

The Lasting Impact of COVID-19 on the Field of Occupational Safety and Health

By Donald K. Martin MPH CSP, DEKRA Senior Vice President

The COVID-19 pandemic is an unwelcomed and unexpected presence in our lives. Sadly, it has changed much of the world we once knew. And for how long? No one, not even public health professionals, knows for certain because we're still learning how the virus behaves and adapts. The next phase will be dictated by the virus, not us.

A byproduct of this moment of slow-moving but perpetual change is how the pandemic has put the safety and health profession in a spotlight in a way that I have not seen in several generations.

As safety professionals, that's important for us to recognize. We have a role that now transcends the industrial workplace. What we've been doing on factory floors, in warehouses, atop oil rigs, is suddenly relevant in the public health space. Because we are the experts, people are now looking at us to provide guidance on how to protect co-workers, loved ones, and friends, no matter what space they occupy in their lives. We have a responsibility to contribute what we know to whoever needs our expertise to help them make safe choices in these deadly times.

As a safety professional did you ever think you would see the day when our vocabulary would become part of the everyday lexicon in the public square and on the media? That reality is today. Terms like "exposure" and "epidemiology" and "PPE" and "N95" and "hygiene" and "frontline workers." All of these terms that we use in the context of safety and health are now part of the public discourse.

Take a moment to think about that. From this point forward the terminology from our years of training that we use every day in our organizations with both leadership and employees will no longer be foreign to people outside our space. Despite the tragic circumstances of our times, that can only be viewed as a positive thing because it means that more people are thinking about safety in how they live their lives.

The scope of health in our industry is now much greater. It's no longer occupational health or industrial hygiene, such as hearing loss or exposure to chemical vapors. Today there are diseases present in the world that can manifest in the workplace. This is entirely new. Less serious flus and viruses of the past like H1N1, H5N1, SARS, Ebola, — few of them ever crossed into the industrial workplace.

But COVID-19 did. This pandemic will redefine the scope of the safety and health profession because it adds another dimension of what we must do this day and the next.

Looking forward I see three ways our profession will change in the months and years ahead. I don't see these as challenges. I see these as new responsibilities. We will rise to the occasion because we must. But it's helpful to first understand what is around the corner.

1. We will apply critical thinking about data.

First, we will be required to think critically about data. There is a lot of data out there on COVID-19. Much of the data, for example, relates to where and when you should wear a facemask. Safety professionals are highly educated in respiratory protection and the efficacy of physical distancing.

While facemask protection and physical distancing are big deals to us, there's also epidemiology data out there about who is threatened by COVID-19 the most. With all this competing data, the safety and health professional will have to identify the data points that are relevant so they can make targeted assessments that leadership need.

We have to be leaders in thinking critically so we can help people in positions of power to make decisions that are the right ones.

Here's an example of what I mean: Data shows that people over age 70, people in nursing homes and long-care facilities, and people with co-morbidity factors are more susceptible to the virus. So, with phase two headed our way, we can be more targeted in our data when applying our intervention and protection.

We must sort through the volumes of data that's available, and figure out what's most reliable and meaningful. For example, fatality rates per 100,000 population, percent full recovery, percent available capacity of acute hospital beds, and the R0 number are all extremely relevant data points. Without data, we would just apply those cautionary efforts to everybody at the same time, even if it was unnecessary and at the wrong time. Now, as safety and health professionals, we can help leadership make strategic interventions. The data will give us insight into valid trends so we can tell leadership if a problem is on its way or not. Whether it's okay or not to have their workforce return to their jobsites. Which members of their workforce are more vulnerable than others.

2. We will promote personal hygiene and area sanitation practices.

We've known forever that washing your hands is a good thing. But this pandemic put a spotlight on hygiene practices like washing your hands. Or spitting in public. Covering your mouth when you cough or sneeze. Not getting into people's spaces or invading their space when you're talking with them.

Even if we focused on personal hygiene and physical distancing practices in the past, the pandemic made them more relevant than ever — and for everyone. Now, we will be called upon to help organizations pay closer attention to these practices and to push their people to understand that they can do a better job practicing personal hygiene in all areas.

Look at the airline and hotel industry sectors. Airlines could have been disinfecting airplanes for the last decade, and hotels could have been disinfecting all the surfaces in hotel rooms and common areas for years. The technology isn't new. Yet both those industries only recently just "discovered" they can indeed create a process to sanitize a hotel room or properly clean an airplane between use. The question now is "how long will they continue these practices?" The pandemic created the urgency but now we must carry those personal hygiene and area disinfection practices through into our workplaces



3. We will lead a commitment to preparedness.

Industries will soon follow what the healthcare industry has practiced for years: Putting a lot of effort into preparing for something bad happening.

It's called emergency preparedness. It may be a fire, earthquake, hurricane, pandemic, epidemic, whatever the case, industry will need to have a plan and then practice what's in that plan to make sure it works in case the real thing happens.

The danger is that if the real thing never happens, organizations let their guard down. And then the budget for emergency preparedness starts to erode. Over a few years that million dollar budget may be pared down by a half million. And you're not maintaining your essential tools like fire extinguishers, SCBA's and emergency showers because your budget has been cut back and you no longer have the budget for the maintenance and replacement of those devices. Suddenly you need \$2 million to fix all those things that fell out of code.

This scenario is common because organizations allow themselves to believe they don't need to be as prepared as they once thought they did. So what happens is that initial level of preparedness degrades over 10 years. Then, in the 11th year, the bad thing does happen and they're not prepared.

COVID-19 caught government, healthcare, and industry professionals off guard. They had pandemic readiness plans but either they hadn't practiced them or they didn't take the drills

seriously in the first place. And how many "false starts" did we experience with H1N1, H5N1, SARS, etc.? We anticipated, incorrectly, that the big thing was not going to happen. And then it did.

As safety and health professionals, we are the ones that have to keep emergency preparedness at a serious level. We can never let our organizations be unprepared again. We have to be guardians and always keep readiness on the executive's radar. We need to create a plan that can be executed on day one. If we don't have it on the executive agenda, it has an opportunity to erode.

All of us must maintain a high level of commitment to preparedness. Which means keeping the budget intact, maintaining regular testing and drilling, keeping the plan visible and making it transparent to the workforce, and holding ourselves accountable to having that plan ready to go the moment disaster strikes.

We have always known that people's lives depend on what we do. We are responsible for modeling the example we expect our leaders to demonstrate, and we are accountable for conveying our knowledge to leadership at all levels. COVID-19 has elevated that responsibility. This pandemic has thrust our profession into the spotlight at the front lines, and we must respond with a steadfast effort to meet our mission to protect the lives of our working colleagues.

About the Author



Don Martin is a safety industry veteran with over three decades of experience in the design and implementation of environmental health and safety (EHS) management systems, risk management programs, and organizational culture change initiatives for companies worldwide.

Connect with us:

Email us: osr.info.us@dekra.com

Call us: +1-805-646-0166

Website: www.dekra.us/osr