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## Paula Schenck, MPH

UCONN Health Division of Occupational and Environmental Medicine  
Health and Safety during the COVID Pandemic

This week we welcomed back Paula Schenck, MPH for a discussion about Health and Safety during the COVID Pandemic, risk communication plus a few other current events and topics that will be of great interest to our audience. Paula last joined us in 2016 when she was part of a panel we interviewed at the Maine IAQ Conference in Portland, Maine.

Paula Schenck, MPH is an environmental public health specialist working at UConn Health as a rehired, retiree. She provides guidance to physicians about environmental contributors to illness and also is an advisor to the Connecticut Small Business Development Center as what could be described as their COVID health and safety person where she guides small business advisors on appropriate procedures and responses to COVID issues. Paula was part of a group that established the Center for Indoor Environments and Health at UCONN. She developed multiple initiatives directed at improving indoor environments in schools and offices. At the UCONN Occupational Medicine clinic, Paula continues to teach residents and is called upon to provide guidance on environmental and/or workplace interventions as part of patient treatment. In the past she taught environmental health at UCONN, instructed in their Masters in Public Health program, was a seminar leader on asthma and environment and coordinated segments on occupational health in the medical school. She was instrumental in the development of the Mold and Moisture Guidance for Clinicians book in 2004.

### Nuggets mined from today's episode:

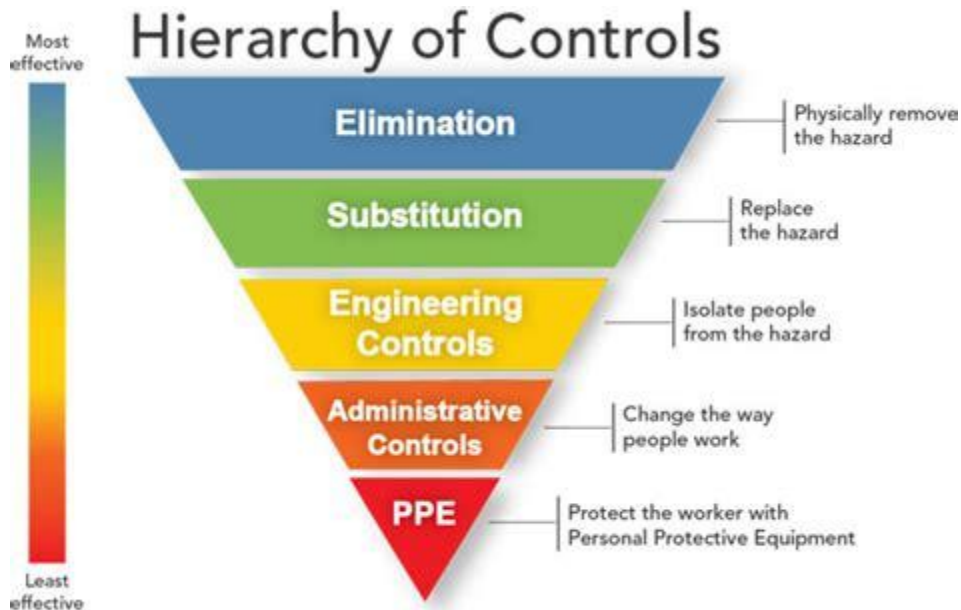
- A huge volume of information about COVID is available, a mixture of vetted and un-vetted, much of it is confusing and some of it is misinformation.

State and federal government COVID communication has been inconsistent and confusing. Unfortunately COVID information has been politicized.

- Paula is a fan of Dr. Fauci. She opined that Fauci's initial message on masking was an example where, from a risk communication objective, the message alone was incomplete. He explained to the public the need to prioritize mask availability for frontline healthcare workers very well. But coupling this message closely with acknowledging that science had more to learn about the virus transmission would likely have meant less confusion later when the mask guidance changed.
- The University of Connecticut Occupational Medicine Clinic sees patients from a wide range of workplaces including healthcare settings. Reactions to using PPE and following some COVID safety practices have risen among patients with different occupations. Healthcare may be the largest segment...
- The Connecticut Small Business Development Center provides business advice on a wide range of issues. Paula was charged with responsibility for sorting through all the vetted COVID information and then assisting a team from the Center in developing guidance for small businesses. Paula's technical contribution to the project was based upon her strong background in environment and health, updated for COVID related concerns with an ACGIH course and ASHRAE resources.
- Epidemiology nomenclature is not small business friendly. It's challenging to integrate health nomenclature into language meaningful for small business.
- Small businesses consider health and safety concerns by typically looking to OSHA for Health & Safety compliance requirements and specific CT-based requirements.
- Paula's key messages for small business are:
  - Consider making health and safety a differentiator in your business model
  - Encourage an open discussion with workers- key to success in this so-called "New normal".
- COVID is a very real threat to survival for small business.
- Many things about COVID were done right. We've learned much about the virus and viral transmission. RNA vaccine technology has been proven. Personal responsibility is a key component to public health. Hazard control can work when done correctly. Vaccination is needed to overcome the

COVID threat. Achieving “herd immunity” is difficult. Vaccines don’t make you bulletproof. COVID vaccines protect against **serious** illness. However with DELTA we saw that even vaccinated people can carry and transmit the virus.

