

Mike Taylor:

Hello everyone. This is Mike Taylor. Welcome to the first episode of the workplace safety review. I am the OSHA practice chair at Greenberg Traurig. I am located out of our Washington DC and Northern Virginia offices. I am very honored to have Mr. Uh, Dr. John Howard as our guest speaker today. Uh, John is the director of the national Institute for occupational safety and health, and he's also the administrator of the world trade center health program, and the U S department of health and human services. Uh, Dr. Howard was first appointed NIOSH director in 2002 during the George W. Bush administration and served in that position until 2008. John, welcome, thank you for agreeing to speak with us today. Um, wanted to talk with you a little bit about NIOSH and obviously the Corona viruses that is a timely topic these days, in terms of NIOSH. Can you give us the listeners a little bit of background about what, how NIOSH got started, what it's, what it is its role, uh, that kind of thing.

John Howard:

Now I asked you this actually, uh, going on 50 years, um, it, uh, began in 1970 with the occupational safety and health act of 1970, uh, which, um, in which, uh, NIOSH was specifically established, uh, named, uh, as an agency within the department health human services. Um, I always like to point out, uh, to all of my friends at OSHA that the occupational safety and health act did not actually establish OSHA as a statutory agency. All of the duties in the OSHA act are assigned to the secretary of labor, but subsequent to, uh, the, uh, enactment of the act, uh, the department of labor established administratively, uh, the occupational safety and health administration. So, uh, so now she is not in the department of labor, which a lot of people think is a little odd, but the framers of the occupational safety and health act way back in the, the last century, the end of the 1960s thought that it was best to lead the research agency, uh, that, uh, that did research in occupational safety and health, uh, in, uh, the department of health human services, uh, to, uh, insulated a bit from some of the pressures that, uh, regulatory agencies often have, uh, such as, uh, as such as OSHA.

John Howard:

So we are located in the department health human services. Um, we are administratively within the centers for disease control and prevention. Our job, uh, is to generate new knowledge in the field of occupational safety and health, uh, and then to, uh, to disseminate that knowledge to, uh, practitioners, to employers, to workers, to academics, uh, to the entire, uh, stakeholder community that is interested in occupational safety and health. And as, uh, as I said, we've been doing it now, uh, going on 50 years, uh, and, uh, you know, the nature of our work has changed, uh, over the decades. Um, and, uh, and that has kept us on our toes, uh, over, over the last 50 years. Um, one of the things that we do as a part of CDC is that we participate in these, uh, large emergency responses, uh, that the nation goes through, um, uh, periodically, uh, and unfortunately, um, so our role in whether you're talking about, uh, nine 11, uh, whether you're talking about Ebola as a, uh, outbreak, or you're talking about Corona virus pandemic, uh, our role is to ensure that workers who are responding to these larger pandemics or epidemics or outbreaks or disasters like the deep water horizon well protected in their response work.

John Howard:

So that chiefly involves a lot of personal protective equipment issues. Uh, respirators, for instance, uh, NIOSH, uh, has responsibility in its national personal protective technology laboratory in Pittsburgh, um, to test, uh, uh, respirators. And so in the current, um, Corona virus pandemic, uh, we've been doing a lot of work in that area. Uh, so that's, uh, uh, sort of a short, uh, update on Mike for what NIOSH is and, and what we do.

Mike Taylor:

You bet, you bet. I noticed that NIOSH has been involved in issuing some of the guidance materials that have been, um, generated to the public in response to COVID-19, um, some with OSHA and some with not, I think, um, can you tell the listeners about these guidance materials? I mean, I'm interested as well. How are they developed, um, is there a risk assessments done who's involved who has to give the final approval on these types of things? Like what's the ins and outs of how these guides materials get promulgated and sent out to the public?

