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- Topics of Discussion:
 - Function of an Occupational Health Program
 - Employee Health Monitoring
 - APHIS Occupational Medical Monitoring Program
 - HPAI 2014 2015
 - Challenges
 - Preparedness
 - Worker Protection for APHIS Employees
 - Public Health Monitoring
 - Incident Stress Management

Function of an Occupational Health Program

- Protect and promote the health and safety of employees
- Protect the public and the environment from hazards that may arise from workplace activities
- The primary focus is on the prevention of occupational injuries and illnesses and
- The prevention of occupationally related harm to public health and the environment

Employee Health Monitoring

- The goal of monitoring is to ensure that measures to protect the employee from workplace hazards are effective by conducting medical surveillance
- The practice of occupational medicine relies on the profession of industrial hygiene
- The industrial hygienist assesses the:
 - Effectiveness of procedures
 - Effectiveness of work practices
 - Effectiveness of engineering controls and
 - Effectiveness of Personal Protective Equipment for protecting employee health

- APHIS Occupational Medical Monitoring Program
 - Administered by Federal Occupational Health (FOH) an agency of the Department of Health and Human Services
 - Covers all 8,000+ employees, of which approximately 2,500 employees are enrolled
 - Services include medical monitoring, environmental health services, and ergonomics
 - Medical Monitoring needs are identified through development of SOPs, job hazard analyses (JHA), and documenting potential hazard exposures
 - FOH Medical Advisor reviews potential hazard exposures and determines medical needs
 - Needs may include serum titers (rabies, Brucella, Q Fever, etc.), vaccinations (rabies, tetanus, influenza, etc.), TB testing, respiratory medical clearance, etc.

XENOMORPH BLEEDING SOP

<u>Purpose</u>

To provide the steps needed to bleed Xenomorphs at a quarantined farm or facility.

<u>Scope</u>

This procedure only applies to the XYZ farm in Nowhere, USA.

Precautions and Limitations

Ensure all required equipment and PPE are on hand before arriving at the XYZ facility. **Procedure Steps**

- 1) Place blood collection kit in plastic bucket, tray, or plastic bag.
- Don Tyvek suit, puncture resistant gloves, face shield, or goggles, respiratory protection, and protective boots.
- 3) Discuss with farm/facility management hazards at this location.
- 4) Establish clean/ dirty line
- 5) Enter the premises.
- 6) Ensure adequate lighting.
- 7) Use rope, snare or squeeze chute to restrain the animal.
- 8) Prepare collection kit and needle for the blood draw.
- 9) Locate the anatomical landmarks for the blood draw.
- 10) Draw the sample.
- 11) Place sample in approved container.
- 12) Free the animal.

13) Leave the pen.

14) Proceed to the clean/ dirty line.

15) Decontaminate using the approved chemical decontamination process.

16) Double bag the sample kit.

17) Doff the PPE.

18) Dispose of the PPE as appropriate.

19) Exit the farm/facility.

20) Return to the office.

21) Prepare the sample for shipment to the lab.

22) Dispose of sharps

23) Decontaminate the lab area where the sample was readied for shipment.

	JOB HAZARD ANALYSIS	Page 1 o
Job Description	JHA No.	
Xenomorph Blood Collection	001	
Job Location:	Department Name:	
Animal Pens	SHEPB	
Prepared By: (Originator)	Date:	
George P. <u>Burdell</u>	7/28/2016	
Signatures - Team Members		
SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	RECOMMENDED SAFE JOB PROCEDURE
1.) Place blood collection kit in plastic	Broken glass - need to resupply	Use plastic collection tube.
bucket, tray, or plastic bag.		Exercise caution, work over a 'soft' surface
 Don Tyvek suit, puncture resistant gloves, face shield, or goggles, respiratory protection, and protective 	Eye exposure to biological material from the infected animal	Face shield or goggles
	Needle stick	Wear puncture resistant glove on hand subject to potential needle stick.
	Inhalation/ingestion of airborne infectious material	Wear an N-95 filtering face piece respirator
 Discuss with farm/facility management hazards at this location. 	Uneven walking surfaces – a slip or fall	Walk, do not run. Take your time and use baby steps when walking surface is uncertain. (covered in manure)
	Dimly lit. Unseen hazards.	Ensure adequate lighting. Use temporary lighting if necessary.
	High temperatures – heat stress related issues.	Ensure portable ventilation is used. Limit your stay time to 15 minutes or less per entry.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE						
OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES (Please print all information)						
Section A (To be completed by employee)						
Name (Last, First, Middle Initial) Social Security Number		Social Security Number	Work Address (Include Laboratory, Building and Room)			
Doe, Mary J. 123-45-6789		123-45-6789				
Date of Birth	Title, Series, Gra	de	1234 W. Somewhere St., Suite ABC, Nowhere City, USA			
09/09/1990	AHT, GS-7					
Sex	_	Telephone Number				
X Female	Male	301-436-3150				

