

# COVID-19 Q&A



On March 19, 2020, VelocityEHS hosted a webinar on COVID-19. Our in-house EHS and Industrial Hygiene experts were joined by Captain Joselito Ignacio from the Department of Homeland Security / FEMA. We received over 100 questions during the webinar, only some of which we were able to answer in real-time, given our time limitations.

Following is a collection of those questions and our written answers. We have collected and condensed similar questions, and we have linked to valuable resources related to the topic when possible.

Please feel free to share this with others you think would find it valuable. And from all of us at VelocityEHS, thank you for all of the hard work you do, today and always, to keep your people and communities safe.

## General COVID-19 Information

**Question:** Why is washing your hands for 20 seconds so effective and necessary?

**Answer:** Because soap literally tears viruses apart. But it requires enough time to do the work, 20 seconds worth. Watch this video and share it with others - <https://www.youtube.com/watch?v=LKVUarhtvE>

**Question:** Given the tens of thousands of people who die from the seasonal flu in the US each year, why are we treating the COVID-19 pandemic so differently?

**Answer:** It is true that tens of thousands of individuals die in the US from the seasonal flu each year. However, even though we're still at an early point in this very first COVID-19 pandemic at the time of this writing, evidence suggests that the SARS CoV-2 virus that causes COVID-19 is more infectious

than the seasonal flu, and that the fatality rate may be many times greater. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>

When the differences in transmission rate and fatality rate are applied to a large population, such as the more than 327 million people within the United States, the differences in both the numbers of infections and numbers of fatalities are enormous. If a significant number of those infected require medical treatment, there is a risk of overwhelming our healthcare system. An additional unknown is whether there will be a seasonal drop in the number of COVID-19 cases as there is for the seasonal flu. At this point, there is uncertainty regarding whether the rate will drop, so we cannot assume there will be a decline in cases with warmer weather as there is for the seasonal flu.

**Question:** How does the infection rate of COVID-19 compare to the seasonal flu? How does the mortality rate compare?

**Answer:** The scientifically used term to measure the intensity of an infectious disease outbreak is called the reproduction number  $R_0$ , pronounced "R naught." The  $R_0$  is defined as the number of additional infections that each infected person will cause. For example, an  $R_0$  of 1 indicates that on average, each infected person would infect one additional person. One source estimates the  $R_0$  of the seasonal flu to be about 1.3. Preliminary studies of COVID-19 suggest that it has an  $R_0$  between 2 and 3, suggesting it is more infectious than seasonal flu.

The fatality rate of the seasonal flu is widely regarded to be about 0.1%, meaning that on average, 1 out of every 1,000 people infected with the seasonal flu will die. Preliminary studies of COVID-19 suggest a range of fatality rates from different areas. For example, rates in mainland China were about 2.3%, while rates in other areas were slightly higher or



lower. A New England Journal of Medicine article estimated an actual fatality rate of approximately 1.4%. At that rate, an average of 1 out of every 100 people would die.

Clearly, there is still more data being gathered as the pandemic continues, and it's possible that if the number of unidentified cases were known, it would further lower the rate. Even so, if a 1% fatality rate is a reasonable estimate, it means the virus is many times over as fatal as the seasonal flu.

**Question:** Do we have any idea how long this pandemic will last?

**Answer:** Unfortunately, we do not. A [recent report issued by Imperial College](#) in London suggests, as a worst-case scenario, that the pandemic may last for a period of 18 months, including some fluctuations in the transmission rate.

But there are many unknowns right now, including a lack of knowledge about whether the number of viral infections may decline with warmer weather, the number of people who may currently be infected but undiagnosed, and whether some of the social distancing measures now in effect will be able to “flatten the curve” - i.e., slow down the rate of transmission.

**Question:** How long does the virus survive in air? What about on surfaces?

**Answer:** There is no doubt more information to come on these questions as well. A recent [New England Journal of Medicine study](#) indicated that the virus has different survival/stability rates depending on the medium it is on. For example, according to this study, SARS-CoV-2 was detectable in aerosols for up to 3 hours, up to 4 hours on copper, up to 24 hours on cardboard, and up to 2-3 days on stainless steel. So, based on available information, 2-3 days appears to be at or near the upper time limit that this virus can survive outside of a living host.