John Howard:

I'd say it's a complex process. Um, clearly, uh, the guidance is need needs based. Uh, so, uh, so in the early part of the pandemic, uh, February, March into April, uh, the needs were, what is this, uh, what is this thing who's at risk? Uh, how does a workplace respond, uh, to these issues, um, that that's morphed a bit, uh, into the may, uh, phase, uh, in which we see more workplaces, um, uh, deciding to either expand their operations, uh, or to reopen their operations. Um, during the, the early days, for instance, we had, uh, the issue of essential workers, uh, certainly in healthcare. So we had a lot of guidance that was needs based in healthcare. And as an example of, of that kind of guidance is the issue of, uh, filtering facepiece respirators, uh, which has, uh, many of, many of the listeners know, uh, are in short supply, uh, very critically, uh, in short supply almost to a crisis proportion, uh, early in the pandemic.

John Howard:

And so we had to look at, um, how do we, how do we ensure, uh, that, uh, healthcare workers can remain protected, but at the same time, within the reality of, of these crisis, uh, shortages. So we did a number of guidance, uh, that tried to, uh, assist in that area, um, how to optimize, uh, the use of existing N 90 fives. Um, looking at the issue of whether surgical, uh, uh, face masks could be used in, in, in a lower risk situation, saving this N 95 for aerosolized procedures, for instance, uh, looking at the issue of stockpiled and ninety-five that may have expired and how, uh, a healthcare, uh, hospital, uh, situation could use those respirators. Uh, recently, uh, last month we issued guidance about how to decontaminate, uh, filtering facepiece respirators, not something we've ever thought of doing, and certainly not something manufacturers think is a good idea, but again, you know, the need for the, the, the use of N-95 that were, that are, that are in short supply, uh, is necessary to consider how you go about doing that.

John Howard:

Um, we have, uh, an, a new app, which we developed called the PPE, uh, burn, uh, calculator, which gives hospitals, uh, an idea of their supply and how fast they're going through, uh, various PPE, uh, in addition to respirators and gloves and gowns and, uh, and shields and other things. So, uh, another example of how, how these guidances are developed that NIOSH participates in, uh, as an example, we began to see, uh, back in April, uh, an increased number of cases of COVID-19 occurring, uh, in meat and poultry processing. Uh, so, uh, we assisted, uh, state health departments and plant operators and USDA in going out to these plants, uh, and, uh, looking at how we could offer, uh, technical assistance, uh, so that their, their risk of the workers getting, uh, N 95 in the, in the plant would be less. And as a result of those investigations, um, we developed a guidance document for meat and poultry.

John Howard:

We worked with OSHA, uh, on that. So it's a combined, um, CDC, uh, OSHA, uh, guidance on meat and poultry, uh, processing. Uh, we also are working with OSHA on developing, uh, guidance in agricultural

settings and manufacturing settings and maritime that construction and other settings. So as we see, um, uh, uh, essential or critical infrastructure, uh, operations continue, uh, uh, for instance, in meat and poultry processing, uh, as you know, the president issued an executive order, um, uh, saying that they had to remain open. And as we see, um, other, uh, industries starting to open, we're developing guide guides for them in conjunction with, uh, our subject matter experts. So I would say the answer to your question is it's, needs-based, uh, based on the evolving situation that we're in, in this pandemic,

Mike Taylor:

Right. Hey, thank you. That was very, very helpful. You know, I get questions a lot from clients about these guidance materials, for example, you know, should we follow all of them, uh, recommendations within a certain document? Or should we just, are we allowed to just do, I don't know, let's say eight out of the 10 and the best piece I've been able to give folks is to say, this is really a tool to help you brainstorm and develop a plan that suits you and what you do for a living and where you're located, because obviously if you're located in New York city, uh, now, um, your situation may be completely different than someone, a employer located in billings Montana, for example. So, I mean, would you, would you agree that it's kind of a, it's, it's a way it's a tool that you can use to brainstorm and to help pinpoint what you think was going to work at your workplace depending on where you're located?

