Using Best Practices to Sustain Training Programs
During COVID-19 and Other Disasters

# Risk Communication and the Path Forward

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#### What is Risk Communication?

Risk communication can be defined as a two-way exchange of information between interested parties about the nature, significance, and/or control of a risk<sup>1</sup>

Risk = Hazard + Exposure Potential (Concentration x Time)

Importance of the precautionary principle, given the many scientific uncertainties and the rapidly evolving information during this pandemic

<sup>&</sup>lt;sup>1</sup> Lowbridge CP, Leask J. Risk communication in public health. N S W Public Health Bull. 2011 Apr;22(1-2):34.

## Some Key Principles of Risk Communication

- Communicate often
- Know your audience and listen to them
- Don't ask the impossible
- Allow for people to adjust to new information
- Explain values embedded in communication when does risk communication becomes risk management?
- Communicate uncertainty that information and guidance will change as more is known.
- Be honest / truthful

#### Communicate often –

Generally, only had participants for one short class (1-3 hrs), but often was the only training participants had received.

#### Know your audience and listen to them –

Many new participants from unfamiliar workplaces (compared to our usual audiences) or workplaces that had drastically changed with the pandemic.

Don't ask the impossible -

Remember the "don't touch your eyes" guidance?

Allow for people to adjust to new information -

Difficult with one-time short classes.

Practice needed to be able to incorporate airborne transmission control into workplace procedures.

 Explain values embedded in communication – when does risk communication becomes risk management?

For education workers, the risk communication was often premised on the idea that in-person schooling was a necessity.

Many California Hospital employers would not acknowledge their legal obligation to comply with the CalOSHA Aerosol Transmissible Disease (ATD) standard, including airborne transmission of the coronavirus.

Are coronavirus vaccination sites complying with OSHA Blood-borne Pathogen Standard requirements, including needlestick safety? And in California, the ATD standard?

# CalOSHA COVID-19 Citations with ATD Standard Violation (Late August 2020 to Mid February 2021)

Industry	Number of Inspections with Citations
Hospitals	27
Long Term Care / Nursing Homes	12
Medical Offices	2
Corrections/ Jails	8
Police / Public Safety	2
TOTAL	51

Cal/OSHA Citation Date	Healthcare Facility	Inspection Type	Proposed COVID-19 Penalty	Reason for ATD Standard COVID-19 Citations
Nov 13 2020	Kaiser Hospitals Redwood City Medical Center	Complaint	\$39,685	Not reporting to Cal/OSHA serious illness, Not logging illnesses in their log 300, Not implementing control measures, Not providing and ensuring respirators used Not investigating exposure incidents, Not notifying staff of exposure to suspected or confirmed person with COVID-19, Not providing post medical services, Not providing aerosol transmissible pathogen training to staff
Oct 26 2020	Kaiser Hospital - San Francisco	Accident	\$16,400	Not providing COVID-19 medical records to Cal/OSHA when requested, Not implementing an effective ATD Exposure Control Plan, Not screening employees for symptoms, Not providing N95 respirators to staff Not implementing universal masking for staff.

 Communicate uncertainty – that information and guidance will change as more is known.

April 2020 -

It is possible that a person could get SARS-CoV-2 infection by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.

April 2021

the risk of SARS-CoV-2 infection via the fomite transmission route is low, and generally less than 1 in 10,000, which means that each contact with a contaminated surface has less than a 1 in 10,000 chance of causing an infection

#### Be honest / truthful –

"Healthcare workers should wear N95 or higher respirators, but when respirators are not available, use a facemask"

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"Healthcare workers should wear N95 or higher respirators, but when respirators are not available, use a facemask"

"However, a facemask will not protect you from inhaling airborne particles which can transmit the coronavirus"

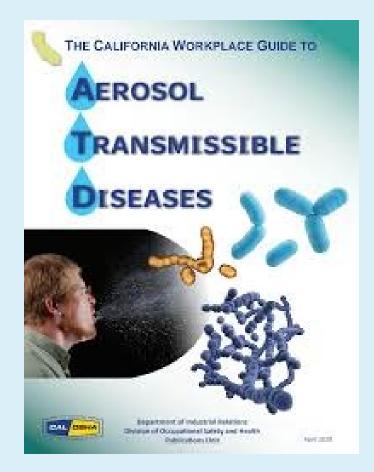
#### Be honest / truthful –

"Healthcare workers should wear N95 or higher respirators, but when respirators are not available, use a facemask"

"However, a facemask will not protect you from inhaling airborne particles which can transmit the coronavirus"

(Sorry - we should have stockpiled more N95s or adopted reusable elastomeric respirators, so you'd be better protected as you work for us.)

#### The Precautionary Principle is Embedded in the CalOSHA ATD Standard



https://www.dir.ca.gov/dosh/ dosh\_publications/ATD-Guide.pdf

- (a) Scope and Application
- (b) Definitions
- (c) Referring Employers
- (d) Aerosol Transmissible Diseases Exposure Control Plan
- (e) Engineering and Work Practice Controls and Personal Protective Equipment
- (f) Laboratories
- (g) Respiratory Protection
- (h) Medical Services
- (i) Training
- (j) Recordkeeping

# Novel Pathogens => Treat as Airborne COVID 19 is novel

Airborne infectious disease (AirID) includes "disease process caused by a novel or unknown pathogen for which there is no evidence to rule out...the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen."

# The Misuse of the Precautionary Principle?

Concern about respirator exhalation valve air, but not concerned with the surgical mask spreading the coronavirus.

Bipolar ionization and other unproven control technology being promoted as an extra layer of precaution.

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Other risk communication observations and lessons to learn from our pandemic experience?