- Air = 3 Hours
- Copper = 4 Hours
- Cardboard = 24 Hours
- Stainless Steel = 2-3 Days
- Plastic = 3 Days

NIH report <https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>

<https://www.wtoc.com/2020/03/23/new-study-suggests-how-long-covid-can-stay-surfaces/>

**Note:** There has been open reporting that suggests the virus can hang in the air for up to 9 hours and on surfaces for up to 17 days. However, nothing official has been announced, and the viability of a single molecule is not the same as tracking the viability of a lot of molecules contained in a liquid (i.e. droplets) that would be required to cause an infection.

**Question:** Are there any recommendations for avoiding scams/scammers during this crisis?

**Answer:** Yes. First, remember that there are, as of yet, no COVID-19 “cures” or vaccines out there, so anyone claiming otherwise is not telling the truth. Also, be careful about various COVID-19 “phishing” scams spreading by email and text messages, as detailed in [this article](#). And in general, stick with reliable sources for information regarding COVID-19, including information pages by EPA, OSHA, and CDC.

## Susceptibility, Diagnosis, Treatment And Recovery

**Question:** Is there increased cause for concern for expectant mothers and their unborn babies?

**Answer:** There is a great deal that is unknown here. According to CDC's [page on Pregnancy as it related to COVID-19](#), we do not currently know if pregnant women are at greater risk of contracting COVID-19 or if they are likely to have a more serious illness as a result. We also do not currently know if the disease would cause problems during the pregnancy or affect the health of the baby after birth.

**Question:** Are there blood types that are more susceptible, or more resistant?

**Answer:** There is a very recent study as of this writing that suggests that individuals with Type A blood may be at increased risk of contracting COVID-19. However, the study has as of this date not been peer-reviewed. We are early on in our knowledge of the novel coronavirus, and we will need more studies to reach firmer conclusions.

**Question:** Should we be wearing masks in public places, like the grocery store?

**Answer:** Facemasks are in limited supply, and the most urgent need is for use of masks by first responders and healthcare providers. For this reason, local, state, and federal municipalities are actively seeking donations of masks to protect those on the frontlines.



According to CDC's [COVID-19 information page](#), the spread of respiratory viruses mostly occurs from close, person-to-person contact. So, in everyday situations, you can protect yourself responsibly simply by following social distancing and hand-washing guidelines. For this reason, the CDC is not advocating the everyday use of masks by people in the community.

If you are wearing a mask, keep in mind contaminants like COVID-19 can collect on the outside of the mask – which can spread to your hand when you touch it, so care must be taken not to contaminate oneself inadvertently through the use of the mask.

**Question:** If someone infected with COVID-19 recovers completely, are they now immune or at least less susceptible?

**Answer:** According to the CDC, "The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19."

Some open reporting and interviews with prominent virologists suggest that a person would gain immunity against COVID-19 after recovering completely. But more information is needed, including data on how long the immunity would last.

**Question:** What is driving increased hospitalization rates of 20-54 year-olds? Could virus mutation be possible?

**Answer:** It has been widely reported that the risk and likely severity of COVID-19 is greatest for older people and those with underlying conditions. However, there is no age group that is free from 'risk of infection' from COVID-19. The virus, as we have seen, can infect infants, kids, teenagers, adults 20-54 and older. The risk of infection from COVID-19 knows no age.

We are still in early days when it comes to tracking and fighting this virus. The wide range of variables affecting infection, severity and hospitalization rates will likely mean that rates will continue to fluctuate as additional information and studies become available.

**Question:** Does infection with COVID-19 cause lung damage?

**Answer:** [CDC notes](#) that people with asthma may be at higher risk of getting very sick from COVID-19, which can affect the respiratory tract (nose, throat, lungs), cause an asthma attack, and lead to pneumonia and acute respiratory

disease. While as of the time of this writing there have been recent studies suggesting that some individuals recovered from COVID-19 with decreased lung function, it is too early to reach any firm conclusions about long-term effects on the lungs and how common they may be.

**Question:** What are the main symptoms of COVID-19?

**Answer:** According to [CDC](#), the most common symptoms are fever, cough, and shortness of breath, which may appear 2-14 days after exposure. Emergency warning signs for COVID-19 include difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips or face. Anyone with these emergency warning signs should get medical attention immediately.

**Question:** If one does not have a medical provider, who should the person contact for information, to avoid the emergency room?