John Howard:

Uh, yeah, I would agree with you. I think that that last part is extremely important. You know, I, we encourage, uh, employers no matter where they are to check the case, load their area, uh, make contact with your local health department, uh, so that, you know, what's going on in your area. I think that point is, is extremely well taken. And thank you for mentioning that. I generally agree with you that, you know, what we're doing, uh, in, in issuing these recommendation is that we always stress look, these are not regulations. Okay. Uh, there's no requirements here. Uh, you're exactly right. Look at all of these recommendations, check out the feasibility, if you can do them all. I think that's a maximal risk reduction if you can't. And for instance, in the meat and poultry processing, which is a great example, um, you know, there are, there are limitations, the physical layout of the factories, uh, the work patterns, uh, in there, the labor intensiveness, the closeness that, uh, workers have to stand to each other, uh, the lack of, uh, of automation, uh, this is very, very labor intensive.

John Howard:

Uh, we go in there and we offer the recommendations to the plant operator, um, starting with the hierarchy of controls, you know, can you eliminate the hazard from the workplace and here the hazard is the virus. Uh, how do you check employees coming into the workplace and temperature checks, asking them if, how they feel they're sick, send them home, looking at your, uh, leave, uh, policies and your sick policies. Um, and then going to engineering controls, uh, in the case of meat and poultry, uh, can we separate these workers? Uh, if not, can we put partitions between them? Let's look at the ventilation rate, uh, et cetera. Uh, and then a lot of administrative controls are always operative in, in any of the guidance's that we issue, uh, for, for business, for any type of business. Um, and so obviously no one employer can probably do all of them, but we offer as many as we can so that the employer will do exactly what you're recommending.

John Howard:

Mike looked at all of them, see which ones that you can do to maximize, uh, your risk reduction. Um, that's, that's our intent. We're not, we're not ignorant of the fact that in certain, uh, uh, production

operations, uh, things are pretty difficult to change. Uh, and, and we're, we're extremely, uh, cognizant of that in consumption or services like grocery stores and retail stores. It's the same issue. Can you put a partition between the customer and the clerk? Can you move your, uh, credit card reader outside of, uh, the, the, the employees, uh, uh, zone so that they're not touching it and there, they don't have to enter the credit card and all of that. So all of these things that we recommend in any of the guidance that we do, we try to put everything in it so that it gives employers a maximal list to, uh, operationalized. Uh, and clearly if you can operationalize all of it, that's a maximum level of risk reduction. If you can't, because it's not feasible, then you try to do as much as you can.

Mike Taylor:

Right? Right. One of the things that I, I, um, noted in the, uh, guidance, interim guidance for businesses, employers responding to coronavirus, uh, May, 2020, you mentioned this earlier, it says employers should respond in a way that takes into account the level of disease transmission in their communities and draft a plan accordingly. Right? My question is the community. I give an example, uh, I believe governor Hogan in Maryland is going to, I believe we're going to go into phase one here pretty soon, but he's giving the discretion of county executives, whether they want to continue to, um, keep a lockdown if you will. But if you look at, let's say Montgomery county, Maryland, I think there's roughly around, I don't know, 45 zip codes, but you can see the map of where the outbreak has occurred. Um, and there's, there's one zip code that has zero Corona virus cases. So a restaurant, for example, and that zip code may not have to do as much as let's say, someone in a zip code where it's, you know, high incident and fatality rate, and that we should really look by zip code when you're looking at what your community is, as opposed to a county as a whole, because you know, county can be large in some places. Would you agree with that?

John Howard:

Well, certainly, uh, some counties, especially the counties that, uh, as you mentioned, border the district of Columbia like Montgomery county, or are, are, are, uh, are, are, are, have a higher population. And I think if you're a governor of a state like Maryland, and you have a business in Western Maryland, where there are a lot of farms and the density of the population is very low, that's a different situation than if you're in prince George's county, where, uh, the number of cases are probably highest in Maryland, uh, versus, uh, including, uh, the city of Baltimore, uh, uh, Montgomery county. Um, you have to, you have to a different, uh, graduated, uh, scale in terms of the things that, uh, you have to do. You have to remember though that, you know, someone can come into your restaurant in Western, Maryland, uh, and be asymptomatic. Um, so, so you don't want to, you don't want to completely think you're on another planet here, but I agree, uh, you look at the, the area you're, you're, you're saying zip, uh, I have no reason to doubt that. I always say check with your local public health department. Every county has one. Um, and they can give you a good idea of, uh, neighborhoods. For instance, I came to the district, uh, we look at wards, uh, so certain wards have higher incidents than other wards. Uh, I think the more information you have in the bottom line, Mike, is the more information that an employer has about what's going on with the virus in their locality, helps them, right.