- We must be honest about the science. Science evolves, and health and safety recommendations need to change in response to developing knowledge.
- Paula, like many others, has a Blue Heart symbol on the front door of her home as an appreciative symbol for the sacrifices made by healthcare workers who faced the real personal threat of COVID. Addressing exposure to the virus is important but only part of the occupational risks. Long hours, limited resources, quarantine and overall stress are huge challenges for healthcare workers. Stressed healthcare workers need access to counseling.
- Some people react to masks and gloves. It may be irritating and/or cause allergic responses including breathing issues. Changing PPE and using barrier creams with gloves and masks can be helpful for some. Just using masks are irritating to many--- hot, uncomfortable, impeded breathing. It may be fibers, and dyes in the masks, powders that add to respiratory symptoms. Paula recommends mask breaks for people who perspire and need to wear masks for extended periods. Personally she was first surprised but has found children in CT she knows to be quite tolerant of masks and school protocols.
- People are both the sources of COVID Virus and the group at risk for disease. Screening and testing protocols are key in addressing the “source” and in keeping people safe... for everyone coming into their establishment- all staff, customers, contractors, consultants, visitors.
- Strong advocate for the NIOSH hierarchy of controls. We are short of controlling the source by establishing “herd immunity”, but screening and testing can contribute to “eliminating” virus in your workplace.



- Engineering controls are very important - ventilation improvements, disinfection practice address reducing the hazard. But these have to be employed correctly or can also produce other hazards. Example-- Bus drivers reacting to frequent disinfectant use in their buses. Opines electrostatic sprayers are efficient chemical applicators but after suitable dwell time the cleaners should be wiped down to reduce residual chemicals. Exposures to the residual chemicals can cause both respiratory and dermatological concerns. Another example- People now working from home are experiencing musculoskeletal illness because of their home office set ups. UConn published an on-line ergo tool to help improve this.
  - [Ergonomics at home](#)
- Excellent that CDC recognizes ASHRAE advice that aerosol transmission of COVID is a primary concern and ventilation improvements are important to reduce risk. But droplets are still a concern---Someone sneezing in your face will likely spread COVID, considering the Delta variant. Paula remains an advocate for plastic barrier shields to protect workers in supermarkets, banks, etc.
- HVAC filters: should be the most efficient the system can handle, fit right and be changed as needed. Systems can't always take a MERV 13!

- Be suspicious of “new anti-COVID technologies” which may not be appropriate for the application intended. Follow ASRAE’s advice and cautions.
- The new normal for infectious disease is here. Paula is looking to businesses, as time and experience teaches, to value workers more with tight labor situations, endorse vaccination and testing policies, establish more health & safety committees, improve the dialogue with their workers and become more aware of what increases and what reduces risks.
- Risk Communication: most difficult today-----acknowledgement that prejudices are being put into scientific messaging and there is misinformation on the internet needs to be made. Paula is looking for increasing transparency (we don’t know everything...).
- It’s difficult to report technical study findings in brief and especially difficult for the public to digest a news snippet relating research results. An individual study finding may not be generalizable to the community but that’s what people do after news reports.
- COVID Certification (e.g. Well Building, etc.) could be helpful. But without enforcement is a hollow promise. Restaurant ratings in CT work very well because it includes a review by the local health district. Something like that is worth considering.
- Recommends making informed personal decision on your vulnerability and when you need vaccination boosters by consulting your doctor.
- Schools in Connecticut are back open. Kids under 12 aren’t approved for vaccination. Generally she finds kids are accepting to COVID health and safety action such as wearing masks. With all in the school community who are eligible encouraged to vaccinate (maybe required) it will be safer for the kids.

#### **Final thoughts:**

- COVID awareness has increased IAQ awareness, which is good.
- COVID is taking priority over other issues (e.g. moisture, mold, etc.). So yes ventilation improvements are good such bringing in more outside air -to reduce COVID risk but remember also need to also control humidity.
- What about other respiratory illness, flu? It’s generally accepted that masks this past winter reduced flu transmission. But don’t rely solely on that!!

Paula will get her flu shot when offered and encourages others to do the same.

- Paula wanted to be sure everyone recognizes that her viewpoint is based on her experience and knowledge as an environment and health specialist. She is not a clinician or a ventilation expert and relies on others who are.

*Z-Man signing off*

*Trivia Question*

What violation is most commonly cited by OSHA?

**Answer:**

Fall protection

**Answered by:**

Bruce White