



***Federal Occupational Health:
Update Related to Emergency Planning and Bioterrorism
October 17, 2001 – Vol. 3***

Clarification on Referral Procedures for FOH providers

Several inquiries from FOH staff and customer agencies have prompted the clarification/elaboration of the following 2 questions:

Since initial anthrax symptoms can mimic flu-like symptoms, should FOH providers refer employees to their private physician, or the local health department for testing/diagnosis?

A more detailed fact sheet about the signs and symptoms of anthrax has been distributed to all health centers to assist in discriminating symptoms. Remember, anthrax is still very rare and most symptoms will not be related to anthrax. In order not to overwhelm local emergency rooms and public health departments, employees with **non-specific** symptoms should be referred to their private health care provider like any other illness that you cannot treat appropriately in the health center. The private physician will evaluate, treat and refer as necessary. Those with symptoms more specific to anthrax such as the characteristic lesions or severe respiratory problems should be referred immediately to the public health department or emergency room. Those who believe they may have been exposed but have no symptoms should be referred to the local health department and law enforcement for further evaluation.

Summary of referral guidelines

Non-specific symptoms – refer to private healthcare provider

Symptoms suggestive of anthrax – refer to local public health department or emergency room

Potential exposure, No symptoms – refer to public health department and law enforcement officials

Reassure everyone that even if exposure occurs, anthrax is highly treatable

Can FOH supply anthrax test kits for agencies or perform anthrax testing?

While rapid detection equipment is available for preliminary assessments of the presence of anthrax in residues, there is no specific test “kit” for determining anthrax exposure in people. Exposure/infection to anthrax can either be detected via antibody testing of the blood or cultures from skin, nasal passages, etc. *Because of the larger issues of public health and national security surrounding anthrax, it is imperative that appropriate local public health and law enforcement authorities know of all suspected cases as soon as possible. Therefore, It is not appropriate for FOH to perform testing of persons or property for anthrax at this time.* Those who believe they have been exposed and/or have symptoms suspicious of anthrax must contact their local health department and law enforcement officials for further evaluation.

Request for Mail Handling Procedures

Previous recommendations have been released on how to handle any mail that has been identified as suspicious in nature. In addition, FOH has received numerous inquiries requesting guidelines on use of personal protective equipment for mail clerks or other personnel who may handle or open large volumes of mail. **No consensus currently exists.** Until such time that guidelines are issued from the CDC or other authoritative source, FOH experts in industrial hygiene, infection control and other related disciplines will draft guidelines based on current practices by October 19. The guidelines will be distributed widely and published on our website at <http://www.foh.dhhs.gov/>.

In the meantime, it may be helpful to share the following information with customer agencies: Although it would seem reasonable to offer simple barrier methods such as gloves and gowns, their use as well as the use of other equipment such as masks or respirators must be carefully assessed, taking into consideration the risk of exposure, the appropriate level of protection and the inherent limitations of all protective equipment. It is important to note that from an occupational health perspective, engineering and administrative controls are first choices to limit exposures and should be used wherever and whenever feasible.

EAP/Crisis Response Management

It bears reminding that a critical piece of a comprehensive response to crisis is dealing with the psychological impact of the traumatic event. We urge all our customers and employees alike to utilize the services of their Employee Assistance Program for stress management and critical incident debriefings.

Coordinating the FOH Effort

In order to assist FOH in coordinating its response to multiple agencies for the same or similar services, we are asking that any requests for services or information about emergency planning, assessment of exposures or training in response to bioterrorism, be directed to CDR Debra Flagg USPHS at dflagg@psc.gov. Centralizing these requests will accomplish the following:

- Improve our understanding of the need, size and scope of new requests
- assist in prioritizing responses
- share information and expertise that we have and reduce or eliminate redundant efforts
- help develop and obtain resources where we don't currently have them
- and ensure the organization is speaking and acting uniformly

We appreciate the fact that so many agencies are turning to FOH for assistance in this time of crisis. The sheer volume of requests combined with the rapidity of developments has made it a tremendous challenge to do so in an effective, efficient manner. As occupational health professionals, and as an organization, FOH is prepared to meet this challenge in any way possible. Understanding that in some situations, the best help which can be provided may be to refer requests to other appropriate sources if available.

Thank you very much for all your efforts, patience and cooperation in assisting us continue to improve the health and safety of the federal workforce!