



HEALTHIER WORKPLACES | A HEALTHIER WORLD

April 14, 2022

Jeff Zients
COVID-19 Response Coordinator
White House

AIHA Recommendations on National COVID-19 Preparedness Plan

Dear Mr. Zients:

AIHA, the association for scientists and professionals committed to preserving and ensuring occupational and environmental health and safety (OEHS), commends the White House for issuing the National COVID-19 Preparedness Plan, which contains a renewed focus on pandemic preparedness, response, and recovery. Throughout the pandemic, AIHA has been a leader, protecting workers and their communities, accelerating progress towards a safe return to work and school. Our Back to Work Safely campaign¹ contains 28 industry-specific guidance documents which have been downloaded more than 1 million times. Recently, we unveiled a new Community, Awareness, Responsibility, and Equity (CARE) public awareness campaign², whose mission is to:

- Debunk myths about the spread of the COVID-19 virus
- Make the complexities of the science easier to understand through various engaging multi-media tools
- Encourage businesses to pledge their commitment to C.A.R.E. for the health and well-being of their employees, clients, and customers
- Provide guidance and easy-to-use tools and procedures that building managers and maintenance staff can use as a first-step in monitoring and improving indoor air quality and safety.

The Commit to C.A.R.E. campaign was developed by AIHA and the Integrated Bioscience and Built Environment Consortium (IBEC) under a cooperative grant agreement funded in part by a CDC/NIOSH grant.

¹ <https://www.backtoworksafely.org/>

²² <https://commit2care.org/>

It is with this background and expertise in mind that we provide the following recommendations for strengthening the National COVID-19 Preparedness Plan, avoiding unintended consequences, and speeding the return to work and school.

Hierarchy of Controls

Industrial hygienists consider the hierarchy of controls for determining the best controls for hazards at work. Foremost on the hierarchy is the elimination of the hazard when possible. Secondly, avoiding the hazard through engineering controls or other possible means. Personal protective equipment (PPE) is the least desirable method for controlling any hazards. However, during emergencies PPE may be the only method available for controlling hazards.

Engineering Controls: Ventilation

Improvements to ventilation systems and general interior ventilation can maximize health outcomes. When indoors, effective ventilation strategies can help reduce viral particle concentration and other indoor air contaminants, which is why the following engineering controls are recommended:

Ensuring that heating, ventilating, and air conditioning (HVAC) systems are optimally set to minimize viral particulate dispersion by maintaining temperature and humidity design set points; maintaining equivalent air supply required for design occupancy in interior vacant areas; achieving three air changes of equivalent air supply in interior areas when they are not vacant; and limiting the amount of potentially contaminated air that may re-enter occupied spaces.

Optimizing fresh air ventilation by utilizing economizers to supplement mechanical cooling with fresh air; increasing the volume of fresh air introduced to indoor spaces with an elevated risk of COVID transmission; opening operable windows when safe and weather-permitting to assist with interior cross-ventilation of indoor spaces when the outdoor air quality is healthy; promoting mixing of air in interior spaces; and maintaining the minimum required outdoor airflow rates for ventilation as specified by applicable codes and standards.

Improving interior ventilation, air filtration and cleaning by using a combination of filters and air cleaners that achieve MERV 13 or better levels of performance for air re-circulated through HVAC systems, utilizing air cleaners when evidence of effectiveness and safety is clear, and selecting control options (e.g., standalone filters and air cleaning devices) that provide desired exposure reduction while minimizing associated energy penalties. Air cleaning devices include High-Efficiency Particulate Air (HEPA) filters, UV-C sources, and air ionizers. It should be noted that some of these technologies are designated by CDC as emerging technologies without an established body of evidence reflecting proven efficacy under as-used conditions.

Personal Protective Equipment

Personal protective equipment requires personnel acceptance with a general knowledge of PPE limitations. PPE fit, comfort, and effectiveness must always be considered. Any PPE use must be done under a written program for describing how PPE is selected and where it is needed based on an industrial hygiene exposure assessment. These plans should be developed by industrial hygienists and safety professionals who have the necessary experience and knowledge for the anticipated hazards and work activities.

Strategic National Stockpile

A modernized and reimagined Strategic National Stockpile is necessary to protect healthcare workers, other essential workers, and the general populace. As the supply chain has moved to a just-in-time model from raw material to the end-user, there is very little surge capacity in the system to respond to a global crisis. We applaud the work that has occurred to reimagine the idea of a static stockpile of PPE ticking away towards its expiration date.