Mike Taylor:

Be in a better position to respond accordingly. I know one of the questions I've gotten, uh, in the last few weeks about the face mask, as opposed to in 90 fives, which are true PPE, whereas the face mask that we're having to wear in and out of, um, grocery stores, for example, aren't really designed to protect the worker they're designed to protect the workers colleague. Um, has there been any studies

that you're aware of to determine the effectiveness of these kind of face cloth masks? And are they detrimental to someone who let's say has asthma or COPD if they have to wear for a prolonged period of time?

John Howard:

Well, these are, these are questions. Uh, you know, I'll take the latter one, one first, you know, you obviously don't want a cloth face mask. That's so sick that it increases the breathing resistance to anybody, whether you have asthma or not. So you don't want perhaps more than two layers. And most of the guidance, uh, uh, that's on the website, including CDC guidance about how to sew and make a mask, uh, suggests, uh, that you don't want a super sick one because you're not going to be able to breathe through it. And you're not going to wear it for very long because it's going to be objectionable. Um, the issue about, uh, effectiveness, you know, we are, we have never, uh, CDC has never recommended that people running around with, with clause, facial coverings, this is brand new. And it came about, as you say, a fault of cloth face coverings protects others because of this issue of, of discovering, uh, uh, uh, six, eight weeks ago, that the percentage of folks that were asymptomatic in other words, uh, that did not have any symptoms of COVID-19, but may be shedding.

John Howard:

The virus, nonetheless is actually, um, pretty substantial. Any studies anywhere from five to 25% of people tested, uh, no symptoms, uh, may have, um, the virus and may be shedding. It there's a good study that was done in New York city of women coming in for, uh, delivering a baby. Uh, they had no symptoms and they were tested, uh, 13% of them, uh, were, were COVID 19 positive. So the issue about, uh, a number of folks, uh, who are in the population who are going into restaurants, uh, going into retail stores, they're going into the eight here in Washington, the Metro system, getting on a bus, et cetera, who actually, uh, are not symptomatic, but maybe shedding virus caused CDC to say, now, what can we do about that situation? Well, we don't have enough respirators to even, uh, supply hospitals with as many as they want, let alone general population. So hence the solution of cloth, facial coverings, as you say, it protects others. So if you happen to sneeze or cough or blow your nose or whatever, there is some protection that others around you will have, uh, not the same protection that a respirator has, which protects the wearer from others. So that's sort of the story, uh, Mike of, of the facial coverings, uh, is it's related to the discovery of an asymptomatic proportion of people in the population, uh, that may be shedding virus.

Mike Taylor:

Thank you, John. That's very informative. And, you know, due to the shortage of, uh, in 90 fives and other PPE for hospital workers, I guess this is the next best thing. Right?

John Howard:

Exactly. And you know, that, that phrase, Mike, the next best thing, uh, is, uh, distressing to a lot of people, uh, because we wish that there were enough filtering facepiece respirators, uh, that would not be a problem would not be a shortage in healthcare settings. Uh, but even, even with a very robust, uh, uh, restoration of the supply of filtering facepiece respirators, you can't have the, the American population. There will never be enough of the entire American population. Therefore the foot, the facial, the cloth, facial covering,

Mike Taylor:

Have you seen a uptick in companies either in America or outside America, trying to get a make in 95 mask and, and, uh, get them certified? Oh yes,

John Howard:

Definitely. Um, you know, we've seen, um, the existing, uh, traditional, uh, respirator manufacturers, uh, 3m, uh, mold ex uh, uh, MSA, all of those types of existing manufacturers are doing a super job cranking up their protection lines, uh, to produce not only, uh, filtering facepiece respirators, uh, but also elastomers, uh, and pappers, um, we've seen that, but we've also seen new non-traditional, um, uh, companies, uh, enter, uh, we've seen, um, and it's not only respirators. We've also seen that in terms of ventilators, uh, face shields, uh, and, uh, gowns and other protective equipment. So some new, um, manufacturers have entered and they have then been sending, uh, to us their products for approval, because they're not obviously approved, uh, before we've never seen them before. Uh, and just for the, the listeners to know what we do, um, is we test the, the, the respirator, uh, for its filtering, uh, capabilities. So we want, um, and then 95 to filter 95% of small particles. We also test for the fit, uh, how well the elastic straps, uh, work. Um, and, uh, and, uh, so those are our two main things that we do in order to approve the N 95. So the answer to your question is yes, we're seeing existing manufacturers and new manufacturers, uh, try to, uh, help, uh, help us, uh, fill the, uh, the shortage of respirators, especially in the healthcare setting. Perfect. Thanks John. Another topic

Mike Taylor:

I want to talk to you about, uh, my, one of my favorite topics, social distancing, uh, look at the word social it's, anything but social when you're trying to implement some of these, um, uh, concepts of distancing folks from others to prevent the spread of the virus. Is this something that's new or is it the concept been around for a while with other viruses that is social distancing? Well,

John Howard:

Uh, first of all, I use the term physical distancing, because as you say, you know, we don't want to interrupt, uh, social interaction between people, you know, human beings are social animals, and we want, we want to promote that. Um, and there's lots of ways that we can do that virtually now, but physical distancing, uh, is not new. Um, it's based on the principle, uh, that you want to separate as much as you can. The infected individuals from the uninfected individuals, that's the principle, that's the underlying principle. And it's based on the fact that virus doesn't have wings and the virus doesn't have feet. The virus needs people to be close to each other, generating, uh, aerosols, large and small from breathing, from speaking, from singing, from coughing, from sneezing to, from an infected individual to an uninfected individual. And you gotta be close enough for the virus to get from that infected individual to the uninfected.

John Howard:

So if you can interrupt that's physical closeness, then you decrease the chance that the uninfected individual, uh, around an infected individual will get, uh, the virus establish infections, uh, and become sick. So it's not a new principle it's been around since, uh, you know, the black deaths in the, in the 1347. Um, and, uh, and it's a historical, uh, principle, unfortunately right now in the absence of medications or vaccine, it's the thing that underlies all of our thinking and all of our recommendations. If you look at all of the guidance that that CDC has put out, um, you, you see this principle throughout separating the infected from the uninfected.

Mike Taylor:

Right? Right. And it's what I've been seeing too, or questions I've gotten is, you know, basically this, if we can't comply with, uh, Nyasha and CDCs recommendation of, of six feet, physical distancing, we're just not going to do it at all. Uh, I'll give you, I know it's not a workplace setting, but I give an example. My daughter is a part of a summer swim league that has thousands of kids that swim outdoors for the summer. And as of today, they've decided not to have summer swim meets season because they didn't think that they could comply with this six feet rule or guidance if you will. Um, and I think that that's misguided because it, you know, as we, we talked about originally, if you could put some of, all of this stuff together, some of it, um, whether it's PPE, some social distancing, the best you can, your cleanliness, um, your response programs, those kinds of things, you just have to do the best you can instead of, um, you know, if I can't do six feet, then I can't work that type of thing. Have you been in lots of questions about that in particular?

John Howard:

Well, yeah, I, I'm not sure exactly how to run a swim meet, but, um, but you know, it does take a lot of takes a lot of thinking, a lot of energy, and it takes a lot of work to be able to do any activity that involves a large number of people and keep them, uh, separated from each other. And as an example, back to the workplace, cause I'm not, I don't know about swim meet issues, but, but in the workplace, for instance, with essential critical infrastructure workers, for instance, like in a meat or poultry processing, um, where they've got to continue working, and yet they're working very close together, uh, we've recommended partitions between each individual plastic or stainless steel to be able to separate folks, uh, on a work line, we've recommended the same thing, um, in a lunch room, staggering shifts. So they're, they're not there all at once running three shifts with one of those shifts actually being a disinfection shift, for instance.

