursing facilities, state healthcare institutions, emergency medical services providers, Tribal entities, and other healthcare venues.

DISTRIBUTION OF STATE STOCKPILE OF N95 RESPIRATORS TO LOCAL HEALTH DEPARTMENTS

It is the intent of CDPH to deploy a significant portion of its respirator stockpile locally to ensure an adequate supply to protect health care workers in health facilities. CDPH is therefore authorizing the release of up to 50 percent of the pre-allocated State stockpile to local health departments. Upon request from local health departments, CDPH will ship allocations to jurisdictions for positioning at the local level.

Pre-Allocated Resources

The State stockpile of N95 respirators is configured on a standard pallet containing 11 different N95 products in a variety of models and sizes. The federal supply of personal protective equipment (PPE) is also configured on a standard pallet containing a variety of PPE products including N95 respirators (see Pre-Allocated Resources on page 3 to locate spreadsheets for specific product manufacturers and model numbers). Because these models/sizes may not match those currently used by healthcare workers, please refer to the CalOSHA Interim Guidance concerning fit testing to alternate models.

Based on a statewide impact scenario, where it is assumed that all operational areas will be affected, CDPH has developed pre-allocation spreadsheets based on population data. For each local health department, these spreadsheets indicate the allocation of N95 respirators from the State supply and personal protective equipment from federal supply currently held by the State. Local health departments can view their pre-allocations on CAHAN at <https://cahan.ca.gov/cahan/Documents/2%20-State%20and%20Local%20Health/%23%20CDPH/EPO/CDHOM/Pre-Allocated%20Assets%20by%20LHD%2010-07-09.pdf>

Standardized Resource Request Process

Local health department requests for pre-allocated N95 respirators will follow the Standardized Emergency Management System (SEMS) process identified in the California Disaster Health Operations Manual (CDHOM). See the section titled, "Environmental and Public Health Resource Requesting Process" on page 19 of Interim CDHOM. A copy of CDHOM is posted to the CAHAN document library at Documents: 2-State and Local Health: # CDPH: EPO: CDHOM. A Medical and Health Resource Request Form is included in CDHOM which includes a pre-populated listing of available CDPH assets (Appendix D of CDHOM).

Prior to submitting a resource request, local health departments should refer to their pre-allocation spreadsheets to determine their current available supply. It is important to note that the spreadsheets identify only the items currently available in CDPH's stockpile. If additional resources

Interim Guidance on Distribution of State and Federal N95 Respirators

Page 4

October 22, 2009

are received by CDPH, they will be made available for additional shipments to the LHDs, based on requests for supplemental support.

Minimum Orders

All N95 respirators held by CDPH are palletized and the minimum amount that may be ordered and shipped is one pallet. To view the material contained on a standard pallet for State N95 respirators or federal PPE, see the spreadsheet posted to CAHAN.

For nine local health departments, the full allocation is contained on a single pallet which will be provided to them upon request.

DISTRIBUTION FROM LOCAL HEALTH DEPARTMENTS TO HEALTHCARE FACILITIES

The State stockpile of N95 respirators is intended to protect healthcare workers from the transmission of H1N1 virus. While this stockpile is intended to be used as a last resort, it is important that healthcare workers be protected. Local health departments shall work with healthcare facilities, local HPP entities, and local emergency medical services agencies, including state and federal institutions and Tribal entities, in quantifying and confirming that they maintain at least a 30 day supply of N95 respirators.

Local health departments will communicate with healthcare facilities in their jurisdictions the availability of supplemental N95 respirators, the criteria that healthcare facilities will need to meet to receive supplemental N95s, and the need to regularly submit reports on the use of N95s. Criteria include: documented attempts to procure N95s from commercial sources, documentation of any anticipated shipments of N95s from those sources, and documentation of current or anticipated supply of less than 30 days.

Kaiser Permanente has established a single point of contact for all Kaiser healthcare facilities in California. Local health departments whose jurisdiction includes Kaiser facilities should contact Laurel Junk (626 405-6700 or laurel.l.junk@kp.org) concerning N95 allocation to those facilities.

Local health departments will initially issue an allotment of N95 respirators adequate to maintain a 30 day supply to facilities that meet the above criteria. Following the initial supply of N95 respirators, in order to maintain the 30 day supply, healthcare facilities may request weekly orders if needed.

Healthcare facilities that receive N95 respirators from the State stockpile shall provide information to their local health department on their use of respirators (see Enclosure 2). Each local health department receiving respirators from the State stockpile shall submit aggregate data from reporting facilities within their jurisdiction to CDPH at JEOCuser15@cdph.ca.gov not later than 12:00 PM every Friday. Simultaneously, the local health department shall submit this information to their Medical Health Operational Area Coordinator (MHOAC). This information will assist CDPH in monitoring the use of the State stockpile and its ability to meet the needs of California's health care facilities. The information needed from each healthcare facility includes:

- The number of N95 respirators in stock

Interim Guidance on Distribution of State and Federal N95 Respirators

Page 5

October 22, 2009

- The number of N95 respirators used daily, by type of health care facility
- The number of N95 respirators that have been ordered from private vendors
- The expected delivery date of the ordered respirators

Local health departments will submit the aggregate data to CDPH using *Enclosure 1: Local Health Department N95 Respirator Supply Report*.

Enclosure 2



[XXXX] Health Department



Healthcare Facility N95 Respirator Supply Report

Name of Healthcare Facility: _____

Type of Healthcare Facility (GACH, Clinic, SNF, etc.): _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Delivery Address: _____

Number of N95 Respirators in Stock	Number of N95s Used Daily	Number of N95s on Order	Expected Delivery Date	Number of Respirators Requested from Stockpile

Please email form back to LHD@XXX.gov

Fax form to: (XXX) XXX-XXXX