

pants as uncomfortable and could result in increased potential exposure to any hazardous materials being used in the laboratory.

So, should the doors be closed? Yes, the building is designed to work with the doors closed. Are the closed doors really an inconvenience for those working in the laboratory? They may think they are, but considering the alternatives, keeping the doors closed is a small price to pay. Red lights at intersections are an inconvenience to me when I've failed to correctly plan how long it will take me to get somewhere, but they are a necessity and I've learned to put up with them. The researchers in the laboratory should understand the need for keeping the doors closed and learn to close them for their own safety and for the safety of others in the building.

Question

How do you deal with the situation where a number of different researchers share open laboratories and different hazards are present? Should you provide information about all hazards including biologicals, chemicals, and radioactive materials that are present anywhere in the lab to all personnel in the lab?

Answer

Yes. In an open lab, a spill anywhere in the lab could affect anyone in the laboratory space and all personnel working in the space must be informed of the potential hazards even if they are not working directly with them. Personnel should also be aware of signs and symptoms of exposure to the hazardous materials and be trained to handle emergency situations should they arise.

Capsule

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What's new? What's hot? What's timely? If you don't have time to search the Internet for the latest developments that might impact your work environment, you just might find some of this information in the "Capsule" column. Please e-mail any comments or suggestions to ekrisiunas@aol.com or to Co-Editor Barbara Johnson at barbara_johnson@verizon.net or Co-Editor Karen B. Byers at karen_byers@dfci.harvard.edu.

Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, including Protection of Healthcare Personnel

CDC is releasing updated interim guidance on infection control measures to prevent the transmission of 2009 H1N1 influenza in healthcare facilities. The updated guidance applies uniquely to the special circumstances of the current 2009 H1N1 pandemic and will be updated as necessary as new information becomes available throughout the course of this influenza season. Revisions from earlier guidance include: criteria for identification of suspected influenza patients; recommended time away from work for healthcare personnel; changes to isolation precautions based on tasks and anticipated exposures; expansion of information on the hierarchy of controls that ranks preventive interventions in the following order of preference—elimination of exposures, engi-

neering controls, administrative controls, and personal protective equipment; and changes to guidance on the use of respiratory protection. Available at: www.cdc.gov/h1n1flu/guidance/ill-hcp.htm

Summary of Notifiable Diseases—United States, 2007

Published July 9, 2009, Volume 56, Number 53

The *Summary of Notifiable Diseases—United States, 2007* contains the official statistics, in tabular and graphic form, for the reported occurrences of nationally notifiable infectious diseases in the United States in 2007. Unless otherwise noted, the data are final totals for 2007 reported as of June 30, 2008. These statistics are collected and compiled from reports sent by state health departments and territories to the National Notifiable Diseases Surveillance System (NNDSS), which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE). This *Summary* also includes publications from previous years. Available at: www.cdc.gov/mmwr/summary.html

Novel Influenza A (H1N1) Virus Infections Among Healthcare Personnel—United States, April-May 2009

MMWR, 58(23), June 19, 2009, pp. 637-660

Soon after identification of novel influenza A (H1N1) virus infections in the United States in mid-April 2009, CDC provided interim recommendations to reduce the

risk of transmission in healthcare settings. These included recommendations on the use of personal protective equipment (PPE), management of healthcare personnel (HCP) after unprotected exposures, and instruction to ill HCP not to report to work. To better understand the risk for acquiring infection with the virus among HCP and the impact of infection-control recommendations, CDC solicited reports of infected HCP from state health departments. As of May 13, CDC had received 48 reports of confirmed or probable infections with novel influenza A (H1N1) virus; of these, 26 reports included detailed case reports with information regarding risk factors that might have led to infection. Of the 26 cases, 13 (50%) HCP were deemed to have acquired the infection in a healthcare setting, including one instance of probable HCP to HCP transmission and 12 instances of probable or possible patient to HCP transmission. Eleven HCP had probable or possible acquisition in the community, and two had no reported exposures in either healthcare or community settings. Among 11 HCP with probable or possible patient to HCP acquisition and available information on PPE use, only three reported always using either a surgical mask or an N95 respirator. These findings suggest that transmission of novel influenza A (H1N1) virus to HCP is occurring in both healthcare and community settings and that additional messages aimed at reinforcing current infection-control recommendations are needed. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a2.htm

Potential Impact of a Two-Person Security Rule on Biosafety Level 4 Laboratory Workers

Emerging Infectious Diseases, 15(7), July 2009 (online report) available at: www.cdc.gov/eid/content/15/7/e1.htm

Directors of all major Biosafety Level 4 (BSL-4) laboratories in the United States met in 2008 to review the current status of biocontainment laboratory operations and to discuss the potential impact of a proposed two-person security rule on maximum-containment laboratory operations. Special attention was paid to the value and risks that would result from a requirement that two persons be physically present in the laboratory at all times. A consensus emerged indicating that a video monitoring system represents a more efficient and economical standard, provides greater assurance that pathogens are properly manipulated, and offers an increased margin of employee safety and institutional security. The two-person security rule (one to work and one to observe) may decrease compliance with the dual responsibilities of safety and security by placing undue pressure on the person being observed to quickly finish the work and by placing the observer in the containment environment unnecessarily.

Ippolito, G., Nisii, C., Di Caro, A., Brown, D., Gopal, R., Hewson, R., et al. (2009, Nov [date cited]). European perspective of 2-person rule for Biosafety Level 4 laboratories [letter]. *Emerging Infectious Diseases* [serial on the Internet]. Available at: www.cdc.gov/EID/content/15/11/1858a.htm, DOI: 10.3201/eid1511.091134

Calendar of Events

February 28—March 5, 2010

ABSA Principles & Practices of Biosafety
Embassy Suites, Ft. Lauderdale, Florida

Contact: Phone: 1-866-425-1385 or 847-949-1517; Fax: 847-566-4580; E-mail: absa@absa.org; www.absa.org

March 15-18, 2010

ABSA Review Course and Spring Seminar Series
Sheraton, New Orleans, Louisiana

Contact: Phone: 1-866-425-1385 or 847-949-1517; Fax: 847-566-4580; E-mail: absa@absa.org; www.absa.org

September 30—October 6, 2010

ABSA 53rd Annual Biological Safety Conference
Hyatt Regency Denver at Colorado Convention Center, Denver, Colorado

Contact: Phone: 1-866-425-1385 or 847-949-1517; Fax: 847-566-4580; E-mail: absa@absa.org; www.absa.org

October 10-14, 2010

American Association for Laboratory Animal Science (AALAS) 61st National Meeting
Atlanta, Georgia

Contact: http://nationalmeeting.aalas.org/future_sites.asp