John Howard:

So, you know, again, it takes a lot of work to do this, and that's the, I think the pandemic era that we're going to be in for a while is that we've got to think through how to do this. Um, so whether it's a swim meet or a meat or poultry processing that we're all in the same boat, we have to be creative about this. Um, now in some in workplaces, which can't just close a meat or poultry process, and we can't just close the grocery store, so we've got to come up with ways to do this. Um, and there are some creative ways that, that I've seen that workplaces have done this. And, and certainly the issue, um, in our recommendations about administrative controls that one could do including, uh, staggering shifts, uh, not bringing everybody to work at the same time, um, et cetera, all of those things are possible. Uh, so, uh, so I, I'm not, again, I'm not familiar with the swim meet situation, but in workplaces we're having to do that.

Mike Taylor:

I think that goes back to what we were talking about originally is that, you know, you're looking at, um, what's the level of disease transmission in your community, um, and that will really dictate on how much you should implement if you will.

John Howard:

Sure, sure. I think you're exactly right. You know, and I think as, as, as you know, uh, more than I as an attorney and, uh, the listeners who are listening here are attorneys, you know, there are liability considerations that a lot of, uh, non-essential, um, uh, congregate activities, uh, probably consider

Mike Taylor:

Absolutely, absolutely. One of the things that I don't know if anyone's approached you about this. Um, but I know there's been some calls for OSHA to emperor, uh, to promulgate a temporary standard on the virus in the workplace. And so far, I think OSHA has chosen not to do that. Um, as OSHA bin, uh, has OSHA approached Nash about a possibility of a temporary standard?

John Howard:

Um, yeah, I think you're exactly right. That a lot of, uh, a lot of folks have been interested, uh, in, uh, the, uh, uh, federal OSHA, uh, adopting, uh, that type of standard as you know, California, uh, adopted a aerosol transmission disease standard a while back. And that has, I think been looked upon as perhaps a model for other states and, uh, for federal OSHA, um, and, uh, indeed in the current, uh, draft of the house bill, the next, uh, trans, uh, of, um, of money, they actually, I think have a provision there, uh, a requirement motion to do that. I think OSHA doesn't think right now that they, that, that it's necessary. And I think you'd have to check with, uh, with them on, um, on the, uh, the specifics there, um, in, in that area. Uh, so, you know, we're always happy to assist OSHA, uh, as you know, uh, we've done, uh, uh, co-branded guidance, uh, in meat and poultry, uh, as well as, uh, doing it in agriculture and, and, um, we're hoping to do it in, in other areas too. So, um, so, so I think that if OSHA is interested in that we'd be happy to help him.

Mike Taylor:

You think it would be difficult? The reason why I asked that is because I'm not familiar with, uh, any kind of, um, testing device that could test the surface or the atmosphere and determine that you actually have COVID-19 in the workplace, as opposed to, let's say lead, you can sample the, uh, a desk or a sample of the air and determine how much you have led you have in the air where the virus is this, uh, as you said, it doesn't have any feet or arms and it's fluid and it moves around. Um, and it will be very, very hard determine if it actually is indeed in the workplace, unless for example, you're a hospital and you have a patient in front of you that has been diagnosed and has a virus. And in that case, you know, you have the virus in the workplace.

John Howard:

Well, you know, I think you raise, uh, a really, uh, interesting and, uh, and incisive point, um, this issue about, you know, how you test for the virus is an experimental one. And it's one of, uh, of research interests tonight. And it's also a research interest to the department of Homeland security, to a part of, uh, Homeland security, which is called the national biodefense analysis and countermeasures center, the NBA JCC, uh, for short. And, uh, and you may recall a couple of weeks ago when a gentleman came from DHS, uh, and did a, a briefing, uh, at the white house podium. And he talked about, uh, the, um, testing for the virus and aerosols. He also talked about whether sunlight and various disinfectants will kill the virus. Uh, that was sort of a notable, uh, event because the president started asking questions about that issue, that, that became a news story.