Additionally, our recommendations include:

- Add elastomeric respirators to the Strategic National Stockpile. Elastomeric respirators are nearly infinitely reusable and provide superior respiratory protection, which allows a more resilient response.
- Continue and expand public-private partnerships with manufacturers and distributors to ensure that the stockpile of PPE is continually rotated, avoiding static warehousing that leads to waste. This is especially important for N95 respirators and other disposable PPE.
- Recalibrate the demand planning, especially for respiratory protection, to adequately reflect the scientific reality that SARS-CoV-2 and similar respiratory viruses are transmitted by the airborne route. Similarly, recalibrate the demand planning if the Stockpile is intended to serve essential workers outside of healthcare and the public.
- Develop and maintain a transparent Strategic National Stockpile advisory committee that incorporates non-Federal and private sector partners and stakeholders that specifically address the Stockpile's PPE strategy, selection, and maintenance. PPE is unique and different from other stockpile assets including pharmaceuticals and medical equipment. The advisory committee should include Certified Industrial Hygienists who are experts in PPE and in protecting worker and community health.
- On an ongoing basis require an annual hazard vulnerability assessment with non-Federal and private sector input. The hazard vulnerability assessment should evaluate evolving threats and the Stockpile's ability to address emerging and new threats. One or more Certified Industrial Hygienists should be part of the hazard vulnerability assessment and bring with them expertise in evaluating chemical, physical, and biological hazards.

Hazard Communication and Coordination

AIHA recognizes and appreciates the challenges presented to the White House regarding the communication of COVID-19 and its associated risks, hazards, and prevention. AIHA recommends having representatives of the industrial hygiene professional community collaborate with the White House and associated Federal agencies to assist in communicating clear, concise, and consistent messaging related to the risks, hazards, and prevention of COVID-19. The industrial hygiene professional community may be able to assist in crafting more nuanced technical communications or talking points to different exposure groups, such as workers in a variety of workplace settings, sensitive or vulnerable populations, and the general public.

Equity and Mental Health

AIHA is pleased to see that both equity and mental health have been considered in the White House's National COVID-19 Preparedness Plan. We would suggest expanding these provisions, and their access to also address the protection of the mental health and well-being of the U.S. workforce specifically.

Workers are not immune to typical psychological stressors (e.g., stress, harassment, and physical violence). Compounded with psychological stressors that are more unique to the workplace (e.g., organizational justice, job insecurity, and shift work), workers are at risk of developing adverse mental and physical health outcomes. The National Institute for Occupational Safety and Health (NIOSH) advocates for the promotion of psychological health and safety among workers through its Total Worker Health™ (TWH) program. The National Safety Council (NSC) and the American Society of Safety Professionals (ASSP) also stress the importance of worker mental health and well-being. In fact, guidelines for the effective management of psychosocial risks in the workplace have recently been codified by ASSP in the [ISO 45003 standard](#), which can further support the Plan's provisions as they relate to protecting and promoting mental health in the workplace.

Ensure that Individuals Who Are Immunocompromised Have a Clear Understanding of Risk and Public Health Guidance

With regard to the section entitled "Ensure that individuals who are immunocompromised have a clear understanding of risk and public health guidance" (White House Plan 2022, p. 53), we would like to see the section expanded to cover all potentially vulnerable and underserved groups, including those who are hearing or vision impaired. We would also suggest the inclusion of guidance for employers to support their vulnerable and underserved employees and mitigate potential psychological stressors associated with working in a pandemic state. Sensitive populations, such as the immunocompromised and other vulnerable/underserved groups, are often considered first when determining COVID-19 recommendations. Therefore, it is imperative to prioritize these individuals in workplace recommendations intended to mitigate infection risk.

Launch an Expanded Program to Prevent Burnout and Support Mental Health and Well-being in the Healthcare Workforce

Regarding the section entitled “Launch an expanded program to prevent burnout and support mental health and well-being in the healthcare workforce” (White House Plan 2022, p. 54-55, 74-75), we would suggest specifically mentioning the need to treat and prevent post-traumatic stress disorder and other chronic disorders (e.g., anxiety and sleep disorders) among healthcare workers that may develop as a result of working during the COVID-19 pandemic and any future pandemics as well ([Carmassi et al. 2020](#); [Marvaldi et al. 2021](#)). Additional suggested edits to this section are as follows in bold: “...**by launching new workforce training and awareness programs**”; “...**providing access to high-quality mental health support, including trained professionals and support groups, and ensuring safe and confidential reporting mediums.**”

In addition, we believe it is important to ensure that this program is accessible, adaptable and/or expandable such that it can reach and support all individuals belonging to the essential critical infrastructure workforce and possibly all workers, not just those in healthcare.

Additional Considerations for Equity and Mental Health

We understand the scope of the Plan intersects with other opportunities identified by the White House, and therefore we would like to propose additional considerations for inclusion to form a bridge to those opportunities through the lens of equity and mental health.

Psychological Health and Safety in the Workplace

AIHA recommends that the Plan provide a section calling for increased guidance to employers surrounding the cultivation and/or expansion of their psychosocial safety climate, which is intended to protect workers’ psychological health and safety in the workplace.