**Answer:** According to the CDC, you should call 911 and notify the operator that you have or think you have COVID-19, have difficulty breathing, persistent pain or pressure in the chest, or have bluish lips or face. If possible, put on a facemask before medical help arrives. If not an emergency, monitor your symptoms and take the same precautions mentioned in the news and CDC.

**Question:** Is ibuprofen or acetaminophen better for treating fever with COVID-19 symptoms?

**Answer:** There has been some controversy about this over the past couple weeks. On March 18th, 2020, the World Health Organization (WHO) announced they do not recommend avoiding ibuprofen. <https://twitter.com/WHO/status/1240409217997189128/photo/1>

That being said, NSAIDs (e.g. Ibuprofen) is widely used to decrease inflammation and fevers, but do have side effects like gastritis, ulcers and gastrointestinal bleeds. Acetaminophen (e.g. Tylenol) is commonly used for treating fevers without the side effects.

**Question:** For purposes of diagnosing potential COVID cases, how are we defining a fever – i.e., what measured temperature should we use?

**Answer:** The CDC's [Care Kit](#) defines a fever as being 100.4 degrees F/38 degrees C or higher.



**Question:** If someone is infected, how long does it take before symptoms appear?

**Answer:** According to the CDC, symptoms appear 2-14 days following exposure. We are learning more about this every day. Keep up to date with the latest toxicology info from the CDC.

**Question:** Can my pet contract COVID-19? What symptoms should I be looking for, if so? Can animals spread the disease?

**Answer:** There is, as of now, little reliable evidence that pets can contract COVID-19 or spread the disease, according to the CDC.

## Disinfecting

**Question:** What recommendations do you have for disinfecting products and proper PPE?

**Answer:** EPA has published a list, which they are occasionally updating, of disinfecting products recognized as being effective for use against SARS-CoV-2. Please be sure to refer to SDSs and other manufacturer-supplied information on these chemicals to ensure that anyone using these disinfecting products is using proper PPE and also following other usage and handling instructions.

Additionally, CDC has issued guidance for decontamination, including [resources for households](#), as well as resources for community facilities such as [schools](#).

New York City has an excellent guide called: [COVID-19: General Guidance for Cleaning and Disinfecting for Non-Health Care Settings](#). It includes the following guidance:

“Routine cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19 virus. Non-health care settings should be vigilant about routinely cleaning and disinfecting surfaces, paying special attention to frequently touched surfaces and objects. There is no need to do any cleaning beyond the routine cleaning, even if there was someone in your facility with COVID-19.

### Clean and disinfect high-touch surfaces regularly

- Frequently touched surfaces and objects can vary by location. Examples include: doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push plates, phones, keys, and remote controls.

- When cleaning workspaces, cubicles and other office areas, pay special attention to disinfecting surfaces and objects such as desks, chairs, phones, printers, keyboards, computer mice, and other common areas.
- When cleaning vehicles, pay special attention to surfaces and objects that are touched often by passengers, such as door handles, window buttons, locks, payment machines, arm rests, seat cushions, buckles, and seatbelts. Also wipe down surfaces that you frequently touch, such as the steering wheel, radio buttons, turn indicators, and cup holders. For more information, visit [nyc.gov/coronavirus](http://nyc.gov/coronavirus) and look for “Guidance for Vehicle Operators” at the bottom of the page.
- When cleaning food establishments, pay special attention to cash registers, food, deli and checkout counters.

### How to clean and disinfect

- “Remove any visible dirt and grime before using disinfectants. Disinfecting surfaces removes most germs and are most effective on clean surfaces or objects. Coronaviruses are relatively easy to kill with most disinfectants. When using cleaning and disinfecting products, always read and follow the manufacturer’s directions (e.g., application method, contact time). Staff should follow label directions and existing procedures for using gloves or other personal protective equipment (PPE). When used, gloves should be discarded after each cleaning.”

The NYC booklet also includes more specific guidance for Hard/Non-Porous items as well as Soft/Non-Porous items.

**Question:** Where can I get SDSs for disinfecting chemicals?

**Answer:** VelocityEHS has made available a free database of SDSs for chemicals listed on the EPA’s list. Visit <https://www.ehs.com/resources/covid-info>

You can also request an SDS directly from the manufacturer if one was not made available to you.