Section B (To be completed by employee)								
Are you a respirator user? If yes, what type? (Check all	Posticido Applicator							
X Yes No X Negative Pressure	PAPR	SCBA	Pesticide Applicat	No				
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Check box(es) Frequency 1F 2F 3F 4F (Note 3)	Check box(es) Duration 1D 2D 3D (Note 4)			
Brucellosis, exposure to animal tissue, face shield	NA	0	S, I		\boxtimes \Box \Box			
Brucellosis, exposure to aerosolized animal tissue, N95	NA	0	I, R		\boxtimes \Box \Box			
Needlestick, blood collection, puncture resistant gloves	NA	0	s					
Vircon-S, decon, nitrile gloves	71654-6	0	S		\boxtimes \Box \Box			
One Stroke, decon, nitrile gloves	1043-26	0	s		\boxtimes \Box \Box			
Heat Stress, Tyveck suit, 15 min work schedule	NA	0			\boxtimes \Box \Box			

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE OCCUPATIONAL MEDICAL MONITORING PROGRAM

OCCUPATIONAL EXPOSURES (Please print all information)

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Section A (To be co				completed by employee)									
Name (Last, First, Middle Initial) Social Security Num BUSY-GUY, Ima 123-45-6789			9	Work Address (Include Laboratory, Building and Room)									
Date of Birth	Title, Ser	ries, Grade			123 East Happy Go Lucky Blvd.								
09/27/1900	09/27/1900 Veterinary Medical Officer, GS0504-11			Northwest Wallys Parrot View, Nebraska 01234									
Sex Female	×M	ale	Telephone Number 987-654-3210	er	7								
			Sectio	on B (To be co	mpleted by employ	ee)				_		-	_
Are you a respira	ator user?	If yes, wh	nat type? (Check a	ll that apply)							12		
Yes No Negative Pressure PAPR				* PAPR	▼ SCBA	Pesticide Applicat	or	×	Yes	_		No	
occupational expos	ures with w	hich you w	ork. Use	CAS		Route of Entry	Check box(es)				Check box(es)		
continuation sheet, if necessary)		EPA Numbe	Work Use (Note 1)	S, I, R (Note 2)	1F 2F 3F 4F (Note 3)				1D 2D 3D (Note 4)				
Noise - Pilot of	Bell Model	63T Helico	pter	NA	O, AP, SH, E	R	×					×	
Noise - Bird Re	location ne	ar USMC H	larrier Jets	NA	0		×						×
Noise - Inspecti	ions of Dog	Puppy Rea	aring Facilities	NA	O & Indoors			×				×	
Pesticide - Cumophos applications on horses/cattle			O & Indoors	S,I,R	×						×		
Pesticide - Monitoring of Methyl Bromide Fumigations		NA	O & Indoors	S,I,R		×				×			
Biological - Avian Influenza Surveillance		NA	O & Indoors	S,I,R	×					×			
Chemical - Ammonia in Heated Chicken Houses		NA	Indoors	S, R		×				×			
Chemical - Isopropyl Alcohol for Insect samples				BT	S,I,R	×				×			
Monkeys - Inspections - Exposed to Feces & Urine		NA	O & Indoors	S,I,R			×			×			
Deer - Perform necropsies of tick infested deer		NA	O & Indoors	S,I,R				×		×			
Beaver Dam Removal Operations with Plastic Explosive		NA	0		×					×			
Aerial Gunning from Un-Manned Drone		NA	O, AC, SH,E			×				×			
Radiation - Sterilization Irradiator Operator		NA	Indoors			×				×			
Hazardous Waste - Spent Dibrom Trap Storage		NA	Indoors	S,I,R			×			×			
Rabies - Pickup both live and dead rabid animals		NA	0	s	×						×		
Ozone form Off	ice Copier			NA	Indoors	R	×						×
Specify other work	use:												_
Note 1 (Work Us	e): FM-Fu	me-Hood,	BT-Bench Top, BS	Back Sprayer	, T-Tractor, BSC-Bi	ological Safety Cab	net, (D-Ou	tdoor	s, AF	-Airo	craft,	_
Monthly, 4F-Seas	sonal; and	Note 4 (Du	uration): 1D-Less 1	han 1 hour. 20	0-1 to 8 hours, 3D-N	ore than 8 hours.): 1F	Dally	, 21	week	dy, 31	-	
			Sectio	on C (To be co	mpleted by employ	ee)					_		
I have reviewed the information and certify the					that it is accurate to the	best of my knowledge.		IT.	alanh	onel	Num	DOT	_
Address			ngilacule					l elephone Number					
			0	Date									
Section D (To be completed by employee's supervisor)													
I have reviewed the information provided by the employee and certify that it is accurate to the bast of my knowledge. Address						ber	_						
org.								at c			_		
								D	ate				
APHIS FORM 29	(NOV 2003	1)					0						-

- HPAI 2014 2015
 - APHIS responders working in the hot zones (potentially infected/contaminated premises) are required to be in Level C personal protective equipment
 - Protective clothing (e.g. Tyvek ® or Tychem ®)
 - Gloves
 - Respirator (at a minimum, an N-95 disposable respirator)
 - Eye protection
 - Boots or protective foot covers
 - Seasonal influenza vaccine (highly encouraged)