John Howard:

But if you look at, um, the issue of the sources of aerosols, infectious droplets, how to test for them, this is something that NIOSH has been working in a work group with the NBA ACC with EPA, uh, and others, uh, trying to figure out how, how we really do this. And one of the, and again, this is the research. Uh, so this is very, very early research. Uh, uh, the NBA CDC is looking at a number of samplers, you know, that could be used in place or at a hospital, no matter what to be able to say, well, is there virus present now,



a lot of studies on, uh, environmental, uh, persistence on surfaces, uh, have they, the, with the way they decide that the virus is there is through testing for RNA. In other words, pieces of the virus may be there, but those studies are somewhat limited because they're not testing for the live virus for the viable virus.

John Howard:

And that's hard to do because you need a good sampler and then you need a laboratory that can handle the culturing of live virus. Obviously culturing, SARS, coronavirus two is a very risky proposition. So the NBA CDC has a plan to start work in this area. One of the samplers that they're considering using is a NIOSH developed sampler, uh, that we used for influenza, for instance, um, and we're hoping that our sampler might be one that they could, uh, they could use, but there's several other samples that they're going to be using. So that thread of research, uh, like you referred to Mike, uh, is, is sort of just starting. And I would imagine that in a month or two or three, we will have a probably procedures method and a sampler where we could go into a workplace and see if there's live virus, um, on the surfaces or in the air, uh, in aerosols or on the surface. So I really appreciate your question because it allowed me to, to tell you about this exciting area that, that we may see mature in the next couple of months. That is

Mike Taylor:

Terrific. That is great news because yeah, I mean, if we can, if that can come to fruition, that we'll really be able to help employers, uh, protect the American workers.

John Howard:

Exactly, exactly. And it's the paradigm that we're all used to Mike, you know, we're all used to industrial hygienists coming in and saying, well, you've got, you know, as best as fibers there are, you've got benzene there or whatever. That's part of our occupational safety and health paradigm. So we're very excited about the possibilities here, uh, you know, viral testing, which we, we pioneered, uh, during H one N one, uh, back in 2009, we showed that in hospital waiting rooms, emergency rooms, et cetera, we could find virus, influenza virus with our sampler. So, um, so that goes to the issue of how you judge, whether you're, um, uh, whether your disinfection is working, if you can sample. So, um, you know, it's a little risky because, uh, you know, this virus, um, can cause severe disease. So we have to be very careful how we do this. So, uh, I appreciate again, you asking that question.

Mike Taylor:

Well, we look forward to hearing more about the research down the road, as we're closing out, uh, John, if you have the ability to be in the boardroom for, uh, for the lack of better word for employers across America, what three things or three takeaways would you tell them, um, that they should consider in dealing with this as we reopen the economy?

John Howard:

Well, you know, I think the message that, that we've tried to impart in all of the guidance is let's look at this from a hierarchy of controls, uh, perspective, because that's what we're used to in safety and health. And let's make a list. As you said, uh, early in the podcast here, let's make a list of what you can do select from this menu of options. What you can do that is feasible within your workplace, given your workflow and, uh, and production, uh, operational constraints, et cetera, what can you do in the hierarchy of controls for hazard elimination, for engineering controls and the large number of administrative controls that can be done. And then lastly, the issue of PPE. But of course, we have to

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substitute that unless you're in a healthcare setting, uh, we have to substitute that with facial clause coverage, is that appropriate for you to do, um, if for your workers to require that for your workers? So my message, I guess, would be, let's start out with the hierarchy of controls and let's go through each one and let's do an analysis of what we can do, uh, and operationally.

Mike Taylor:

Terrific. Terrific. Hey, thank you so much for agreeing to, beyond the workplace safety review podcast today. Um, I would have loved to have seen you in person. I haven't seen you awhile. Um, your knowledge is always very helpful to the regulatory community. Um, we really appreciate your service and all the hard work that you do to try to ensure that the American worker is safe, going back to work when, wherever we're going to reopen the economy.

John Howard:

Well, I appreciate it, Mike, uh, and, uh, you know, let me know if I can be of any other assistance.

Mike Taylor:

You bet you bet listeners stay tuned to the next episode of the workplace safety review signing off Mike Taylor. [inaudible].