**Question:** What precautions should I take when using disinfecting chemicals?

**Answer:** When using any chemical, it is important that you follow the manufacturer’s instructions for proper use. Referring to an up-to-date safety data sheet (SDS) for the product will provide the best information.





In the workplace, an SDS may even be required by OSHA's HazCom Standard, especially if you have people using cleaning chemicals for the first time or in greater frequencies/quantities than is typical of the average consumer.

In this scenario, you'll want to make sure you have SDSs for all chemicals and a full chemical inventory list, maintain a workplace labeling system, develop and maintain a written HazCom plan, and provide HazCom training for your workforce.

It's important to remember that some chemicals are not compatible with other chemicals and must be stored separately. For instance, certain chemicals on the EPA's list are fine on their own, but could have a dangerous chemical reaction if combined (even stored) with other chemicals on the list.

Be sure to pay attention to Section 7 on the SDS, which should contain valuable information about proper usage and storage precautions, including potential chemical incompatibility issues.

The latter information is especially important, because the general scarcity of cleaning products available now may lead people to "mix and match" products without first noting the incompatibilities. For more information, check out our [blog post](#) on the subject.

**Question:** Can use of a portable ozone generator destroy the virus?

**Answer:** While there have been many claims that ozone generators can destroy microbes even before the COVID-19 outbreak, there is a lack of reliable evidence that ozone generators can destroy the SARS-CoV-2 virus. Plus, ozone itself is an air contaminant. [Information shared by EPA](#) indicates that when used to generate ozone concentrations that do not exceed public health standards, ozone generators have little potential to remove air contaminants. The [California Air Resources Board adds](#) that ozone generators should not be used in spaces occupied by people or animals. In summary, the risks greatly outweigh whatever benefits exist, if any.

**Question:** What is the process to sanitize product that was handled by an infected truck driver and the product is still on the truck?

**Answer:** According to WHO, it is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest

that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).

If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose.

The likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a package that has been moved, transported and exposed to different conditions and temperature is also low.

**Question:** What if we have equipment that can't be cleaned, such as heavy manufacturing equipment?

**Answer:** Theoretically, the areas of most concern would be the parts of such equipment capable of being touched by employees. Focus on cleaning the parts of the equipment that could reasonably be expected to be touched by employees during the workday.

See answer above for additional cleaning guidance.

**Question:** What about groceries from the store? Is there anything we should be doing to disinfect them?

**Answer:** This will probably depend on someone's individual comfort level, although expert opinion generally sees it as unnecessary. For example, in an [interview with a local newspaper](#), North Carolina State University professor Ben Chapman states that washing or cleaning our groceries when we get home is unnecessary, and not as important for slowing the spread of COVID-19 as washing our hands.

## COVID-19 In The Workplace

**Question:** During this pandemic can employers take employees' temperature, or does it still fall under a "medical evaluation" under ADA? Are there any other best practices that could be implemented?

**Answer:** On March 17, 2020, the U.S. Equal Employment Opportunity Commission (EEOC) issued an [update to its guidance](#) that now expressly acknowledges that employers may implement temperature screening measures in response to the current COVID-19 pandemic.



**Question:** If we have an employee who is preparing to come back from a vacation from another country, what precautions should we take?

**Answer:** The CDC's [Care Kit](#) offers a great guideline for people coming back from another country. It includes the following guidance:

"If you have returned from a country with widespread transmission of COVID-19, stay home and self-monitor for 14 days from the time you left the country.

**Take these steps to monitor your health:**

1. Take your temperature with a thermometer two times a day and watch for cough or difficulty breathing (see instructions in this booklet).
2. Stay home from school.
3. Do not take public transportation, taxis, or ride-shares.
4. Avoid crowded places (such as shopping centers and movie theaters) and limit your activities in public.
5. Keep your distance from others (about 6 feet or 2 meters).
6. If you get sick with fever, cough, or trouble breathing, follow instructions on page 3 [of the booklet](#).
7. If you need to seek medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel."

**Question:** What advice would you give a United States citizen who is currently out of the country, in a nation where the number of new cases is decreasing or even nearing zero? Should they return to the US?

**Answer:** The first step is to check to see if the trip back is allowed from that country. If allowed, this is a personal decision that people will need to make weighing available evidence for their particular situation.

