

HEALTH ADVISORY 2/2009
ADVICE ON INFLUENZA A (H1N1-2009) FOR WORKPLACES
(SUSTAINED COMMUNITY TRANSMISSION)

(22 July 2009)

Introduction

1. With sustained community transmission of the Influenza A (H1N1-2009) virus, the objectives are to:
 - (a) Slow the spread of the infection;
 - (b) Reduce casualties from the infection; and
 - (c) Minimise disruption to essential services.
2. This advisory provides advice on the measures and practices that can be implemented at the workplace (including places of mass gathering). However, as these are general guidelines, individual organisations should make an assessment based on their own situations and decide which are the appropriate measures to adopt.

Important Facts of Influenza A (H1N1-2009)

3. Influenza ("flu") is an infection caused by the flu virus. Influenza A (H1N1-2009) virus is a new strain of flu virus that spreads from human to human in the same way as seasonal flu.
4. Flu is spread when the flu viruses are transmitted into the air through droplets when an infected person coughs or sneezes, and are inhaled by other people. Flu can also spread indirectly when a person touches a surface with flu viruses on it and then touches his/her nose or mouth. The flu virus can survive on environmental surfaces and infect a person for up to 2-8 hours after being deposited on the surface. The symptoms of the flu include fever, cough, sore throat, running nose, muscle ache, fatigue and sometimes breathlessness.
5. Anyone in close contact (within 2 metres) with an infected person is at risk of getting the infection. However, the risk of developing serious complications, which could be fatal, is higher in certain groups, e.g. those who are:
 - (a) Pregnant;
 - (b) On cancer treatment;
 - (c) On immunosuppressants or long term aspirin therapy;
 - (d) On dialysis;

- (e) With underlying medical conditions such as asthma, chronic lung disease, heart disease, diabetes, kidney disease;
- (f) Below 5 years old; and/or
- (g) 65 years old and above.

Advice on Measures and Practices

A) Personal Hygiene and Social Responsibility

- 6. All individuals should practise good personal hygiene at all times. They should wash their hands regularly and thoroughly with soap and water, especially after coughing and sneezing and before touching their eyes, nose or mouth. When they cough or sneeze, they should cover their nose and mouth with a piece of tissue paper and dispose of it properly in a dust bin after use.
- 7. All individuals should exercise social responsibility. Those who are unwell should immediately seek medical attention, and rest at home and avoid crowded places until they fully recover. They should limit contact with others, especially those who belong to the high-risk groups, and wear a surgical mask when close contact is unavoidable.

B) Social Distancing

- 8. Organisations are advised to institute measures, where practicable, to increase the social space between co-workers and with visitors, e.g.:
 - (a) Allowing staff to telecommute.
 - (b) Dividing staff into work teams for critical operations and minimising physical contact among the teams.
 - (c) Tele-/video-conferencing instead of meeting in person for discussions.
 - (d) Introducing staggered work hours to minimize crowding at public transport services and/or lunch hours to reduce the crowding at eating places.
- 9. If people have to meet, ideally, they should avoid crowding where practicable. This could be achieved, for example, with the use of a larger venue or meeting room, if available.

C) Environmental Cleanliness

- 10. Organisations should maintain the cleanliness of the workplace to minimise indirect transmission of the flu virus via contaminated surfaces. Organisations are advised to clean at least once daily the floors and other surfaces, especially those that are frequently touched

(e.g. door handles, switches, tables), of their office space and common facilities, such as the toilets and meeting rooms.

11. Areas and surfaces should be cleaned with detergent before disinfection. A steady sweeping/wiping motion should be used to prevent splashing or aerosolisation. All cleaned surfaces should be allowed to air-dry as damp surfaces attract contaminants.
12. Common household disinfectants, when used according to the manufacturers' instructions, are effective in reducing microbial contamination. Disinfectants that are delivered as aerosols (e.g. from pressurised spray packs) should be sprayed onto a clean cloth followed by wiping of the surface.¹
13. Cleaners should wear disposable surgical masks and gloves before commencing any cleaning or waste disposal activity, after which the used masks and gloves should be properly removed and sealed in a bag before they are discarded in ordinary waste bins. Cleaners should wash their hands thoroughly with soap and water after any cleaning or waste disposal activity.

D) Temperature Screening

14. Organisations are advised to display conspicuous signages at building entrances to remind staff and visitors to be socially responsible and alert them not to enter the building if they have flu symptoms. Consequently, staff and visitors who enter the building could be deemed to pose a relatively low risk of infection to others. As such, in general, there is no recommendation for the routine screening of staff and visitors for temperature and flu symptoms, and the recording of particulars beyond that ordinarily required for security clearance.
15. However, each organisation should evaluate its own circumstances and implement temperature screening at its discretion based on its assessment of the risk by considering factors such as:
 - (a) Involvement of high-risk groups;
 - (b) High population density, requiring close contact; and/or
 - (c) Sustained contact, e.g. for more than 1 hour.
16. Should an organisation decide to implement temperature screening, the persons performing the screening ("screeners") should wear surgical masks and disposable gloves to minimise their risk of infection. The use of thermal scanners would minimise body contact.² If ear

¹ Spraying disinfectants without appropriate wiping action would not adequately clean contaminated surfaces. Spraying disinfectants into the air is not an effective decontamination procedure.

