



National Institute for Occupational
Safety and Health
Robert A. Taft Laboratories
4676 Columbia Parkway
Cincinnati OH 45226-1998

January 26, 2010
HETA 2009-0213

Ms. Dawn McCarthy
Occupational Health Nurse
U.S. Department of Homeland Security
Transportation Security Administration
W2-306N Health Unit
601 S 12th Street
Arlington, Virginia 20598-6017

Dear Ms. McCarthy:

This is in response to your health hazard evaluation (HHE) request of August 2009 asking the National Institute for Occupational Safety and Health (NIOSH) to identify the occupational exposure risk to Novel Influenza A (H1N1) for Transportation Security Administration (TSA) employees. Your stated intent for this HHE was to identify employee occupational exposure risk to H1N1 and to ensure that the correct personal protective equipment, preventive measures, and guidance were being provided to the TSA workforce. In the request you identified the following TSA positions of concern: Transportation Security Officers (TSOs); Federal Air Marshals; Transportation Security Inspectors (aviation, cargo, and surface venues); Behavior Detection Officers (BDOs); Bomb Appraisal Officers; and general office employees.

I discussed this HHE by telephone with you and the TSA Director for Occupational Safety, Health, and Environment in August and September 2009. I requested and received TSA position descriptions and job analysis tools and current H1N1 guidance prepared by TSA and your parent agency, the Department of Homeland Security (DHS). In addition, I reviewed current H1N1 and pandemic flu guidance from the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). I also spoke by telephone with an OSHA industrial hygienist who was knowledgeable on their agency's pandemic flu enforcement procedures.

The DHS pandemic flu guidance that I reviewed follows the OSHA definition of medium exposure risk occupations, namely jobs that require frequent, close contact (within 6 feet) exposures to known or suspected sources of pandemic influenza virus such as coworkers and the general public. In reviewing the information your office provided, all of the TSA jobs mentioned previously would appear to meet this medium exposure risk definition (with the possible exception of office workers who may be in the low exposure risk group).

This risk category interpretation is further supported by your statement that TSA follows the DHS Office of Health Affairs guidance on how to best protect employees. This DHS guidance places TSOs and Federal Air Marshals in the medium occupational exposure risk category, meaning they are not required to wear masks or respirators when interacting with the public on a regular basis. You explained that TSA will make both respirators and surgical masks available to employees who wish to voluntarily wear them. At the time of our discussion NIOSH approved N95 filtering facepiece respirators (3M 1860 and 3M 8210) were in stock at all airports and surgical masks were being ordered. TSA employees who elect to wear an N95 respirator must read and sign Appendix D to 29 CFR Part 1910.134 that provides

information to employees using respirators voluntarily. Prior to wearing the respirator, TSA employees are provided the manufacturer's instructions and must be instructed to dispose of the respirator if it is damaged, soiled, or if breathing becomes difficult while wearing it. Since April 2009, TSA has also purchased and distributed alcohol-based hand sanitizer to field operations and continues to supply employees with nitrile rubber gloves that they routinely wear while at work.

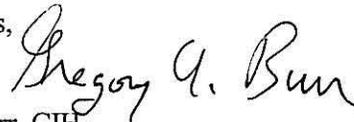
You explained that TSA has developed online training for employees on the H1N1 virus and the N95 filtering facepiece respirator. Furthermore, TSA is developing an N95 respiratory protection program and working with Federal Occupational Health on the medical clearance and fit-testing programs. This is part of TSA's plan to be prepared in the event that a more serious outbreak of influenza develops that may require mandatory use of an N95 respirator by employees.

To further understand OSHA's approach to H1N1 exposure risk classification, in December 2009 I spoke with an OSHA industrial hygienist knowledgeable in their agency's pandemic flu enforcement policy. For a severe H1N1 pandemic (based on CDC guidance) OSHA follows a four tier risk pyramid that includes Very High Exposure Risk (e.g., healthcare employees); High Exposure Risk (e.g., healthcare delivery and support staff and medical transport); Medium Exposure Risk (e.g., employees with high-frequency contact with the general population); and Lower Exposure Risk (Caution). However, because the H1N1 pandemic is not considered severe OSHA currently uses a simplified two tiered risk assessment approach, with the highest tier relegated for healthcare personnel and the second tier for everyone else.

In summary, the assignment of TSA employees to the medium occupational exposure risk category appears appropriate and in agreement with current DHS, CDC, and OSHA pandemic flu guidance. In addition, the availability of online training, the provision of respirators and masks for employees to use on a voluntarily basis, the availability and use of alcohol-based hand sanitizer and nitrile rubber gloves, and the ongoing development of an N95 respiratory protection program in the event that a more serious influenza outbreak develops, are positive steps in protecting your employees. This letter closes our file on this HHE request. A copy of this letter is being provided to the Occupational Safety and Health Administration Region III Office and the Virginia Department of Health.

Thank you for your cooperation with this evaluation. If you have any questions, please do not hesitate to call me at (513) 841-4582.

Sincerely yours,



Gregory A. Burr, CIH
Industrial Hygiene Team Leader
Hazard Evaluations and Technical
Assistance Branch
Division of Surveillance, Hazard
Evaluations and Field Studies

cc: Occupational Safety and Health Administration Region III Office
Virginia Department of Health
J. Segraves, TSA
J. Broehm, CDC