Some questions that can be addressed via this guidance include: (1) What can employers do to better demonstrate their commitment to protecting their employees’ psychological health and safety at work?; (2) How do employers include their employees in decisions that impact their mental health and well-being?; and (3) How can employers and employees both strive for more open, circular communication on these issues? Further, returning to the office for some workers may introduce new challenges to the psychosocial safety climate that should be considered.

Essential Critical Infrastructure Workers

With limited or near impossible options to work remotely during the current pandemic, critical infrastructure workers endure ongoing risks and threats to their personal and psychological security on a daily basis from fear of infection or simply by showing up to work. Other threats to personal and psychological security that should be accounted for include increasing and pervasive aggression and violence. Recent research suggests an association between elevated levels of aggression and the implementation of lockdowns as part of the national pandemic response ([Killgore et al. 2021](#)). Anecdotally, there have been incidents of physical aggression toward flight attendants, for example, over COVID-19 restrictions that these workers do not promulgate, but are required to enforce, nonetheless.

We would like to see the Plan consider how we can better protect against various types of psychological hazards among a broader group of workers.

Future Job Loss/Unemployment

Currently, the Plan lacks provisions for mitigating psychological hazards associated with future job loss/unemployment caused by new transmission waves or variants; we strongly recommend these be considered and included.

As noted in the Executive Summary of the Plan, “millions of businesses had closed and tens of millions of Americans had lost their jobs in 2020” (White House Plan 2022, p. 14). While job and economic growth has rebounded in 2021 and 2022, largely due to efforts in curtailing the spread of COVID-19 and vaccinating the public, the emergence of new variants remains a threat to this growth and job security. The Plan may preempt psychological hazards associated with job insecurity and unemployment by proactively directing a portion of the appropriated funds of this Plan. For instance, resources could be used to create training programs for alternative types of work for those who have recently lost their jobs, as well as expand “safety nets” in the form of access to unemployment insurance programs and psychological services ([Schonfeld and Chang 2017](#)).

Expanding the Definition of Diversity in the Workforce

Regarding the bullet point “Continue to make investments so our public health and medical workforce better reflects the diversity of our country” (White House Plan 2022, p. 57), AIHA recommends expanding the definition of diversity throughout the document to be inclusive beyond racial diversity (Black, Hispanic, and Native American) and to consider cultural, religious, sexual orientation, gender, and disability diversity.

Increasing Infrastructure for Access

AIHA recommends that the Plan includes provisions to increase equity to access broadband for remote work opportunities and access to education for rural and underserved communities.

Recognition of Women Workers, Especially Women from Minority Groups with Children

AIHA recommends making provisions to recognize the disproportionate impact the COVID-19 pandemic has had on women, especially those working women from minority groups with children. Some women are not fortunate enough to have a job that allows them to work from home, contributing to additional stressors related to childcare, homeschooling, and job security. Indeed, numerous investigators have observed notable divisions in the level of psychological distress between men and women associated with childcare arrangements and employment, as well as satisfaction with work-life balance ([Del Boca 2020](#); [Zamarro and Prados 2021](#)).

Expanding Parental Paid Time Off

We are pleased to see that the Plan recommends providing small- and mid-sized businesses with incentives to provide paid time off for sick and family leave related to COVID-19 (White House Plan 2022, p. 80-81). We recommend the incentives be expanded

to provide paid time off for homeschooling and other interruptions to in-class instruction for children.

Violence Prevention

Lastly on this set of topics, we recommend that the Plan be expanded to dedicate resources to workplace psychological stressors related to women – a demographic that has experienced elevated levels of aggression over the course of the pandemic. Investigators have similarly noted increased rates of domestic and intimate partner violence (IPV), particularly towards women and children, on a global scale ([Kourti et al. 2021](#); [Mazza et al. 2020](#)). The Plan should provide for specific programs and access to resources that would help prevent domestic and IPV, as well as support the mental health and well-being of those experiencing this type of violence in the home.

Conclusion and next steps

AIHA thanks you for the opportunity to provide feedback on the National COVID-19 Preparedness Plan. We look forward to working with you to develop, refine and implement effective strategies that protect workers, businesses, and communities from infectious diseases, such as COVID-19. If you have any questions on these recommendations or other matters, please contact me at mames@aiha.org or (703) 846-0730.

Sincerely,



Mark Ames
Director, Government Relations
AIHA

About AIHA

AIHA is the association for scientists and professionals committed to preserving and ensuring occupational and environmental health and safety in the workplace and community. Founded in 1939, we support our members with our expertise, networks, comprehensive education programs, and other products and services that help them maintain the highest professional and competency standards. More than half of AIHA's nearly 8,500 members are Certified Industrial Hygienists and many hold other professional designations. AIHA serves as a resource for those employed across the public and private sectors as well as to the communities in which they work. For more information, please visit www.aiha.org.