² In instances where close contact could be avoided with the use of thermal scanners, the screeners may defer the wearing of surgical masks and gloves until close contact is required with persons identified to be symptomatic.

thermometers are used, disposable thermometer covers must be used and changed after each use. Otherwise, the thermometers should be disinfected between use (e.g. with disinfectant wipes). Screeners should change their gloves after dealing with a person with fever or other flu symptoms and immediately wash their hands thoroughly with soap and water. An alcohol-based hand sanitizer may be used if soap and water is not available.

E) Protection of Frontline Staff

17. Staff who fall under the high-risk groups (e.g. pregnant women) should, where possible, be redeployed from frontline duties to lower-risk settings. In general, there is no recommendation for frontline staff to wear surgical masks, especially in settings where the visitors have been screened before they approach the frontline staff.
18. However, each organisation should evaluate its own circumstances and offer, at its discretion, surgical masks to the frontline staff based on its assessment of the risk by considering factors such as:
 - (a) The volume of human traffic;
 - (b) The types of persons served by the staff; and
 - (c) The distance and duration of contact.
19. Organisations are also advised to consider staggering appointment times and other measures to reduce crowd build-up, and to maintain high standards of cleanliness and hygiene at frontline service counters.

F) Managing Staff Who Develop Flu Symptoms

20. Staff who develop flu symptoms should be advised to wear a surgical mask and immediately seek medical attention at the nearest Pandemic Preparedness Clinic (PPC)³, polyclinic or their regular private medical clinic. Those who belong to very high-risk groups (i.e. pregnant women, those on cancer treatment or dialysis) should consult their primary specialists who have been taking care of them. They should avoid taking public transport if possible.
21. Patients whose medical condition deteriorates or who develop severe symptoms such as breathing difficulty, chest pain, and persistent vomiting, should immediately call 995 for an emergency ambulance.
22. Tests to confirm the diagnosis of Influenza A (H1N1-2009) infection would generally not be required for most patients, unless clinically indicated or for public health reasons as assessed by the attending doctor. Antivirals (e.g. Tamiflu) would be prescribed based on the

³ To locate the nearest PPC, please visit www.street-directory.com/hpb.ppc or sms CLINIC to 70550. The PPCs can be identified with a "H1N1-ready" decal.

clinical assessment by the doctor on a case-by-case basis. Most patients would be given medical leave to recuperate at home, and need not be admitted to a hospital, unless they are deemed to be more severe and require inpatient care.

23. When staff are given medical certificates (MC) when they are unwell by registered doctors from polyclinics, PPCs, private medical clinics, or any other licensed health care institutions, organisations should allow them to rest at home and stay away from the workplace for the entire duration of the MC. To avoid causing any unnecessary crowds at polyclinics or public hospital emergency departments, organisations could also advise staff who are unwell that they can visit any PPC or private medical clinic. Organisations should not penalise staff for having to stay away from the workplace as a result, or encourage them to return to the workplace while they are still on MC. This would minimise the risk of infecting others at the workplace, as well as disruption to the business activities.

G) Contact Tracing and Home Quarantine Order

24. Contact tracing and Home Quarantine Orders are generally no longer required. They may, however, be initiated by the Ministry of Health (MOH) under certain situations on a case-by-case basis.

H) Managing Staff who are Close Contacts with Confirmed Cases of Influenza A (H1N1-2009)

25. Staff who are in close contact with confirmed cases of Influenza A (H1N1-2009) (e.g. those with a family member who is a confirmed case and recuperating at home) should closely monitor their own health throughout the time the confirmed case is unwell, plus a period of 7 days after the case has recovered from the infection. These staff do not need to stay away from the workplace if they are well. If they develop flu symptoms, they should wear a mask and immediately seek medical attention.

I) Overseas Travel

26. As H1N1 is now a global pandemic, it is widely circulating in many communities. Hence, the World Health Organisation and MOH do not recommend any travel advisory.
27. While overseas, staff should maintain high standards of personal hygiene at all times and take note of any public health announcements that may be in place.

28. Staff who are unwell should immediately seek medical attention and refrain from travelling until they have fully recovered or are certified fit for travel by a doctor.
29. Staff who have returned from overseas can return to work as usual so long as they are well.

J) Business Continuity Plan and Communications

30. Organisations are encouraged to appoint one or more “flu managers” to be in charge of the planning and coordination of H1N1-related matters.
31. Organisations should continue to prepare and be ready for high staff absenteeism because staff:
 - (a) Are ill;
 - (b) Have to be at home to care for household members who are ill; or
 - (c) Have to care for children who are staying at home because schools or childcare centres are closed.
32. Organisations should keep their staff informed of and updated on:
 - (a) The symptoms and mode of transmission of flu;
 - (b) The latest applicable MOH advisories;
 - (c) The relevant organisational staff policies;
 - (d) The infection control measures and other practices that are implemented at the workplace; and
 - (e) Emergency communications plan.
33. Organisations should also inform external parties of any restrictions on visits to their premises.
34. Organisations should consider whether there is a need to prepare for split team operations, different office sites, alternative suppliers, etc.
35. Organisations should regularly check the MOH website to keep abreast of the latest developments.

Further Information

36. For updates on this evolving situation and the latest advisories, please refer to the MOH website www.moh.gov.sg.
37. For further clarifications of this circular, please email moh_info@moh.gov.sg.

IMPORTANT

This advisory supercedes the Health Advisory on Influenza A (H1N1-2009) for Workplaces dated 6 May 09 with immediate effect. Please check the MOH website for the latest applicable advisory.

Ministry of Health, Singapore