• HPAI 2014 – 2015

- Respiratory Medical Clearance Evaluation
 - Mandated by 29 CFR 1910 as part of respiratory protection program
 - FOH Medical Advisor established criteria for a baseline evaluation
 - Criteria include:
 - History and physical examination
 - Vision and hearing
 - Chest x-ray
 - ECG
 - Spirometry
 - Blood chemistries, CBC, and urinalysis
 - Update tetanus/diphtheria; encourage seasonal influenza vaccination

- HPAI 2014 2015
- Challenges
 - Readiness
 - APHIS was prepared to respond to HPAI after gearing up for a potential response to H5N1 in 2005
 - Essentially nothing happened in the years following, until 2014
 - Medical clearances for respirator use had fallen off the radar
 - Suddenly the need to medically clear several hundred responders in a timely manner became a paramount priority...employees without current clearances could not perform work requiring the use of a respirator

- Onsite Medical Services
 - Since 2006, APHIS has maintained an interagency agreement with FOH to provide onsite medical services in the event of an emergency response
 - In January, 2015, the agreement was exercised for the first time to Modesto, CA for a small outbreak at a turkey producer
 - Discussions were held with FOH in March, 2015, to prepare for a possible larger outbreak response
 - A process was agreed upon for an expedited respiratory medical clearance evaluation
 - For the Minnesota area responses, we were able to utilize an FOH clinic in St. Paul
 - Then came Iowa...

• HPAI in Iowa

- Iowa presented new challenges
 - Multiple infected sites scattered great distances
 - No FOH clinics nearby
 - Bringing on large numbers of new hires needing baseline respiratory medical clearances
 - Respirator fit-testing large numbers of new hires
- New Paradigm Needed
- Enter the Academy...



- The Academy Provided:
 - Onboarding of personnel
 - New Employee Orientation
 - Government Badging
 - Government Phones/Computers
 - Medical Clearances
 - Training
 - Fit-testing of respirators and training in how to use a respirator
 - Donning and doffing personal protective equipment
 - Decontamination
 - Working with poultry

- Medical Clearances
 - National Center for Animal Health, Ames, IA became the center for the Academy
 - Existing clinic spaces were converted for use by FOH
 - Occupational health nurse and a physician were assigned to the unit
 - Up to 30 responders were processed during a week of the Academy, usually with a 24 hour turnaround
 - During the life of the Academy over 350 responders received medical clearances

- Public Health Monitoring
 - Avian influenza viruses of public health concern are known to, or have the potential to cause serious disease in humans and also because of their pandemic potential
 - The Centers for Disease Control and Prevention (CDC) deemed the risk of infection from US HPAI H5 viruses to the general public to be low
 - May, 2015, a small number of APHIS responders became ill with influenza-like illness (ILI)
 - Evaluated and determined not to be HPAI
 - MN and other states began bombarding CDC wanting more information about what was going on and those responders returning to their state
 - CDC reaches out to APHIS to develop an ILI monitoring process

- Public Health Monitoring
 - A working group consisting of APHIS subject matter experts and the CDC's Influenza Division began work that same month to develop a monitoring process
 - A well crafted process would reassure the public, partners, and stakeholders, should a human infection occur, that all parties were taking this response seriously
 - The process developed addressed the following objectives:
 - Effectively identifying ILI in responders
 - Engaging public health to provide appropriate testing for influenza virus infections (including seasonal influenza)
 - Ensuring prompt medical evaluation of ill responders
 - Engaging public health to provide appropriate testing for avian influenza viruses
 - Ensuring all potentially exposed individuals are monitored appropriately

- Public Health Monitoring
 - The Safety Officers were assigned the task of coordinating ILI monitoring
 - Newly deployed responders were provided:
 - A description of the ILI monitoring plan
 - A list of signs and symptoms for self-monitoring
 - Any signs and symptoms were to be reported to the Safety Officer
 - State Public Health would be notified to direct proper testing for influenza viruses
 - At the time of demobilization, responders were instructed to self-monitor for 10 days
 - The APHIS resource ordering system generated a daily list of those responders who were demobilized and the list was sent to the CDC, who then sent to state/local public health departments
 - Language was inserted into contracts requiring contractors to follow the same monitoring guidelines

- Public Health Monitoring
 - State and Federal officials implemented the monitoring protocol during the latter portions of the 2014 – 2015 HPAI outbreaks and during the Indiana H7N8 outbreak in January 2016
 - APHIS-Veterinary Services-One Health Coordination Center hosted a workshop in August, 2016 with Federal and State public and animal health agencies to conduct a "Review of ILI Monitoring During Avian Influenza Outbreaks"
 - Objectives included:
 - Identify best practices for successful monitoring of people exposed to HPAI during outbreak responses in the US
 - Determine gaps in current monitoring policies, procedures, and practices for people exposed to HPAI viruses
 - Revise current protocols to reflect the lessons learned and outcomes from the review

- Critical Incident Stress Management
 - A formal, highly structured and professionally recognized process to assist responders with:
 - Sharing experiences
 - Venting emotions
 - Learning about stress reactions and symptoms
 - Referrals for treatment if warranted
 - It is not psychotherapy. It is a confidential, voluntary, and educative process, sometimes called "psychological first aid."