**Question:** Are there risks to businesses that handle cash, such as banks?

**Answer:** While there may be some risks associated with handling cash, the CDC has determined that person to person transmission is the most common infectious pathway. Many banks tellers and other employees who handle money regularly, including drive-thru restaurant clerks, are currently using disposable gloves when handling cash to further reduce risks.

And frequent handwashing is recommended for people touching surfaces in general.

**Question:** What, if any, actions should be taken on materials received from "hot zones" to protect employees from the virus as new reports indicate longer virus life on certain materials.

**Answer:** The good, current guideline for cleaning and disinfecting comes from [NYC Health Department Guide](#).

In general, the CDC is more concerned about person-to-person contact than transmission from goods or materials received through the normal supply chain. As mentioned above - a recent [New England Journal of Medicine study](#) indicated that the virus has different survival/stability rates depending on the medium it is on. 2-3 days appears to be at or near the upper time limit that this virus can survive outside of a living host.

- Air = 3 Hours
- Copper = 4 Hours
- Cardboard = 24 Hours
- Stainless Steel = 2-3 Days
- Plastic = 3 Days

The [NYC Health Department Guidance](#) focuses on routine cleaning. It states: "Routine cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19 virus. Non-health care settings should be vigilant about routinely cleaning and disinfecting surfaces, paying special attention to frequently touched surfaces and objects. There is no need to do any cleaning beyond the routine cleaning, even if there was someone in your facility with COVID-19."

**Question:** Who should conduct the cleaning of work areas known or suspected to be contaminated?

**Answer:** In general, we all need to take responsibility for keeping our workplaces clean and disinfected. That said, anyone cleaning areas should be properly trained on risk, procedures, use of PPE and proper disposal of contaminated materials.

The CDC has excellent information here: [Environmental Cleaning and Disinfection Recommendations](#)

The [NYC Health Department Guide](#) recommends the following behaviors for workers:

Staff should follow normal preventive actions while at work and home, such as practicing healthy personal hygiene and avoiding close contacts (social distancing).



- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Key times to clean hands include:
  - After blowing your nose, coughing or sneezing
  - After using the toilet
  - Before eating or preparing food
  - After touching an animal, animal feed or animal waste
  - Before and after providing routine care for another person who needs assistance (e.g. a child)
  - Before and after treating a cut or wound
  - After handling trash
  - After cleaning activities
  - After using public transportation
- Cover coughs and sneezes with a tissue or sleeve. Do not use your hands.
- Do not touch your eyes, nose and mouth with unwashed hands.
- Do not shake hands. Instead, wave.
- If you do interact with a client, remember to wash hands with soap and water or use hand sanitizer after every transaction.
- Keep at least 6 feet between yourself and others, whenever possible.
- Do not gather in large crowds.

**Question:** How should trash from infected areas be handled?

**Answer:** As of this date, there are no additional regulatory handling, marking, storage, transportation or treatment requirements for medical waste contaminated with COVID-19.

**Here's a few guidance docs:**

CDC - The Centers for Disease Control and Prevention (CDC) has released general guidance on [Coronavirus Disease 2019 \(COVID-19\)](#) which should be reviewed closely and checked regularly. This includes [appropriate infection prevention and control practices](#) for the handling and packaging of items contaminated with COVID-19.

CDPH - The CDPH webpage, [Coronavirus Disease 2019](#), provides general information on how to limit the spread of COVID-19. Additionally, the CDPH Center for Healthcare Quality (CHCQ) released an All Facilities Letter, [AFL 20-14 \(PDF\)](#), on February 19, 2020, providing interim guidance for Environmental Infection Control for COVID-19.

OSHA - Additional guidance can also be found on the Occupational Safety and Health Administration (OSHA) website, [COVID-19 overview](#).

Facilities should contact their state and local agencies for regional guidelines regarding COVID-19 waste management.

**Question:** Is distributing N95 respirators to employees (not showing any signs and not tested) going to provide any additional protection in the workplace? Other than caring for a sick individual, is there any other time people should be wearing an N95?

**Answer:** Right now the focus when it comes to masks is not use by employees in regular industries or people for their personal use. There is a big shortage of N95 respirators, and they can be better put to use for healthcare providers. They are on the front line and have the highest risks from COVID-19 droplets. Employees not working near patients should rely on distancing, washing, sanitizing and other standard precautions.

