



Train. Protect. Prevent.

SEASONAL FLU PROTECTION

Did you know the pandemic flu can occur at any time and can be in various forms: Mild, moderate, or severe. In 2009, according to the Center of Disease Control, the flue pandemic was considered mild but still created many challenges for employers who were not prepared. Your employers flu plan should be based on a worst case scenario—which means the virus causes severe illness and death in larger numbers. This type of planning ensures that employers have the right type and quantity of equipment on hand to protect their workers.



Basic Flue precautions for all workers:

- Make sure to get vaccinated. It is proven that vaccination is the most important way to prevent the spread of the flu.
- Remain at home if you are sick. The CDC recommends that workers who have a fever and other symptoms remain at home until 24 hours after the fever ends without the use of medication
- Clean commonly touched surfaces
- Wash your hands frequently
- Cover your coughs and sneezes with a tissue or upper sleeve
- Stay in shape / healthy
- Participate in any training offered by your employer

The 2012-2013 flu vaccines are designed to protect against three flu viruses that many experts predict will be most common during this upcoming season. The three most common flu viruses commonly circulating among the population are: influenza B viruses, influenza A (H1N1), and influenza A (H3N2) viruses.

The 2012-2013 influenza vaccine is made from the following three viruses:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Victoria/361/2011 (H3N2)-like virus;
- a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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