**Question:** If an employer provides N95 respirators to their employees during this time as a preventative measure, are employers still subject to all of OSHA respiratory protection requirements, e.g., medical evaluations, etc?

**Answer:** OSHA has issued [Temporary Enforcement Guidance](#). Field offices are also given discretion not to cite employers for violations as long as they meet a handful of other requirements, including using only NIOSH-certified respirators and making a good-faith effort to comply with the respiratory protection standard.

That said, it is best practice and safest for employees if you do follow OSHA's respiratory protection program.

**Question:** Since hospitals are implementing screening protocols for anyone coming into the buildings, do those healthcare workers conducting the screening need to wear N95 masks? Or are they ok with no masks?

**Answer:** This is a question that will be answered by each hospital according to their policies and procedures, and in response to real conditions on the ground in those facilities – including the availability of PPE.



**Question 1:** If an employee tests positive for the COVID-19 does the whole company have to shut down and be quarantined for 14 days?

**Question 2:** If an employee tests positive should the facility close for a mandatory 2-week quarantine or is closing for a couple of days and conducting a “deep” cleaning of the facility good enough?

**Question 3:** Does everyone who has suspected symptoms and may have been in contact with someone who had COVID-19 need to get tested? Or can they just self-quarantine at home for 14 days without notifying anyone?

**Question 4:** If an employee becomes symptomatic and is asked to leave work to self-quarantine, how does that affect other employees? Do all employees need to self-quarantine?

**Question 5:** How should we handle situations in which the employee isn't yet confirmed as positive for COVID-19 or is showing symptoms, but has been in contact with someone who has COVID-19? For example, what if they have an immediate family member who has COVID-19?

**Answer:** These are important questions we are all wrestling with, and the truth is there is no blanket answer that would apply to every workplace and every situation. And the answers to these questions are likely to differ depending upon jurisdiction. For that reason, we strongly recommend contacting your state and local health officials so timely and accurate information can guide appropriate responses. Here are great resources on these topics:

- [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission.](#)
- [Discontinuation of Home Isolation for Persons with COVID-19 \(Interim Guidance\)](#)
- [Environmental Cleaning and Disinfection Recommendations](#)

Keep in mind, it may not be necessary to close your facility at all, provided people take the right precautions and general cleaning/disinfecting best practices are followed. The CDC is constantly revising their guidelines; however, they recommend contacting your local and state health department as their recommendations will change as conditions change and more information becomes available.

**Question:** Is there any benefit to rotate employees in the office, rotating days worked and days staying home?

**Answer:** Have the employees all work from home if this is possible. There's no benefit by rotating workers' shifts other than reducing the number of employees and the potential for additional distancing. If your state allows workers to still enter your work location and you decide it is necessary, we recommend sterilizing the workplace after or at the start of every shift.

**Question:** As workplace safety professionals, how do we deal with the growing anxiety our staff is having over this issue?

**Answer:** This is a new situation for everyone. As a leader, you can start by giving yourself permission to be okay with the fact that you don't know everything and that this is a new paradigm for you, just as it is for all of us. Rather than trying to fake anything, it's better to be truthful and transparent. This will engender more trust, not less from your people. It's okay that you don't have all the answers, what's important is that we work together.

**That said, here are some important steps we have found useful:**

- Take it seriously and be empathetic. Telling people not to worry does little to ease their suffering. Give people a chance to share their concerns. The CDC recommends that if you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others, call
  - 911
  - Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. (TTY 1-800-846-8517)
- Communicate – a lot. During these times, hearing from our leadership, even if it's to say, “there is no new news,” can lessen the anxiety.
- Stay educated. Separate fact from fiction. Anxiety often grows out of fear of the unknown. The more you know, the better you'll be able to guide employees through their anxiety.
- Separate what you can and cannot control. For example, you cannot control what happens in another country, but you can control what happens in your workplace.
- Take action where you can. People often feel less anxious if they are taking actions to improve their environments.





- Model good self-care and encourage your people to do the same. The CDC recommends you:
  - Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
  - Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

The CDC has a [helpful page with resources on their website](#) to deal with stress and coping with COVID-19.

## For more information on COVID-19, visit [www.EHS.com/covid-info](http://www.EHS.com/covid-info).

If you have questions regarding this document, or about ways VelocityEHS can assist you in this time, please visit us:

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